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|  | **Assisted Living Facility (ALF)**  **Dementia Screening Tool** | |
| Name of individual:  The individual named on this form has been assessed and found to exhibit:  1. Evidence of short-term memory loss:  Yes  No  (If there is no evidence of short-term memory loss, the assessor may go to **4.b**, and skip 2 and 3.)  **And**  2. **One** or more of the following conditions: (Check all that apply.)  Is not oriented to place or time.  Has limited ability to make him or herself understood through speech, writing, sign language or any other method the individual uses to communicate.  Requires hands-on assistance with eating or drinking. (If there is no evidence of one of these conditions, the assessor may go to **4.b**, and skip 3.)  **And**  3.  One or more of the following behaviors or symptoms which has been exhibited by the individual within the last thirty days: (Check all that apply.) | | |
| Ability to make decisions about daily life is poor; requires reminders, cues and supervision in planning daily routines  History of physical injury to staff / others  Combative  Resistive to care  Sexual acting out (does not victimize others)  Seeks vulnerable or unwilling sexual partners  Agitated or wanders at night  Eats non-edible things  Inappropriate screaming, yelling or verbal noises  Has left home and gotten lost when trying to return | | Repetitive physical movement / pacing, hand-wringing, fidgeting  Leaves stove on after cooking  Aggressive / intimidating  Exit seeking behaviors  Easily irritated / upset / agitated  Seeks / demands constant attention / reassurance  Pattern of inability to control own behaviors Specify:  Unrealistic fears or suspicions  Inappropriate toileting activity Specify: |
| (If there is no evidence of one of these conditions, the assessor may go to **4.b**)  **4.a**  The individual named on this form has identified characteristics of dementia in categories 1, 2, and 3 above.  Therefore:  (1) The staff of any assisted living facility in which the named individual resides must meet the dementia specialty training requirements specified in Washington Administrative Code 388-112A, and  (2) The assisted living facility must obtain the assessment information for the individual as specified in  WAC 388-78A-2370.  **4.b**  This individual does not meet the screening criteria for dementia identified on this form.    QUALIFIED ASSESSOR SIGNATURE DATE | | |