

Eating

The Resident begins eating the meal independently, after eating more than half of the meal, she stated she was tired, the Helper fed the resident the remainder of the meal.

Eating

After Helper set up the meal, the Resident feeds herself very quickly, the Helper is watching her and tells the Resident not to eat too fast, and the Resident slows down.

Oral Hygiene

The Helper gathers the toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table. The resident brushes her teeth while sitting on the side of bed without assistance. The Helper returns to put the equipment away.

Oral Hygiene

The resident starts brushing his teeth and completes cleaning his upper teeth and part of the lower teeth when he becomes fatigued and asks the Helper to help him finish the rest of the brushing.

Toilet Hygiene

The Resident is able to get on/off bedside commode, remove/reapply clothing, and provide proper hygiene with no assistance from Helper.

Eating

The Resident ate independently at lunch time, consuming 50%; after lunch one nurse connects the resident to a tube feeding.

Eating

The Resident is unable to eat by mouth since he had a stroke one week ago. He receives nutrition through a gastrostomy tube (G-Tube), which is administered by the nurses. The Resident is not NPO.

Oral Hygiene

The resident has dementia and does not understand how to use oral hygiene items. The Helper brushes the resident's teeth and explains each step of the activity. The resident is unable to assist with oral hygiene.

Oral Hygiene

The resident can brush his teeth while sitting on the side of the bed, when the Helper hands him the toothbrush and toothpaste, he looks puzzled as to what to do next. The Helper cues the resident to put the toothpaste on the toothbrush and to brush his teeth.

Toilet Hygiene

The Resident has a colostomy that is changed by the Helper, the Resident is able to wipe more than halfway around the stoma. The Helper provides the remainder of the colostomy care.

Toilet Hygiene

The Resident is able to transfer on/off the toilet, the Helper removed her pants and underwear and provided peri care. The Helper then reapplied the underwear and pants. The Resident held onto the handrail for balance.

Sit to Lying

The Resident sits on the bed; the Helper try's to assist the residents legs onto the bed, the resident becomes combative and refuses to lay down in bed.

Sit to Lying

The Resident was sitting on the side of the bed and the Helper provided step-by-step cues for the Resident to lay down in bed.

Lying to Sitting on Side of Bed

The Resident has residual lower body weakness. The Helper steadies the Resident's trunk and scoots toward the edge of the bed and places both feet flat on the floor. The Resident completes most of the effort to get from lying to sitting on the side of the bed.

Lying to Sitting on Side of Bed

The Resident pushes up on the bed to get himself from a lying to a seated position as the Helper provides most of the lifting assistance for him to sit upright. The Helper assists the Resident to the edge of the bed and lowers his feet to the floor.

Toilet Hygiene

The Helper reminds the Resident to go to the bathroom, the resident is able to complete all toilet hygiene tasks with cues.

Sit to Lying

The Resident is post-surgical and requires a Helper to lift one leg in bed and assists Resident to lay down. The Helper does more than half of the effort from sitting to lying.

Sit to Lying

The Resident is unable to get from a sitting position to lying flat on the bed. The Helper supports his trunk and lifts both legs onto the bed and lays the Resident flat on the bed.

Lying to Sitting on Side of Bed

The Resident pushes herself up from the bed from a lying to a seated position. The Helper provides verbal cues and uses her hand to guide the Residents trunk. The Resident then maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity.

Lying to Sitting on Side of Bed

The Helper begins assist the Resident from a lying to a sitting position, as the Helper places her hands on her trunk the Resident becomes lethargic and the Helper lays her back down.

Sit to Stand

The Resident has severe rheumatoid arthritis and uses crutches to ambulate. The Helper brings her crutches and helps her to stand at the side of the bed. The Helper provides standing assistance but provides less than half the effort to complete the activity.

Sit to Stand

The Resident has osteoarthritis and transitions from a sitting to a standing position with the steadying (touching) assistance of the Helpers hand on the Resident's trunk.

Chair/Bed-to-Chair Transfer

The Resident uses a transfer board and has limited upper body strength, he is only able to assist with getting on the board. The Helper uses a rocking motion to move the Resident across the transfer board and into the wheelchair.

Chair/Bed-to-Chair Transfer

The Resident is motivated to assist with her transfers and pushes herself up from the bed across to the chair while the Helper provides limited trunk support with weight-bearing assistance.

Toilet Transfer

The Resident is dizzy, two Helpers must help support and assist the Resident in the transfer from the chair to the bedside commode.

Sit to Stand

The Resident has amyotrophic lateral sclerosis with bilateral AKA since 2010, she does not use prostheses. The Helper provides lifting assistance to get the Resident into a wheelchair.

Sit to Stand

The Resident has multiple healing fractures and multiple sclerosis, requiring one Helper to assist her to stand up from sitting in a chair. The Helper does more than half of the effort to lift the Resident.

Chair/Bed-to-Chair Transfer

The Helper moves the wheelchair into the correct position and locks the brakes so the Resident can transfer safely. The Resident transfers into the wheelchair by himself after the Helper leaves the room.

Chair/Bed-to-Chair Transfer

The Resident requires full assistance with transfers from the bed to the wheelchair using a lift device. Two Helpers use the device to transfer the Resident from the bed to a wheelchair. The Resident is unable to assist in the transfer.

Toilet Transfer

The Resident is sitting on the toilet. The Helper offers her hand to the Resident and the Resident is unable to pull herself up in a standing position. The Helper assists in lifting the resident. The Resident did less than half the effort.

Toilet Transfer

The Resident is post-surgical and was in her bed all shift per physicians orders.

Walk 50 Feet with 2 Turns

The Resident is assisted to stand and, after walking 10 feet, more help was needed. She loses her balance on her second turn, requiring significant support to remain upright. The Helper provides significant trunk support for about 30 of the 50 feet.

Walk 50 Feet with 2 Turns

The Resident is unable to bear her full weight on her right leg due to recent ORIF. As she walks 75 feet down the hall with her walker making two turns, the Helper supports her trunk providing weight-bearing assistance. The Helper does less than half the effort.

Walk 150 Feet

The Resident with Parkinson's disease walks the length of the hallway (150 feet) using his rolling walker. The Helper provides substantial trunk support and advances his leg in longer strides with each step.

Walk 150 Feet

The Resident walks 200 feet down the hall using her walker and the Helper provides touching assistance to the Resident, who intermittently loses her balance while she uses the walker.

Toilet Transfer

The Helper places the walker near the toilet. The Resident transferred off the toilet with the use of the walker without assistance.

Walk 50 Feet with 2 Turns

The Resident is typically able to walk 50 feet with two turns and a rollator walker with the Helper providing only trunk support. As the Helper was setting up the rollator the 1st hallway began to flood. The Resident was unable to walk at this time.

Walk 50 Feet with 2 Turns

A Helper provides steadying assistance as the Resident gets up from a sitting to a standing position. After the Helper places the Resident's walker within reach, she walks 60 feet down the hall with two turns without assistance. No supervision is required while she walks.

Walk 150 Feet

The Resident has an unsteady gait and walks the length of the hallway using her quad cane. The Helper supports her trunk to maintain balance while ambulating, and provides less than half of the effort to walk the 160 feet.

Walk 150 Feet

The Resident uses a rolling walker with supervision and cues from the Helper. He abruptly stops ambulating at 140 feet, and begins to yell "I'M NOT WALKING ANYMORE".