

General Guidelines for Resident

Transitions	Tier 1	Tier 2	**Tier 3
Domestic Service: 3 Meals/day+ Snack, Weekly Laundry, Weekly Housekeeping	Domestic Service: 3 Meals/day+ Snack, Weekly Laundry, Weekly Housekeeping	Domestic Service: 3 Meals/day+ Snack Weekly Laundry, Weekly Housekeeping additional bathroom cleaning	Domestic Service: 3 Meals/day+ Snack Weekly Laundry, Weekly Housekeeping additional bathroom cleaning
Independent in personal care	Cueing for personal care, 1 bath/shower per week. Identifies when attention is needed and is able to self-manage incontinence care	Assistance with personal care, ie: dressing 2-3 baths/showers per week, occasional assisted incontinence care with resident participating in care and willing to have staff assist, and identifies when attention is needed Transportation to and from meals	Assistance with personal care, i.e. dressing, 2-3 baths/showers per week, frequent incontinence care with resident participating in care when able and willing to have staff assist. Transportation to and from meals
Assistance with medication refills and delivery, and/or administration of simple medications	Assistance and/or administration of simple medications-oral administration, eye drops and inhalers.	Administration of complex medication regimens i.e.; insulin, medications that require close monitoring i.e.; Coumadin, psychoactive meds, crushing meds, subcutaneous injections. Resident with medication changes greater than monthly	Administration of complex medication regimens i.e.; insulin, medications that require close monitoring i.e.; Coumadin, psychoactive meds, crushing meds, subcutaneous injections. Resident with medication changes greater than monthly
Participates in scheduled community activities and events	Daily reminders by staff for community activities, coordination of medical care	Daily reminders by staff for community activities, scheduling/coordination of medical care, cueing for daily personal care and functional needs. Assistance to/from activities.	Daily reminders by staff for community activities, scheduling/coordination of medical care and functional needs. Assistance to/from activities.
Medical Support (emergencies)	Routine medical support and care, i.e.; braces, weekly glucometer checks and vital signs ordered by licensed health professional. Fall frequency: less than monthly.	Non-routine medical support and care, i.e.; frequent vital signs, daily to weekly glucometer checks ordered by licensed health care professional. Nebulizer treatments, frequent weights, fall frequency: greater than monthly. Hospice Care	Tier 2 plus: frequent falls that require closer supervision at a 5:1 ratio. Any type of care that requires additional support care, behavioral changes and assessments that require close supervision. Frequent monitoring of health status needs.

Each resident will be assessed individually and each tier level will be determined by the individual needs of each resident. The Director of Assisted Living and Nurse Coordinator determine the level of care needed. The monthly service fee varies based on level of care; one price includes everything described above.

**** This Tier level is available for current Silver Maples residents only**