

JSL Adult Day Health Care

Level of Supervision Assessment- to be completed upon admission, every 6 months and/or a significant change has occurred with Registrant.

Registrant Name: _____ Date: _____

Main Room/Quiet Room

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

Outside/Garden Area

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

Hallway

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

In House (nursing home)

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

On grounds

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

Community

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs:

Transportation

- Independent
- Staff Support- if you indicate yes, explain persons specific needs below
- Wanderguard required

Specific Needs: