

THE INN AT DEERFIELD

Resident Rate Score Sheet

Resident Name _____ Date _____

<u>Characteristic</u>	<u>Points</u>	<u>Qualifier</u>
Bathing	0	Needs Reminders
	1	Supervision
	2	Verbal cues
	3	Staff Assist
Dressing	0	Dresses independently
	1	Needs Reminders
	2	Supervision
	3	Verbal Cues
Personal Care	0	Needs Reminders
	1	Supervision
	2	Verbal Cues
	3	Staff Assist
Nutrition	1	Eats independently when meal served
	2	Prompting
	3	Staff assist occasionally with eating
	4	Requires special attention during meals
Elimination	0	Independent
	1	Reminders to toilet
	2	Seldom Incontinent, Incontinent at night only
	3	Staff Assist or incontinent day and night
Physical	0	Self- transfer and ambulation
	1	Independent use of Assistive devices
	2	Staff standby transfers and/or Ambulation or Verbal Cues only to transfer
	3	1 Staff Assist Transfers and/or Ambulation
Safety	0	Independent for Evacuations
	1	Reminders and verbal Cues for Evacuations
	2	Verbal Cueing/ prompting for Evacuations
	3	1 staff assist
	4	2 staff assist and/or no regard for self or others during Evacuation and/or needs a wheel chair to evacuate

Cognition	1	Early Stage Dementia
	2	Mid stage Dementia easily redirected
	3	Mid Stage Dementia needs frequent redirection
	4	Mid stage Dementia Needing Constant Redirection or Late Stage Dementia
Behavioral	1	Occasional Moodiness, or Moodiness requiring refocus
	2	Anxiety/Agitation/ Obsessive Compulsive
	3	Threatening, Sexual inhibitions
	4	Aggressive/ Physically Abusive
Communication	1	Communicates Verbally
	2	Difficulty communicating but makes need known
	3	Unable to communicate meaningfully
	4	Does not Communicate
Medication	0	Med Tech Administration
	1	Meds in food or drink
	2	Vital signs, CBG, with medications
	3	Frequently requires more than one attempt, Hospice care, needs prn's frequently

<u>Score</u>	<u>Rate</u>
0-5	\$3900
6-10	\$4100
11-15	\$4300
16-20	\$4500
21-25	\$4700
26-30	\$4900
31-35	\$5100
36 or more	\$5300

Any time one on one staff care is required add \$20.00 per hour.
 If Resident uses Oxygen Tanks add \$100 per month
 If Resident uses Nebulizer add \$50 per month
 Admission Fee \$1000.00

Signed _____ Title _____ Date _____

Responsible Party Signature _____ Date _____