

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: