ALF 102 Manual

Demographics:

NAME, ADDRESS, PHONE#:

Enter the client's name, last name first. Enter the client's home address if this form is completed prior to admission to the assisted living facility. Use the facility address if the client is a resident. If the client is a resident and does not have a private phone put N/A in the area designated for the phone number.

DOB, SSN#:

Enter the client's date of birth in a mm/dd/yyyy format. Use the client's Social Security number, not their Medicare number.

CONTACT PERSON/RELATIONSHIP, ADDRESS AND PHONE #:

Enter the information for the friend or family member who would be notified of the client's change in condition, care plan schedules, emergencies, etc. This does not need to be a guardian or someone with Power of Attorney.

FACILITY:

Enter the name of the assisted living facility where the client resides or is planning to enter.

ANTICIPATED ADMIT DATE:

It is only necessary to complete this area if the client is not already a resident.

REFERRAL SOURCE AND DATE:

Fill in this area if the completion of this form is the result of a referral.

SIGNIFICANT MEDICAL CONDITIONS (INCLUDE ALLERGIES):

Use diagnoses, if available. List any disabilities that may effect the clients ability to care for him/herself or their evacuation ability. List any allergies including food, environmental and medications.

INSTRUCTIONS:

Assess each of the following categories and mark the appropriate response. Those responses already marked with a X indicate conditions that are beyond the scope of the Assisted Living Facility licensure so they will require the incorporation of services provided by outside agencies. If outside services are required, they are to be listed on the bottom of the ALF 102 form.

COMPLETING THE SCREENING TOOL:

The following table is a rationale for each choice available in each category. Select the most appropriate response.

1. Medication Administration

Criteria	Rationale
X a. Requires dose-related medical monitoring for cardiac rate depressors, hypertensives, insulin, anticoagulants, etc. X b. Frequent professional monitoring is required for need or dosage regulations, e.g., insulin, narcotics, anticoagulants, etc. Requires med box or insulin syringes filled by facility staff. Oxygen administration by facility staff.	a. Requires administration by licensed nursing staff. If licensed staff is not available, administration must be done by an outside contracted service. b. Oxygen that requires adjustment of the rate of flow based on oximeter readings is covered here.

2. Medication Self Management

Criteria	Rationale
a. PRN self-administered medication or no medication.	a. Includes occasional analgesic or antacid which may be in resident's possession.
b. Requires minimal (1-4) self-administered medications on a regular basis, oral or topical, including vitamins.	
c. Requires multiple (5 or more) maintenance self-administered medications as a daily regime, oral or topical, including vitamins. Weekly or monthly self-administered injections.	c. Insulin that is completely managed by the resident is considered self-administered.

3. Eating/Meal Preparation/Diet

Criteria	Rationale
a. Independently feeds self b. Independently feeds self but needs someone to prepare meals. c. Requires occasional supervision to assure nutritional needs are met. X d. Requires therapeutic diet, i.e., renal dialysis diet. X e. Swallowing or choking precautions. X f. Requires constant attention and hand feeding by assistant, tube feedings. Requires monitoring of diet to assure nutritional needs are met.	c. May need occasional encouragement and prompting to eat. d. Requires diet that needs to be individually planned and monitored by a dietitian. e. Needs one to one attention at mealtime because of choking concerns. f. Can not or will not feed self. Requires tube feedings prepared and administered by another. Requires dietary intervention and monitoring of diet and intake.

4. Skin Care, Dressing, Treatment

Criteria	Rationale
a. Skin intact.	
b. Superficial skin conditions, fragility, rashes or chronic dermatitis.	b. Poor turgor resulting in fragility. Rashes or dermatitis cared for by client.
c. Pressure areas, small skin tear with or without dressing, or minor skin lesions that are not infected.	c. Skin problems that are healing and do not need specialized treatment but do need monitoring.
X d. Open skin lesions present (post-op wounds with complications, decubitus, and sterile/special dressings).	d. Decubitus stages II - IV, infected wounds, stasis ulcers.

5. Speech, Vision, Hearing

Criteria	Rationale
a. Unimpaired or impaired, but not dependent on assistance.	a. May wear glasses or hearing aids, but impairment does not restrict self-care or communication.
b. Communication impairment that results in the need for occasional assistance.	b. Requires occasional help of another because of communication impediment.
X c. Completely dependent in areas of communication.	c. Blind, deaf or aphasic and unable to communicate or evacuate without the help of another.

6. Dressing and Personal Grooming

Criteria	Rationale
a. Appropriate and independent dressing, undressing or grooming with little assistance (assistance with TED hose/minor braces).	
b. Inability to button or zip or choose wardrobe.	b. Can dress, but unable to choose or lay out clothes.
X c. Significant assistance or cuing needed on a regular basis.	c. Always requires help in most areas of dressing and grooming. Can do small tasks alone.
X d. Requires total dressing and grooming.	d. Cannot dress or undress or groom without the help of another.

7. Bathing

Criteria	Rationale
a. Independent bathing with little assistance.	a. May require someone to prepare bathroom.
b. Mobile, but unable to safely bathe without regular assistance and supervision. Occasional peri-care for hygiene.	b. Needs supervision while bathing to ensure safety. Needs occasional assistance to maintain cleanliness.
X c. Cannot bathe without total assistance (tub, shower, whirlpool or bed bath).	c. Totally dependent for bathing because of physical or mental disability.

8. Continence

Criteria	Rationale
a. Continent of bowel and bladder b. Occasional incontinence or stress incontinence needs occasional help to clean self. X c. Frequent to total incontinence and unable to manage his/her self; facility maintenance of colostomies and ileostomies. X d. Requires catheterization and catheter care by facility staff.	a. Includes occasional incontinence that is self-managed. b. Requires occasional help of another to maintain cleanliness. c. Completely dependent upon another for bowel and/or urinary care. Dependent in care for colostomies and ileostomies. d. Has indwelling catheter requiring catheter care and requires help of another to preform catheter change and catheter care.

9. Mobility

Criteria	Rationale
a. Independently and appropriately able to transfer and/or ambulate with or without device b. Able to transfer and/or ambulate with minimal or stand-by assistance. X c. Completely dependent, frequent transfers or frequent positioning, frequent falls, unable to evacuate building. X d. Requires two-person transfer.	a. May use cane, crutches or walker, but does not require assistance of another with ambulation. b. Requires the presence of another when ambulating or transferring to insure safety. c. Unable to transfer, position, or evacuate self due to physical or mental condition. d. Requires two people to transfer because of size or disability.

10. Behavior/Motivation

Criteria	Rationale
a. Appropriate behavior, well-motivated to and capable of performing ADLs.	
b. Intermittently confused and/or agitated; requires occasional reminders as to person, place or time.	b. Sporadic confusion or agitation with an unpredictable pattern. Does not present major safety concerns to self or others.
c. Potential for substance abuse, including alcohol of prescription drugs, alone or in combination.	c. May have potential for substance abuse because of physical or mental disability or addiction.
X d. Frequently under the influence of alcohol or drugs, aggressive, abusive or disruptive.	d. Requires regular supervision and/or intervention because of behavior that is a danger to self or others due to a physical or mental condition or substance abuse.
X e. Safety concerns. In danger of self-inflicted harm or self-neglect. Continuous surveillance required. Excessive wandering.	e. Serious safety concerns because of wandering. May cause harm to self because of physical or mental condition. Requires continuous surveillance by another.

11. Socialization

Criteria	Rationale
a. Independent participation in social or therapeutic activities by choice. Isolated or reclusive by personal history.	a. Participates, or does not participate, to the level of their personal comfort.
b. Requires special assistance or encouragement for participation in planned social activities.	b. Needs assistance to participate at the level of previous interest because of depression or confusion.
X c. Requires one-on-one assistance to maintain safety within the facility.	c. Totally confused and needs constant intervention to maintain safety within the facility.

12. Medical Care Requirements

Criteria	Rationale
a. Medically stable	
b. Acutely ill; able to maintain safely without 24 hour RN assessment, supervision	b. Includes short term illness without complications
X c. Acutely ill; requires 24 hour RN care/supervision to ensure medical needs are met	c. Requires nursing care from an outside source.
X d. Requires skilled nursing care for chronic conditions.	d. Requires nursing care from an outside source.

The ALF 102 is an assessment form designed to determine if the level of care of the assisted living facility residents are within the scope of the facility's licensure and, if the care needs exceed what the facility can provide, indicate what additional outside services will need to be brought in for that resident to remain in the facility.