

Resident Name _____ Date Completed _____

Level of Care Scoring Tool

If an item does not specify how many points to add, then do not add any points. These items are triggers for awake overnight staff.

PROVIDER MONITORING AND ASSESSMENT FUNCTIONS	POINTS	SCORE
1) Monitoring of medical illness and conditions		
*Question 1: If current illness or psychiatric changes within past 6 months that require monitoring	Add 1	
*Question 1: Has there been more than 1 change in the past 6 months for any reason?	Add 1	
*Question 1: If recent suicide attempt	Add 3	
Question 9(g): If tube feeding is checked	Add 1	
Question 9: If 2 or more answers to 9 (c), (f), or (k) are checked	Add 3	
Question 12(a): If 9 or more medications are ordered	Add 1	
Question 12(a): If any high risk medications	Add 1	
Question 12(a): If any anticoagulant therapy requires outside lab services to monitor	Add 2	
Question 12(d): If 1 or more items require any monitoring by the provider staff	Add 1	
Question 12(d): If 1 or more items require at least daily monitoring	Add 1	
Total Score for this Section		
2) Monitoring of cognitive impairments, psychiatric illnesses, and behavior		
*Question 1: If acute psychiatric episode (within past 6 months)	Add 1	
Question 5: If any response is answered "yes"	Add 1	
Question 5: If any 2 responses are answered "yes"	Add 1	
*Question 10(a): If marked "yes"		
*Question 10(c): If any are checked		
*Question 10(e): If any items in 10(e) other than iii, ix, or x are checked as occasional	Add 1	
*Question 10(e): If any items in 10(e) other than iii, ix, or x are checked as regular or continuous	Add 2	
Questions 28 - 34: If the frequency for any item is marked as regular or continuous	Add 1	
Questions 28 - 34: If the frequencies for 3 or more items are marked as regular or continuous	Add 2	
Total Score for this Section		
PROVIDER CARE AND SERVICE FUNCTIONS		
3) Performing treatments for physical/medical conditions		
Question 12(b): If any diagnoses/conditions require any treatments besides medication(s)	Add 1	
Question 12(b): If 3 or more diagnoses/conditions require any treatment besides medication(s)	Add 3	
Question 12(c): If any treatment listed in this column must be given weekly	Add 1	
Question 12(c): If any treatment listed in this column must be given daily	Add 2	
Total Score for this Section		
4) Medication Management		
Question 12(a): If 9 or more medications (including OTCs and PRNs)	Add 1	
Question 12(a): If 3 or more high risk medications	Add 2	
Question 12(d): If additional staff training is required for staff to safely administer medication	Add 2	
Question 12(d): If anything in this column requires health care practitioner notification	Add 1	
Question 12(d): If any coordination with outside laboratory testing and/or health care practitioner visits	Add 2	
Question 11(b): If checked	Add 1	
*Question 11(b): If checked and medications are required at night		
Question 11(c): If checked	Add 2	
*Question 11(c): If checked and medications are required at night		
Question 34(e): If marked as <i>anything</i> other than never	Add 1	
Question 34(f): If marked as <i>anything</i> other than never	Add 1	
Total Score for this Section		

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PROVIDER CARE AND SERVICE FUNCTIONS (Continued)	POINTS	SCORE
5) Assistance with ADLs		
*Question 13: If marked "3"		
*Question 14: If marked "2" or "3"		
*Question 15: If marked "2" or "3"		
*Question 16: If marked "2" or "3"		
*Question 17: If bathroom is on a different floor from bedroom		
*Question 18: If marked "1," "2," or "3"		
Question 21: Transfer total score on sum of questions 13-21		
Total Score for this Section		
6) Risk factor management (falls, skin breakdown, etc.)		
*Question 2: If past history of suicide attempt(s)	Add 1	
*Question 2: If chronic conditions or physical functional changes which require awake overnight staff		
*Question 6: If any 1 item is marked	Add 1	
*Question 6: If any 2 or more items are marked	Add 2	
Question 7: If any skin conditions are noted	Add 1	
*Question 7: If any conditions require overnight attention		
*Question 8(a): If hearing is marked as poor or deaf	Add 1	
*Question 8(b): If vision is marked as poor or resident is blind	Add 1	
*Question 8(c): If any temperature deficits are noted	Add 1	
Question 9(d): If marked as "yes"	Add 1	
*Question 9(e) or (f): If marked as "yes"	Add 2	
*Question 10(b): If diagnosis of dementia is checked as "yes"	Add 2	
*Question 10(e)(iii): If impaired judgment is marked as regular or continuous	Add 1	
*Question 10(e)(iii): If impaired judgment is marked as occasional		
Question 12(a): If resident has 15 or more medications	Add 3	
Question 28: If any withdrawn behaviors (a) and/or (b) are noted	Add 1	
Question 29: If any wandering behaviors (a), (d), or (e) are noted	Add 1	
*Question 29: If any wandering behaviors (c) or (e) are noted at regular or continuous		
Question 35: If (a) is marked as unable or sometimes able or (b) is marked as anything other than never	Add 1	
*Question 35: If (a) is marked as unable or sometimes able or (b) is marked as regular or continuous		
Total Score for this Section		
7) Management of problematic behavior		
*Question 10(e)(x): If frequency of dangerous behavior is noted as regular or continuous	Add 10	
*Question 10(e)(x): If frequency of dangerous behavior is noted as occasional		
*Question 10(e)(ix): If frequency of unsafe behavior is noted as regular or continuous	Add 10	
*Question 10(e)(ix): If frequency of unsafe behavior is noted as occasional		
*Question 10(e)(xi): If frequency of agitation is marked as regular or continuous	Add 2	
*Question 10(e)(xi): If frequency of agitation is marked as occasional		
Question 29: If any wandering behaviors (c) – (e) are noted	Add 3	
Question 30: If any response is noted as regular or continuous	Add 1	
*Question 30: If (a) is marked as regular or continuous		
Question 31: If any response is noted as regular or continuous	Add 1	
*Question 31: If (b) is marked as regular or continuous and behavior occurs at night		
Question 32: If any disruptive behaviors noted as occasional	Add 1	

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PROVIDER CARE AND SERVICE FUNCTIONS (Continued)	POINTS	SCORE
Question 32: If any disruptive behaviors noted as regular or continuous	Add 2	
*Question 32: If (c), (d), or (e) are noted as regular or continuous and behavior occurs at night		
Question 33: If any combative behaviors noted as occasional	Add 1	
Question 33: If any combative behaviors noted as regular or continuous	Add 4	
*Question 33: If any combative behaviors noted as regular or continuous occur at night		
Question 34: If any resistive behavior noted as occasional	Add 1	
Question 34: If any resistive behavior noted as regular or continuous	Add 4	
*Question 34: If (d) or (g) are noted as regular or continuous and behavior occurs at night		
Questions 28 – 34: If frequency for any question is marked as regular or continuous	Add 4	
Questions 28 – 34: If frequency of 3 or more of the questions is marked as regular or continuous	Add 4	
Total Score for this Section		
Total Score for All Sections of the Assessment (Add scores of Sections 1-7)		

Date Completed: _____

Signature and Title of Person Completing Form: _____

Key to Level of Care		
Level 1 = 1-20 points	Level 2 = 21-40 points	Level 3 = 41 points or higher

AWAKE OVERNIGHT STAFF REQUIREMENT

If the Assessment results in responses as noted to any of the questions marked with an asterisk (*), awake overnight staff is presumed to be required for the resident. If the physician or assessing nurse, in his or her clinical judgment, does not believe that a resident, although these elements have been identified, requires awake overnight staff, the practitioner must document the reason below.

Date: _____

Signature of Health Care Practitioner: _____