

**Assessment of current needs of your loved one. Be sure to consider the increasing needs in the future.**

heck Yes or No

<b>Mental status:</b> Ability to make needs known:	Yes	No
-Do they <u>know</u> they need assistance?		
-Do they <u>know</u> if they are incontinent or when they have an accident?		
-Can they remember to go to dining room for meals?		
-Can they remember to use the walker or cane if needed?		
-Can they remember what the doctor tells them about their medical status or any change in meds?		
-Can they remember the month, year, time of day, last visitor, what they ate for breakfast?		
<b>Medication Management:</b>		
-Can they remember to take their pills?		
- Can they buy and store, open, manage their pills independently?		
- Can they remember to call for a refill?		
- Can they manage eye drops, creams?		
- Can they manage complex treatments like nebulizers, oxygen or C Pap?		
<b>Physical status:</b>		
<b>-Ambulation/ Mobility</b>		
- Ability to rise from a chair or stand up independently (without assistance)?		
-Ability to walk independently		
-Ability to walk with a walker or cane?		
<b>- Balance</b>		
-Difficulty maintaining balance when walking or standing- -Is supervision or stand by assistance needed?		
<b>-Toileting</b>		
- Can they use the bathroom independently- pull pants up and down, clean themselves properly?		
<b>- Incontinence</b>		
-Do they have accidents?		
- Are they aware of their own incontinence,		
- Are they able to contact someone to ask to be changed on their own?		
<b>-Bathing</b>		
-Need assistance getting in and out of shower?		
-Need assistance washing and bathing parts of body?		
-Needs assistance with all aspects of bathing.		
<b>- Dressing</b>		
- Able to get clothes and get dressed independently		
- Needs assistance getting clothes, but can get dressed including socks and shoes		
- Needs assistance getting and putting on clothes, but can participate if given the time and patience		
- Needs assistance with all aspects of dressing		
<b>- Hearing /Vision/ Dental Care</b>		
- Decreased hearing? Can they hear the TV, Radio, Conversations? –Do they have Hearing aides, Glasses or Dentures? Can they manage these items and put them on and take them off on their own?		

\*\* If the Resident needs a little or a lot of assistance with any of these items currently, it is very likely their care needs will continue to increase, needing more and more care. \*\*  
It is important to ask how the facility will be able to accommodate future and changing care needs and what the cost would be for additional services.

# The Senior Care Continuum Tool :

Name of Facility: \_\_\_\_\_ Date: \_\_\_\_\_ Pg 2

<b><i>The Golden Rule: Meet all the people providing the care!!!</i></b>	Administrator	Manager(s)	Caregivers	Med Techs	Nurses	Doctor	Support Staff kitchen help, cleaning people
<b>General Impression of staff - Personal likeability</b> <b>Score</b>							
<b>Use scale to rate each item 1-4</b> 1= poor, 2= Average, 3=good, 4= very good,							
<b>Continuity of Care</b>							
<b>1. Communication/Availability</b> <b>Score</b>							
<b>Use scale to rate items 1-4</b> 1= Poor - unavailable or – no response after several days 2= Average - responded after 3 days 3= Good - responded next day 4= Very good- responded immediately same day or during your visit or tour							
<b>2. Direct Staff Interaction with residents</b> <b>Score</b>							
<b>Use scale to rate items 1-4 ** Ask existing residents about staff interaction**</b> 1= No interaction/contact or contact- 1 time a month or less 2= Limited interaction/contact- 2 times a month or less 3= Good interaction/ contact 1 -2 times a <u>week</u> 4= Very Good interaction/contact- 5- 7 times a <u>week</u>							
<b>3. Training and Knowledge of staff</b> <b>Score</b>							
<b>Use scale to rate items 1-4</b> 1= No training – limited knowledge on limited subjects 2= Trained and Certified in only one discipline - ex. caregiver only 3= Trained and Certified in several disciplines - ex caregiver, med tech, dementia Dementia <u>or</u> trained in a professional field , Not direct caregivers 4= Trained and Certified in all disciplines <u>and</u> has Advanced Professional and or Medical training							
<b>4. Flexibility of staff</b> <b>Score</b>							
<b>Use scale too rate items 1-4</b> 1= Able to provide assistance in only one discipline - ex. caregiver only 2= Able to provide assistance in more than one discipline – ex. caregiver, med tech, but not allowed or encouraged by management to work outside scheduled tasks or job description. 3= Able to provide assistance in all disciplines – ex. caregiver, med tech, Dementia, cooking, cleaning, assist with participation in activities 4= Able to provide assistance in all disciplines – ex. caregiver, med tech, Dementia, cooking, cleaning, assist with participation in activities, communication with family, doctors, nurses and others involved in care expected and encouraged by management and owners.							
<b>Scoring:</b> 1-5 =poor, 5-10= Average, 10-15=good, 15-20= very good							

Check which payment system this facility utilizes

<b>5. Cost-</b> does the facility utilize a More INCLUSIVE PAYMENT system where personal care assistance, medication management, accompanied transportation to doctor’s appointments, housekeeping/ laundry services are included in the basic monthly service fee. <b>Or...</b> an A-LA CARTE system in which there are additional fees for assisted services like personal care assistance, med management, and assistance getting to meals.	<b><u>Inclusive</u></b>	<b><u>A-la Carte</u></b>
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