RESIDENT ASSESSMENT

Date:

Resident:

Apartment:

Admission Date to Facility: LOC:

Admission Date to Current LOC: Current LOC:

Reviewed By:

Hall Services Administrator	Clinic Nurse
Health Services Center Administrator	Terrace Administrator
Director of Nursing Services	Hall Resident Services Director
Social Services Director	Terrace Resident Services Director
Dining Service Director	Consultant Psychiatrist

Medical Director

BZA
Case No. 17055
Exhibit No. 156

Board of Zoning Adjustment
District of Columbia
CASE NO. 17055
EXHIBIT NO. 156

FUNCTIONAL ASSESSMENT

Instructions: Check those items under each heading, which most clearly reflect the individual's capabilities. Do not assess the resident based on any assistance currently received from private duty aides, family members or others. Assess only the resident's individual capabilities. Please check only one of the three assessment boxes (not in italics) and any or all italicized observations that apply.

Important: Any observation noted in *italics* indicates resident may be a danger to self or others. Such areas should be discussed in the narrative section of this assessment.

ACTIVITIES OF DAILY LIVING: *Activities of daily living refer to activities necessary to care for a resident's physical person including mobility, transfer, and use of stairs, bathing, dressing and continence.*

1. Mobility
   - ☐ Ambulates independently or with assistive device (cane, walker or wheelchair) for all distances.
   - ☐ Requires wheelchair assistance for distances over 300 ft but independent (as above) for shorter distances.
   - ☐ Requires supervision, stand by assistance, or coaching for all distances.

   - ☐ *Has had 3 or more falls in past 3 months while ambulating.*
   - ☐ *One or more of the above falls resulted in an injury requiring treatment or hospitalization.*

2. Transfers to-and-from Bed, Chair, or Toilet
   - ☐ Independent (or independent with assistive device)
   - ☐ Requires supervision, stand by assistance, cuing or set-up
   - ☐ Requires any type of physical assistance to transfer

   - ☐ *Has had 3 or more falls in past 3 months while transferring.*
   - ☐ *One or more of the above falls resulted in an injury requiring treatment or hospitalization.*
   - ☐ *Have had episodes of incontinency as a result of an inability to transfer.*

3. Use of Stairs
   - ☐ Independent (or with)
   - ☐ With supervision, stand by assistance, set-up, or coaching
   - ☐ One/Two person physical assistance

4. Continence
   - ☐ Independent; has total continence of bladder and bowel, or if incontinent uses products effectively with adequate personal hygiene.
   - ☐ Incontinent of bowel or bladder and requires supervision, stand by assistance or coaching to use products effectively and maintain personal hygiene/clean environment.

Continence cont'd

- ❑ *Has demonstrated an inability to use incontinency products effectively and maintain adequate personal hygiene*
- ❑ *Has shown an inability to clean environment (bathroom or other living area) effectively after episode of incontinency*
- ❑ *Needs direct care/physical assistance from one other person to manage any incontinence or use an incontinency product*

5. Bathing and Grooming
   - ❑ Independent (or with assistive device)
   - ❑ With supervision, stand by assistance, set-up, or coaching
   - ❑ Needs physical assistance; help in and out of tub, perineum care, washing hair or feet

   - ❑ *Has had 3 or more falls in past 3 months while attempting to take a bath/shower.*
   - ❑ *One or more of the above falls resulted in an injury requiring treatment or hospitalization.*
   - ❑ *Has strong odor, appears unclean or unkempt frequently or every day.*

6. Dressing
   - ❑ Independently
   - ❑ With supervision, stand by assistance, set-up, or coaching (includes supervision or coaching for routinely changing cloths or dressing according to season/setting)
   - ❑ Needs physical assistance for dressing

   - ❑ *Has strong odor, appears unclean or unkempt the majority of the time*
   - ❑ *Unable to dress for season (inappropriate layering/underdressed for colder weather/overdressed for warmer weather)*

INSTRUMENTAL ACTIVITIES OF DAILY LIVING: *Instrumental activities of daily living refer to activities necessary for daily living but not directly related to the physical care of the body including cooking, housekeeping, shopping, transportation, telephone use, medication and financial management.*

7. Cooking/Meals
   - ❑ Comes to meals at appropriate times or prepares in apartment with assistance.
   - ❑ With supervision, stand by assistance, set-up, or coaching to come to meals at correct times, use tray line/room service correctly or prepare meals in apartment
   - ❑ Requires physical assistance to come to meals or prepare meals in apartment

   - ❑ *Has had noted or reported weight loss/gain in past 6 months*
   - ❑ *Has had reported incident of smoke or fire while using stove in apartment*
   - ❑ *Causes disturbances/creates situations in dining room that effect ability of staff to delivery timely meal service to other residents*

8. Housekeeping
   - ☐ Independent in maintaining an environment that is safe, free of spoiled food or refuge, and has no evidence of insects/rodents or other environment hazards (includes use of routine housekeeping x 1 visit per week)
   - ☐ With supervision, stand by assistance, set-up, or coaching other than weekly housekeeping service to maintain above. Is cooperative with housekeeping efforts by staff.

   - ☐ *Unable to maintain above; requires daily staff attention to housekeeping concerns.*
   - ☐ *Resistive to any/all interventions*
   - ☐ *Has evidence of insects, rodents or other environmental concerns affecting community. Describe briefly:*_____
     _____

9. Shopping/Purchase of Personal Items
   - ☐ Independent: Able to obtain all items without assistance for others within 24 hours. (Includes use of delivery system if resident able to call in and receive order independently).
   - ☐ With supervision, stand by assistance or coaching on item selection, payment or directions to and from facility; one person physical assist for distance (wheelchair)
   - ☐ Unable to do shopping even with one person assist

   - ☐ *Has been unable to manage finances/money while purchasing items.*
   - ☐ *Observed lack of necessary personal items such as soap, food, toilet paper or medication and inability to realistically problem solve on the part of resident to obtain items.*

10. Transportation
   - ☐ Arranges transportation and travels by self, all modes of transportation
   - ☐ With supervision or assistance to arrange transportation and/or requires escort or stand by assistance to travel
   - ☐ Requires one person physical assistance to take any form of transportation including need or a specialized vehicle and/or hands-on assistance to transfer into vehicle

   - ☐ *Unable to state current address or phone number by memory. Has become lost and unable to return to facility.*
   - ☐ *Has been unable to transfer in or out of a vehicle within the last 3 months or had fall while transferring in or out of a vehicle last 3 months.*

11. Use of Telephone
   - ☐ Independent
   - ☐ With supervision, stand by assistance or coaching to dial or use address book/directory.

Use of Telephone cont'd

- ❑ *Unable to use telephone to call for assistance especially in an emergency.*
- ❑ *Constantly uses operator to place calls taking time away from staff to answer calls or attend to other residents.*

12. Medical Needs
    - ❑ Independent; Able to medicate self properly, make own doctor's appointment, follow/understand doctor's directions, and get medication refills without assistance in all areas
    - ❑ With supervision, stand by assistance or coaching can accomplish above with minimal assistance in one or more areas.
    - ❑ Unable to perform above even with strong encouragement/education. Requires maximum assistance in one or more areas.

13. Finances
    - ❑ Resident manages all financial matters independently, writes checks, pays bills/rent, goes to bank manages day-to-day purchases
    - ❑ Manages small day-to-day purchases, but needs help banking, writing checks, paying bills or handling cash
    - ❑ Unable to manage finances or handle day-to-day purchases

    - ❑ *Has been a victim of theft, fraud or other crime related to inability to manage finances*
    - ❑ *Has been unable to pay rent or bills resulting in collection notices*

DISRUPTIVE BEHAVIORS

Does the resident exhibit any of the following behaviors that may be of risk to safety of self or others? Check all appropriate responses that apply. If "Other" is checked, please explain. Check off appropriate box to indicate frequency of each behavior. **Important: Any disruptive behavior noted should be discussed in the narrative section of this assessment.**

14. Wanders
    - ❑ Persistent moving/walking about without purpose
    - ❑ Looks for non-existent place or activity
    - ❑ Unable to find way about building or return to apartment
    - ❑ Knocks on other resident doors for directions or non-existent reason
    - ❑ Other_____

    Frequency of behavior (check one): Never Occasional Regular Continuous

15. Verbally inappropriate
    - ❑ Yells
    - ❑ Uses foul language
    - ❑ Sounds angry or threatens others
    - ❑ Other_____

    Frequency of behavior (check one): Never Occasional Regular Continuous

16. Disruptive
- ❑ Demands staff attention that takes away from staff ability to care for others
- ❑ Demands other residents attention to complete tasks such as ADL or IADL care that is better assigned to trained or licensed person
- ❑ Reports frequent unsubstantiated thefts or break-ins (i.e. items found upon security investigation in the resident possession/break-in appears unfounded)
- ❑ Call front desk multiple times per day about simple matters such as time, date, temperature or daily schedule cues
- ❑ Other_____

Frequency of behavior (check one): Never Occasional Regular Continuous

17. Combative behavior
- ❑ Throws objects indiscriminately
- ❑ Strikes out or punches at others
- ❑ Physically threatens others with raised fist or perceived menacing behavior
- ❑ Other_____

Frequency of behavior (check one): Never Occasional Regular Continuous

CURRENT PRIVATE DUTY COVERAGE
Resident currently contracts for private duty assistance in the amount of:
_____None *(4)*
_____2-10 hours each week *(3)*
_____11-15 hours each week *(2)*
_____More than 15 hours each week *(1)*

SUMMARY:
Activities of Daily Living:
Resident is independent in _____/6 ADL's.
Resident requires some type of assistance in _____/6ADL's.
Circle the ADL's requiring assistance: Mobility / Transfers / Stairs / Continence / Bathing and Grooming / Dressing

Instrumental Activities of Daily Living:
Resident is independent in _____/7 IADL's.
Resident requires some type of assistance in _____/7IADL's.
Circle the IADL's requiring assistance: Meals/ Housekeeping / Shopping / Transportation / Telephone / Medical Needs / Finances

Disruptive Behaviors:
Resident exhibits ____/4 disruptive behaviors.
Circle the behaviors exhibited: Wanders / Verbally Inappropriate / Disruptive / Combative

Risk to Self or Community
Resident demonstrated _____ areas of to self or others living in the community.
Please read narrative portion for further explanation.

NARRATIVE:
Please describe the most recent reason for resident assessment including any recent declines in functioning, important staff observations or incidents. Include a brief explanation of any italicized choices leading to the possible determination that the resident may be a danger to self or others.

Signature and title of person completing assessment Date

Level of Care Determination and Transfer Agreement

Based on the functional assessment of _____ (resident) completed _____ (date) and reviewed by the members of the ADF/Knollwood Wellness Committee, it is recommended that:

- ☐ Resident be allowed to remain in the current assigned level of care until such changes or declines indicate a need for reassessment.
- ☐ Resident be transferred to the Terrace Assisted Living upon availability of the next unit.
- ☐ Resident be transferred to the Health Services center upon availability of the next bed.

Comments:

_____

_____

_____ _____

Date Director of Nursing Services

_____ _____

Date Medical Director

_____ _____

Date Chief Operating Officer

It is agreed as follows:

Effective _____, the above Resident will transfer from _____ to _____ and agrees to pay the rate for room and board as established by the Board of Directors for residence at ADF/Knollwood, which is now set at $ _____ ___. This rate does not include any ancillary charges, a list of which will be provided on request.

_____ _____

Date Resident or Next of Kin

_____ _____

Approved Date Executive Director