

Assisted Living Center Service Specifications

Assessment Categories	Basic Care Package	Tier Level 1 Needs additional assistance with:	Tier Level 2 Needs additional assistance with:	Remarks
Administration (Performed by Director, Nurse and unlicensed personnel)	<ul style="list-style-type: none"> • Admissions and Discharge • General Management • Resident Assistance • Facility Planned Outings • Facilitate transportation 	<ul style="list-style-type: none"> ○ Write checks/pay bills ○ Mail statement to second party ○ Transportation 1 time per week or more ○ Accompany to Physician appointment 1-4 times yearly 	<ul style="list-style-type: none"> ○ Money management ○ Accompany to Physician appointment 5+ times yearly 	
Resident Rooms	<ul style="list-style-type: none"> • Handwashing facility in each resident room or in a bath or toilet room connected directly to the room • Linens, equipment, and supplies for personal care and for other activities of daily living commensurate with the needs of the resident served (e.g. toilet paper, tissue, shampoo, conditioner, soap, toothpaste/toothbrush) • General lighting, night lighting, and reading light if needed • Basic Furniture (bed, bedside stand, chair, storage area) • Privacy/window curtains • Call cord • Toilet room and lavatory • Locker or closet for each resident • Heat, electricity, air conditioning • Water, Sewer, Garbage 			

<p>Dietary (Performed by Director, Nurse and unlicensed personnel)</p>	<ul style="list-style-type: none"> ● Breakfast, Lunch and Supper Daily ● Daily Snacks and Coffee ● Water delivered to room daily 	<ul style="list-style-type: none"> ○ Cut food ○ Special dietary requirements ○ Alternative food prep 3 times per week or more 	<ul style="list-style-type: none"> ○ Dysphagia/grind food ○ Alternative food prep daily 	
<p>Housekeeping (Performed by Director, Nurse and unlicensed personnel)</p>	<ul style="list-style-type: none"> ● Personal Laundry, Towels and Bedding Weekly ● Basic Room Cleaning Weekly 	<ul style="list-style-type: none"> ○ Personal laundry twice weekly ○ Special laundry requirements/allergies ○ Cleaning due to incontinence more than weekly ○ Second room clean per week 	<ul style="list-style-type: none"> ○ Personal laundry 3 or more times per week ○ Professional cleaning ○ Extended cleaning time due to excessive clutter 	
<p>Personal Care (Performed by Director, Nurse and unlicensed personnel)</p>	<ul style="list-style-type: none"> ● 24/7 Staffing ● Bed Checks every 2 hours ● Grooming Reminders ● Weekly Shower Set-up ● No assistance for toileting ● Basic Charting 	<ul style="list-style-type: none"> ○ Assist with shower back and legs ○ Assist with grooming (hair, shaving, etc.) ○ Assist with dressing ○ Reminders to use incontinent products ○ Bed check hourly ○ Set-up incontinent products 	<ul style="list-style-type: none"> ○ Assist with shower twice weekly ○ Assist with shower wash, dry, dress ○ Remove soiled clothes daily and/or set up clothing in AM ○ Crush meds 	
<p>Nursing (Performed by Registered Nurse)</p>	<ul style="list-style-type: none"> ● Med set-up 1- 5 meds daily or weekly med set-up ● Med admin 3 times daily ● Less than monthly consultation with Physician ● Assessment every 90 days ● Ordering Meds ● Arranging Appointments ● Nail Care 1-15 minutes 	<ul style="list-style-type: none"> ○ Med set-up 6-9 meds daily ○ Med admin 4-5 times daily ○ Monthly consultation with Physician ○ Weekly pulse monitoring ○ Monitor oxygen tank ○ Nail care 16-30 minutes 	<ul style="list-style-type: none"> ○ Med set-up 10 or more meds daily ○ Med admin 6 or more times daily ○ Weekly consultation with Physician ○ Insulin set-up ○ Vital signs more than monthly ○ Blood draws ○ Injections ○ Nail care over 30 minutes ○ Physician ordered wound care ○ Ongoing glucose testing ○ Ongoing catheter care 	

Behavior/ Socialization (Performed by Director, Nurse and unlicensed personnel)	<ul style="list-style-type: none"> • No assistance needed for communication • Occasional reminders for exercise and/or activities 	<ul style="list-style-type: none"> ○ Self-propelled wheel chair ○ Daily reminders/cueing ○ Providing cueing for vision impairment and/or hearing loss 	<ul style="list-style-type: none"> ○ Motorized scooter ○ Positive support plan in place ○ Requires staff assistance for effective communication 	
Mobility (Performed by Director, Nurse and unlicensed personnel)	<ul style="list-style-type: none"> • No assistance needed or self-propelled wheel chair 	<ul style="list-style-type: none"> ○ Cueing/supervision assistance with transfers ○ Cueing/supervision assistance with mobility 	<ul style="list-style-type: none"> ○ Motorized scooter ○ Physical assistance with transfer ○ Physical assistance with mobility 	
		Total Tier 1 _____	Total Tier 2 _____	

Basic:	Rent \$_____/day + Services \$_____/day =	\$_____/day
Tier 1:	Tier 1 & 2 total equals 8 or more	an additional \$_____/day
Tier 2:	Tier 2 total equals 3 or more	an additional \$_____/day
	Total =	\$_____/day

Provider Signature	Date
Consumer or Guardian Signature	Date
LTSS Specialist Signature	Date