

PHYSICAL SELF-MAINTENANCE SCALE

Physical Self-Maintenance Scale (PSMS)

Patients Name _____ Date: _____

Rated By: _____ Staff: _____

Numbers one through five in each category represent worsening states of function. Choose the number that best describes the patient's functional status. Scores in all six categories should then be totaled. The higher the final score, the greater degree of impairment.

A. Toileting

1. Cares for self at toilet completely, no incontinence.
2. Needs to be reminded or needs help in cleaning self, or has rare (weekly at most) accidents.
3. Soiling or wetting while asleep more than once a week.
4. Soiling or wetting while awake more than once a week.
5. No control of bowels or bladder.

B. Feeding

1. Eats without assistance.
2. Eats with minor assistance at mealtimes and/or with special preparation of food, or help in cleaning up after meals.
3. Feeds self with moderate assistance and is untidy.
4. Requires extensive assistance for all meals.
5. Does not feed self at all and resists efforts of others to feed him/her.

C. Dressing

1. Dresses, undresses, and selects clothes from own wardrobe.
2. Dresses and undresses self with minor assistance.
3. Needs moderate assistance in dressing or selection of clothes.
4. Needs major assistance in dressing, but cooperates with efforts of others to help.
5. Completely unable to dress self and resists efforts of others to help.

D. Grooming
(neatness, hair, hands, face, clothing)

1. Always neatly dressed, well groomed, without assistance.
2. Grooms self adequately with occasional minor assistance, eg. shaving.
3. Needs moderate and regular assistance or supervision in grooming.
4. Needs total grooming care, but can remain well groomed after help from others.
5. Actively negates all efforts of others to maintain grooming.

E. Physical Ambulation

1. Goes about grounds or city.
2. Ambulates within residence or about one block distance.
3. Ambulates with assistance of (check one)
 - a () another person b () railing c () cane d () walker
 - e () wheelchair - gets in and out without help
 - f () wheelchair - needs help in getting in, out.
4. Sits unsupported in chair or wheelchair, but cannot propel self without help.
5. Bedridden more than half the time.

F. Bathing

1. Bathes self (tub, shower, sponge bath) without help.
2. Bathes self with help in getting in and out of tub.
3. Washes face and hands only, but cannot bathe rest of body.
4. Does not wash self but is cooperative with those who bathe him/her.
5. Does not try to wash self, and resists efforts to keep him/her clean.

To track patient cognitive and functional status, record the base and follow-up scores of the MMSE and PSMS in the chart provided:

	MMSE	PSMS	Date
Baseline			
Follow-up			
Follow-up			
Follow-up			
Follow-up			
Follow-up			

 Total Score

CONSENT OF RESPONSIBLE RELATIVE OR LEGAL GUARDIAN

CONSENT OF RESPONSIBLE RELATIVE OR LEGAL GUARDIAN

I certify that I have received the “**Guide to the Program at Keystone Adult Day Program**” and reviewed the “**Complaint Process**” and “**Statement of Rights of Participants and Caregivers**”. I consent and agree, individually and as a responsible relative or legal guardian of _____, to the foregoing terms and provisions.

Sign Here:

Signature

Date

Caregiver/Responsible Party

Signature

Date

Keystone Representative

Items to Remember on the First Day

Your first day at Keystone will be _____.

You will attend from _____ to _____ on this day. **(4 hours maximum)**

Your cost for the remainder of _____ (month) is
____ days X \$48 per day + \$50 assessment fee = _____.

All fees must be paid before services are rendered.

If you have any questions please feel free to call at (865) 483-6631.

Please bring the following items:

Change of clothes with initials

Needs supply of _____

No valuables

Label: Glasses Walker Cane

Don't forget to contact _____ about:



Transportation Carrier Authorization

In addition to the persons I have indicated on the original application for services at Keystone Adult Day Program, I hereby authorize:

- E.T.H.R.A
- Oak Ridge Transit
- Other: _____

to transport _____ to or from Keystone Adult Day Program located at:

- 1350 Oak Ridge Turnpike, Oak Ridge, TN 37830.

I understand that Keystone Adult Day Program does not provide transportation services and is not responsible for any arrangements, cancellation of arrangements, late arrival or non-arrival of the above Transportation Carriers. I also understand that Keystone is not responsible for the participant once they have been released to the Transportation Carrier. A late fee will be charged if a participant is at the center after closing time.

Sign Here: _____ Date: _____
Participant

And/Or : _____ Date: _____
Caregiver/Responsible Party

Note: Caregivers are reminded to notify Keystone if the above arrangement is suspended or cancelled.

Any questions please call (865) 483-6631

INTAKE TOPICS



Intake Date: _____

Participant's Name: _____

First Day Information

- Arrival
- Name badges
- Departure
- Departure messages
- Medications
 - How to provide
 - Medication schedule
 - Medication sign in
- Clothing
 - Labeling
 - Change of clothing
 - Closet hangers
- Personal property
 - No valuables
 - Dangerous items

Participants Services

- Personal care supplies
- Nutrition - ETHRA
 - Lunch and snack times
 - Nutritional supplements
- Therapeutic Activities
- Plan of care/Quarterly assessments
- Bi-monthly health checks

Caregiver Services

- Support groups
- Keynotes
- Library and resources
- Counseling
- Long term plans
- Safe return program

Policies and Procedures

- Assigned days
- Missed Days
- No day swapping
- Vacation after six months
- Extended absences
- Holidays
- Drop-in service
- Sickness/Infectious/Contagious diseases
- Injuries
- Emergency care
- Advance directives
- Bad weather
- Keep emergency information current
- Visitors
- Transportation
 - Authorization Form
- Safety of Participants
 - 7:30 am arrival
 - Signs of abuse
 - Abandoned
 - Pictures
 - No one-to-one care
- Smoking
- Confidentiality
- _____

Financial Policies

- Program fees
- Prepayment
- Current charges
- Invoice example
- Extra Charges
- Hair Cuts
- Late pick-up fees
- Many late pick-ups
- Past due accounts
- Returned check
- Fee accumulation
- Withdrawal
 - 2 wks. notice required
- Scholarships

Misc.

- Fundraisers
- Complaint process
- Statement of Rights
- Copy of Caregiver Manual
- Suggestions

Application Complete

- Senior Nutrition Sent _____
- Medication Record
- Medical Exam Received
- Signatures
- Application Received
- _____

Caregiver's Signature

Date

Keystone Representative

Date