



**LEVELS OF CARE**

ACTIVITY	HOME CARE				FACILITY
	COMPLETE INDEPENDENCE	MINIMAL ASSISTANCE	MODERATE ASSISTANCE	24-HOUR CARE	Total Assistance
<b>Memory Cognition Communication</b>	Good memory, good ability, good communication	Slight memory impairment, good communication	Mild memory loss, sometimes disoriented	Poor memory, mild confusion, hesitant in communication	Constant supervision, has difficulty communicating
<b>Self-Care</b> Eating Dressing Bathing Toileting Grooming Taking Medication	Able to do all activities without assistance, but may like help with housekeeping, meal preparation and companionship	Needs help with personal care and medication reminders	Needs reminders and help with many activities of daily living	May need frequent and ongoing assistance with all personal care	Needs total assistance with all activities
<b>Response to Emergencies</b>	Able to call for assistance, use of stairs and exit home if necessary	Able to call for assistance and adequately respond to the situation	May need assistance and should probably use emergency response devices	Needs someone immediately available to assist at all times	Needs full supervision and total assistance
<b>Physical Mobility</b>	Walks and moves about independently and is physically active	Walks, moves about and transfers independently, but moves slowly sometimes	Occasionally falls, may need help with transfers and may use cane or any mobility device	Needs one person with assistance with transfers, mobility very restricted	Bed ridden, needs mechanical lift or two people to assist
<b>Social and Recreational Participation</b>	Good social interaction and enjoys recreational activities	Needs light encouragement to socialize and recreate more often	Needs frequent encouragement and reminders to participate, including help with scheduling	Requires an escort in order to participate in social and recreational	Needs escort to activities, one-on-one interactions, visits and activities