

# **Summary Reports**

## **1**



# WinCare Nursing Home

## Resident Roster

12-15-2005

| No. | Resident Name       | Age | Sex | Room No. | Admission No. | Admission Date |
|-----|---------------------|-----|-----|----------|---------------|----------------|
| 1   | Alexander, Tom A    | 70  | M   | 3A       | 904           | 01-04-2005     |
| 2   | Andrews, Flossie S  | 72  | F   | 103      | 908           | 10-15-2004     |
| 3   | Armstrong, Eileen R | 75  | F   | 2B       | 902           | 03-04-2005     |
| 4   | Connors, Ruth J     | 80  | F   | 102      | 906           | 03-28-2005     |
| 5   | Davidson, William T | 85  | M   | 3B       | 900           | 03-21-2005     |
| 6   | Kelly, Evelyn M     | 69  | M   | 1B       | 907           | 03-05-2005     |
| 7   | Lewis, Hazel K      | 65  | F   | 2A       | 909           | 03-20-2005     |
| 8   | White, Marian T     | 70  | F   | 1A       | 905           | 03-05-2005     |

Total Number of Residents: 8

# WinCare Nursing Home

## Resident Roster

12-15-2005

| No. | Resident Name       | Age | Sex | Room No. | Med Rec No. | Admission No. | Admission Date |
|-----|---------------------|-----|-----|----------|-------------|---------------|----------------|
| 1   | Alexander, Tom A    | 70  | M   | 3A       | 904         | 904           | 01-04-2005     |
| 2   | Andrews, Flossie S  | 72  | F   | 103      | 908         | 908           | 10-15-2004     |
| 3   | Armstrong, Eileen R | 75  | F   | 2B       | 902         | 902           | 03-04-2005     |
| 4   | Connors, Ruth J     | 80  | F   | 102      | 906         | 906           | 03-28-2005     |
| 5   | Davidson, William T | 85  | M   | 3B       | 900         | 900           | 03-21-2005     |
| 6   | Kelly, Evelyn M     | 69  | M   | 1B       | 907         | 907           | 03-05-2005     |
| 7   | Lewis, Hazel K      | 65  | F   | 2A       | 909         | 909           | 03-20-2005     |
| 8   | White, Marian T     | 70  | F   | 1A       | 905         | 905           | 03-05-2005     |

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Total Number of Residents: 8

|   |                                  |                          |                    |
|---|----------------------------------|--------------------------|--------------------|
| <b>Admission Number</b><br>904  | <b>Name</b><br>Alexander, Tom A. | <b>Room Number</b><br>3A | <b>Cart Number</b> |
| <b>Physician</b><br>Brown, John A.  |                                  |                          |                    |
| <b>Diet Type</b><br>Apr 18 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft |                                  |                          |                    |
| <b>Diet Consistency</b><br>Apr 18 2005: Mechanical Soft   |                                  |                          |                    |
| <b>Diet Nourishments</b><br>Apr 18 2005: smoothie Mixed fruits  |                                  |                          |                    |
| <b>Allergies</b><br>strawberries, crabs, shrimp   |                                  |                          |                    |
| <b>Notes, Likes/Dislikes</b><br>Does not like liver, cauliflower  |                                  |                          |                    |

|  |                                    |                           |                    |
|--|------------------------------------|---------------------------|--------------------|
| <b>Admission Number</b><br>908   | <b>Name</b><br>Andrews, Flossie S. | <b>Room Number</b><br>103 | <b>Cart Number</b> |
| <b>Physician</b><br>Paulson, James   |                                    |                           |                    |
| <b>Diet Type</b><br>Jan 20 2005: Regular, Low Sodium, Low Salt, Vegetarian |                                    |                           |                    |
| <b>Diet Consistency</b><br>Jan 20 2005: As Tolerated                       |                                    |                           |                    |
| <b>Diet Nourishments</b><br>Jan 20 2005: mixed fruits fruit muffins        |                                    |                           |                    |
| <b>Allergies</b><br>Crabs shrimp eggs                                      |                                    |                           |                    |
| <b>Notes, Likes/Dislikes</b><br>Does not like any kinds of meat.           |                                    |                           |                    |

|   |                                     |                          |                    |
|---|-------------------------------------|--------------------------|--------------------|
| <b>Admission Number</b><br>902  | <b>Name</b><br>Armstrong, Eileen R. | <b>Room Number</b><br>2B | <b>Cart Number</b> |
| <b>Physician</b><br>Brown, John A.  |                                     |                          |                    |
| <b>Diet Type</b><br>Mar 10 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat |                                     |                          |                    |
| <b>Diet Consistency</b><br>Mar 10 2005: As Tolerated  |                                     |                          |                    |
| <b>Diet Nourishments</b><br>Mar 10 2005: Fruit smoothie   |                                     |                          |                    |
| <b>Allergies</b><br>Eggs Eggplant Cow's milk  |                                     |                          |                    |
| <b>Notes, Likes/Dislikes</b><br>Avocado Liver   |                                     |                          |                    |

|  |                                 |                           |                    |
|--|---------------------------------|---------------------------|--------------------|
| <b>Admission Number</b><br>906   | <b>Name</b><br>Connors, Ruth J. | <b>Room Number</b><br>102 | <b>Cart Number</b> |
| <b>Physician</b><br>Brown, John A.   |                                 |                           |                    |
| <b>Diet Type</b><br>Apr 01 2005: Regular, Low Sodium, Low Salt, No Added Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat |                                 |                           |                    |
| <b>Diet Consistency</b><br>Apr 01 2005: As Tolerated   |                                 |                           |                    |
| <b>Diet Nourishments</b><br>Apr 01 2005: Fruit muffins   |                                 |                           |                    |
| <b>Allergies</b><br>Cow's milk Peanut Butter   |                                 |                           |                    |
| <b>Notes, Likes/Dislikes</b><br>Liver All seafood  |                                 |                           |                    |

# WinCare Nursing Home

## Resident Resuscitation Report

12-15-2005

|   |                  |                    |                                  |                    |
|---|------------------|--------------------|----------------------------------|--------------------|
| Resident's Name<br><b>Armstrong, Eileen R</b> | Chron. Age<br>75 | Room Number<br>2B  | Social Security #<br>905-30-9020 | Admission #<br>902 |
| Resident's Name<br><b>Connors, Ruth J</b>     | Chron. Age<br>80 | Room Number<br>102 | Social Security #<br>958-88-9060 | Admission #<br>906 |
| Resident's Name<br><b>Davidson, William T</b> | Chron. Age<br>86 | Room Number<br>3B  | Social Security #<br>673-64-9000 | Admission #<br>900 |
| Resident's Name<br><b>Lewis, Hazel K</b>      | Chron. Age<br>65 | Room Number<br>2A  | Social Security #<br>685-25-9090 | Admission #<br>909 |

Physician's Signature

Date

# WinCare Nursing Home

## Psychotropic Drug Report

12-15-2005

### Antipsychotics

| No. | Resident Name    | Age | Sex | Adm. No. | Rx Date  | Class  | Trade/Generic Name |
|-----|------------------|-----|-----|----------|----------|--------|--------------------|
| 1   | Alexander, Tom A | 70  | M   | 904      | 04-05-05 | 281608 | RISPERDAL          |
| 2   | Lewis, Hazel K   | 65  | F   | 909      | 03-20-05 | 281608 | RISPERDAL          |

### Antianxiety/Hypnotics

| No. | Resident Name  | Age | Sex | Adm. No. | Rx Date  | Class  | Trade/Generic Name |
|-----|----------------|-----|-----|----------|----------|--------|--------------------|
| 1   | Lewis, Hazel K | 65  | F   | 909      | 02-07-05 | 282492 | AMBIEN             |

### Antidepressants

| No. | Resident Name       | Age | Sex | Adm. No. | Rx Date  | Class  | Trade/Generic Name |
|-----|---------------------|-----|-----|----------|----------|--------|--------------------|
| 1   | Armstrong, Eileen R | 75  | F   | 902      | 04-20-05 | 281604 | ZOLOFT             |

# WinCare Nursing Home

## Weight Report

12-15-2005

| No. | Resident Name        | Adm. No. | Previous |          | New   |          | Change | Percent | Doc By |       |
|-----|----------------------|----------|----------|----------|-------|----------|--------|---------|--------|-------|
| 1   | Alexander, Tom A.    | 904      | 185.0    | 11-15-05 | 184.0 | 12-14-05 | Loss   | 1.0     | 1%     | _____ |
| 2   | Andrews, Flossie S.  | 908      | 139.0    | 11-18-05 | 140.0 | 12-14-05 | Gain   | 1.0     | 1%     | _____ |
| 3   | Armstrong, Eileen R. | 902      | 138.0    | 11-20-05 | 137.0 | 12-14-05 | Loss   | 1.0     | 1%     | _____ |
| 4   | Connors, Ruth J.     | 906      | 142.0    | 11-20-05 | 144.0 | 12-10-05 | Gain   | 2.0     | 1%     | _____ |
| 5   | Davidson, William T. | 900      | 195.0    | 11-20-05 | 196.0 | 12-12-05 | Gain   | 1.0     | 1%     | _____ |
| 6   | Kelly, Evelyn M.     | 907      | 125.0    | 11-25-05 | 135.0 | 12-10-05 | Gain   | 10.0    | 8%     | _____ |
| 7   | Lewis, Hazel K.      | 909      | 146.0    | 11-25-05 | 143.0 | 12-14-05 | Loss   | 3.0     | 2%     | _____ |
| 8   | White, Marian T.     | 905      | 139.0    | 11-14-05 | 148.0 | 12-13-05 | Gain   | 9.0     | 6%     | _____ |

Instructions: Documented-- Initial if weight change has been addressed in nurse's progress notes.  
 Substantiated-- Initial if weight change has been assessed as legitimate and physician has been notified.  
 Please return to nursing office when completed.

# WinCare Nursing Home

## Significant Change Weight Report

12-15-2005

| No. | Resident Name        | Adm. No. | Last 30 Days |      |    | Last 90 Days |       |     | Last 180 Days |  |  | Doc By | Sub By |
|-----|----------------------|----------|--------------|------|----|--------------|-------|-----|---------------|--|--|--------|--------|
| 1   | Davidson, William T. | 900      |              |      |    | 213.0/196.0  | -17.0 | 8%  |               |  |  |        |        |
| 2   | Kelly, Evelyn M.     | 907      | 125.0/135.0  | 10.0 | 8% | 117.0/135.0  | 18.0  | 15% |               |  |  |        |        |
| 3   | White, Marian T.     | 905      | 139.0/148.0  | 9.0  | 6% | 128.0/148.0  | 20.0  | 16% |               |  |  |        |        |

Instructions: Documented-- Initial if weight change has been addressed in nurse's progress notes.  
 Substantiated-- Initial if weight change has been assessed as legitimate and physician has been notified.  
 Please return to nursing office when completed.

# WinCare Nursing Home

## Weight Worksheet for December 2005

12-15-2005

| Resident Name        | Admission Number | Room Number | Physician      | Current Weight | Date Due | New Current Weight | RN Review | Re-Weigh Required | Date Due | Re-Weigh | RN Review |
|----------------------|------------------|-------------|----------------|----------------|----------|--------------------|-----------|-------------------|----------|----------|-----------|
| Alexander, Tom A.    | 904              | 3A          | Brown, John A. | 185.0          |          |                    |           |                   |          |          |           |
| Andrews, Flossie S.  | 908              | 103         | Paulson, James | 139.0          |          |                    |           |                   |          |          |           |
| Armstrong, Eileen R. | 902              | 2B          | Brown, John A. | 138.0          |          |                    |           |                   |          |          |           |
| Connors, Ruth J.     | 906              | 102         | Brown, John A. | 142.0          |          |                    |           |                   |          |          |           |
| Davidson, William T. | 900              | 3B          | Paulson, James | 195.0          |          |                    |           |                   |          |          |           |
| Kelly, Evelyn M.     | 907              | 1B          | Brown, John A. | 125.0          |          |                    |           |                   |          |          |           |
| Lewis, Hazel K.      | 909              | 2A          | Brown, John A. | 146.0          |          |                    |           |                   |          |          |           |
| White, Marian T.     | 905              | 1A          | Brown, John A. | 139.0          |          |                    |           |                   |          |          |           |

# WinCare Nursing Home

## Weight History Report

12-15-2005

Sep 01 2005 through Dec 15 2005

| Resident             | 9/05 | 10/05 | 11/05 | 12/05 |
|----------------------|------|-------|-------|-------|
| Alexander, Tom A.    | 178. | 189.  | 185.  | 184.  |
| Andrews, Flossie S.  | 130. | 141.  | 139.  | 140.  |
| Armstrong, Eileen R. | 127. | 140.  | 138.  | 137.  |
| Connors, Ruth J.     | 137. | 145.  | 142.  | 144.  |
| Davidson, William T. | 213. | 201.  | 195.  | 196.  |
| Kelly, Evelyn M.     | 117. | 122.  | 125.  | 135.  |
| Lewis, Hazel K.      | 150. | 148.  | 146.  | 143.  |
| White, Marian T.     | 128. | 141.  | 139.  | 148.  |

# WinCare Nursing Home

## Resident Diagnoses Summary Report

12-15-2005

|   |            |                      |                                 |  |                                  |
|---|------------|----------------------|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Alexander, Tom A</b> |            |                      | <b>Room Number</b><br><b>3A</b> | <b>Social Security #</b><br><b>523-56-9040</b> | <b>Admission #</b><br><b>904</b> |
| Admit/Prim/Secon                                  | ICD-9 Code | Medical Diagnosis    |                                 |  | Date Assigned                    |
| Admitting   | 790.2      | ABNORMAL GLUCOSE     |                                 |  | Jan 04 2005                      |
| Primary   | 003.22     | SALMONELLA PNEUMONIA |                                 |  | Apr 12 2005                      |
| Secondary   | 006        | AMEBIASIS            |                                 |  | Oct 10 2005                      |

|   |            |  |                                  |  |                                  |
|---|------------|--|----------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Andrews, Flossie S</b> |            |  | <b>Room Number</b><br><b>103</b> | <b>Social Security #</b><br><b>985-65-9080</b> | <b>Admission #</b><br><b>908</b> |
| Admit/Prim/Secon                                    | ICD-9 Code | Medical Diagnosis                                    |                                  |  | Date Assigned                    |
| Admitting   | 277.03     | CYSTIC FIBROSIS WITH GASTROINTESTINAL MANIFESTATIONS |                                  |  | Oct 15 2004                      |
| Primary   | 781.92     | ABNORMAL POSTURE                                     |                                  |  | Apr 12 2005                      |
| Secondary   | 344.01     | QUADRIPLÉGIA C1-C4 COMPLETE                          |                                  |  | Nov 12 2005                      |

|  |            |                                 |                                 |  |                                  |
|--|------------|---------------------------------|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Armstrong, Eileen R</b> |            |                                 | <b>Room Number</b><br><b>2B</b> | <b>Social Security #</b><br><b>905-30-9020</b> | <b>Admission #</b><br><b>902</b> |
| Admit/Prim/Secon                                     | ICD-9 Code | Medical Diagnosis               |                                 |  | Date Assigned                    |
| Admitting  | 006.6      | AMEBIC SKIN ULCERATION          |                                 |  | Mar 04 2005                      |
| Primary  | 006.8      | AMEBIC INFECTION OF OTHER SITES |                                 |  | Apr 12 2005                      |
| Primary  | 006.2      | AMEBIC NONDYSENTERIC COLITIS    |                                 |  | Dec 05 2005                      |

|  |            |                                |                                  |  |                                  |
|--|------------|--------------------------------|----------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Connors, Ruth J</b> |            |                                | <b>Room Number</b><br><b>102</b> | <b>Social Security #</b><br><b>958-88-9060</b> | <b>Admission #</b><br><b>906</b> |
| Admit/Prim/Secon                                 | ICD-9 Code | Medical Diagnosis              |                                  |  | Date Assigned                    |
| Admitting  | 738.2      | ACQUIRED DEFORMITY OF NECK     |                                  |  | Mar 28 2005                      |
| Primary  | 781.0      | ABNORMAL INVOLUNTARY MOVEMENTS |                                  |  | Apr 12 2005                      |

|  |            |                              |                                 |  |                                  |
|--|------------|------------------------------|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Davidson, William T</b> |            |                              | <b>Room Number</b><br><b>3B</b> | <b>Social Security #</b><br><b>673-64-9000</b> | <b>Admission #</b><br><b>900</b> |
| Admit/Prim/Secon                                     | ICD-9 Code | Medical Diagnosis            |                                 |  | Date Assigned                    |
| Admitting  | 786.7      | ABNORMAL CHEST SOUNDS        |                                 |  | Mar 21 2005                      |
| Primary  | 790.92     | ABNORMAL COAGULATION PROFILE |                                 |  | Apr 12 2005                      |

|  |            |   |                                 |  |                                  |
|--|------------|---|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Kelly, Evelyn M</b> |            |   | <b>Room Number</b><br><b>1B</b> | <b>Social Security #</b><br><b>334-42-9070</b> | <b>Admission #</b><br><b>907</b> |
| Admit/Prim/Secon                                 | ICD-9 Code | Medical Diagnosis                       |                                 |  | Date Assigned                    |
| Admitting  | V45.73     | ACQUIRED ABSENCE OF KIDNEY              |                                 |  | Mar 05 2005                      |
| Primary  | 379.40     | ABNORMAL PUPILLARY FUNCTION UNSPECIFIED |                                 |  | Apr 12 2005                      |

|   |            |                          |                                 |  |                                  |
|---|------------|--------------------------|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>Lewis, Hazel K</b> |            |                          | <b>Room Number</b><br><b>2A</b> | <b>Social Security #</b><br><b>685-25-9090</b> | <b>Admission #</b><br><b>909</b> |
| Admit/Prim/Secon                                | ICD-9 Code | Medical Diagnosis        |                                 |  | Date Assigned                    |
| Admitting                                       | 021.2      | PULMONARY TULAREMIA      |                                 |  | Mar 20 2005                      |
| Primary   | 032.82     | DIPHTherITIC MYOCARDITIS |                                 |  | Apr 12 2005                      |

|  |            |                   |                                 |  |                                  |
|--|------------|-------------------|---------------------------------|--|----------------------------------|
| <b>Resident's Name</b><br><b>White, Marian T</b> |            |                   | <b>Room Number</b><br><b>1A</b> | <b>Social Security #</b><br><b>777-56-9050</b> | <b>Admission #</b><br><b>905</b> |
| Admit/Prim/Secon                                 | ICD-9 Code | Medical Diagnosis |                                 |  | Date Assigned                    |
| Admitting  | 536.0      | ACHLORHYDRIA      |                                 |  | Mar 05 2005                      |
| Primary  | 254.1      | ABSCESS OF THYMUS |                                 |  | Apr 12 2005                      |
| Secondary  | 006        | AMEBIASIS         |                                 |  | Oct 15 2005                      |

|                       |      |
|-----------------------|------|
| Physician's Signature | Date |
| Page 1                |      |

|   |                                  |                          |                                    |
|---|----------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>904          | <b>Name</b><br>Alexander, Tom A. | <b>Room Number</b><br>3A | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Trimox, Tape, Sulfa |                                  |                          |                                    |

|                                       |                                    |                           |                                    |
|---------------------------------------|------------------------------------|---------------------------|------------------------------------|
| <b>Admission Number</b><br>908        | <b>Name</b><br>Andrews, Flossie S. | <b>Room Number</b><br>103 | <b>Physician</b><br>Paulson, James |
| <b>Allergies</b><br>Penicillin, sulfa |                                    |                           |                                    |

|                                 |                                     |                          |                                    |
|---------------------------------|-------------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>902  | <b>Name</b><br>Armstrong, Eileen R. | <b>Room Number</b><br>2B | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Amoxicillin |                                     |                          |                                    |

|                                |                                 |                           |                                    |
|--------------------------------|---------------------------------|---------------------------|------------------------------------|
| <b>Admission Number</b><br>906 | <b>Name</b><br>Connors, Ruth J. | <b>Room Number</b><br>102 | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Penicillin |                                 |                           |                                    |

|                                   |                                     |                          |                                    |
|-----------------------------------|-------------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>900    | <b>Name</b><br>Davidson, William T. | <b>Room Number</b><br>3B | <b>Physician</b><br>Paulson, James |
| <b>Allergies</b><br>Trimox, sulfa |                                     |                          |                                    |

|                                 |                                 |                          |                                    |
|---------------------------------|---------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>907  | <b>Name</b><br>Kelly, Evelyn M. | <b>Room Number</b><br>1B | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Amoxicillin |                                 |                          |                                    |

|                                |                                |                          |                                    |
|--------------------------------|--------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>909 | <b>Name</b><br>Lewis, Hazel K. | <b>Room Number</b><br>2A | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Penicillin |                                |                          |                                    |

|                                   |                                 |                          |                                    |
|-----------------------------------|---------------------------------|--------------------------|------------------------------------|
| <b>Admission Number</b><br>905    | <b>Name</b><br>White, Marian T. | <b>Room Number</b><br>1A | <b>Physician</b><br>Brown, John A. |
| <b>Allergies</b><br>Trimox, Sulfa |                                 |                          |                                    |

Delirium

Problem: Altered tissue perfusion (Specify)

- Related To: Arteriosclerosis
- Related To: Hypertension
- Related To: Aneurysm
- Related To: Deep Vein Thrombosis
- Related To: Arterial Thrombosis
- Related To: Collagen Vascular Disease
- Related To: Rheumatoid Arthritis
- Related To: Diabetes Mellitus
- Related To: Hypotension
- Related To: Blood Dyscrasias
- Related To: Renal Failure
- Related To: Cancer/Tumor
- Related To: Immobilization
- Related To: Medications (diuretics/tranquilizers/anticoagulants)
- Related To: Obesity
- Related To: Diet (hyperlipidemia)
- Related To: Anorexia/Malnutrition
- Related To: Dehydration
- Related To: Trauma
- Related To: Sensory - Perceptual changes
- Related To: Atherosclerotic plaques
- Related To: Capillary fragility

- Goal: Demonstrate effective coping behavior
- Goal: Demonstrates improved mental states by \_\_\_\_\_ (specify)
- Goal: Demonstrates orientation to environment
- Goal: Interacts appropriately with the environment
- Goal: Maintains hemodynamic stability qd
- Goal: No decline in physical activity level
- Goal: Oriented to person, time and place qd
- Goal: Responds appropriately to questions every intervention
- Approach: Assess & document vital signs (frequency)
- Approach: Assess and document vital signs
- Approach: Assess for changes in level of consciousness
- Approach: Assist with ADL's to completion as necessary
- Approach: Call resident by name
- Approach: Progressive activity program
- Approach: Protect from injury
- Approach: Provide simple explanations
- Approach: Reality orientation q contact

Problem: Fluid volume excess

- Related To: Decreased cardiac output - MI/CHF/Left ventricular failure/Valvular Disease/Tachycardia/Arrhythmias
- Related To: Malnutrition - low protein intake
- Related To: dependent venous pooling/venostasis
- Related To: Excessive sodium intake/fluid intake
- Related To: Steroid Therapy
- Related To: Chemotherapy
- Related To: Hormonal disturbances - Pituitary/Adrenal/Estrogen
- Related To: Inflammatory process
- Related To: Liver Disease - Cirrhosis/Ascites/Cancer

# WinCare Nursing Home

## Length of Stay

12-15-2005

| No. | Resident Name       | Room No. | Admission No. | Admit Date | Length of Stay |
|-----|---------------------|----------|---------------|------------|----------------|
| 1   | Alexander, Tom A    | 3A       | 904           | 01-04-2005 | 346            |
| 2   | Andrews, Flossie S  | 103      | 908           | 10-15-2004 | 427            |
| 3   | Armstrong, Eileen R | 2B       | 902           | 03-04-2005 | 287            |
| 4   | Connors, Ruth J     | 102      | 906           | 03-28-2005 | 263            |
| 5   | Davidson, William T | 3B       | 900           | 03-21-2005 | 270            |
| 6   | Kelly, Evelyn M     | 1B       | 907           | 03-05-2005 | 286            |
| 7   | Lewis, Hazel K      | 2A       | 909           | 03-20-2005 | 271            |
| 8   | White, Marian T     | 1A       | 905           | 03-05-2005 | 286            |

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Total Number of Residents: 8

# WinCare Nursing Home

## Census Summary Report

12-15-2005

| Payment Sources            | Totals |
|----------------------------|--------|
| Medicaid                   | 3      |
| Medicare Part A            | 3      |
| CHAMPUS                    | 0      |
| VA                         | 0      |
| Self pay/Private insurance | 0      |
| Medicare Part B            | 0      |
| Private Pay                | 2      |
| <hr/>                      |        |
| Total Payment Residents    | 8      |
| Total Residents            | 8      |

# WinCare Nursing Home

## Census Cumulative Report For December 2005

12-15-2005

Payment Source: Medicare Part A

| Date           | Beginning Resident<br>Balance | Admissions | Discharges | Ending Resident<br>Balance | Cumulative |
|----------------|-------------------------------|------------|------------|----------------------------|------------|
| 12-01-2005     | 3                             | 0          | 0          | 3                          | 3          |
| 12-02-2005     | 3                             | 0          | 0          | 3                          | 6          |
| 12-03-2005     | 3                             | 0          | 0          | 3                          | 9          |
| 12-04-2005     | 3                             | 0          | 0          | 3                          | 12         |
| 12-05-2005     | 3                             | 0          | 0          | 3                          | 15         |
| 12-06-2005     | 3                             | 0          | 0          | 3                          | 18         |
| 12-07-2005     | 3                             | 0          | 0          | 3                          | 21         |
| 12-08-2005     | 3                             | 0          | 0          | 3                          | 24         |
| 12-09-2005     | 3                             | 0          | 0          | 3                          | 27         |
| 12-10-2005     | 3                             | 0          | 0          | 3                          | 30         |
| 12-11-2005     | 3                             | 0          | 0          | 3                          | 33         |
| 12-12-2005     | 3                             | 0          | 0          | 3                          | 36         |
| 12-13-2005     | 3                             | 0          | 0          | 3                          | 39         |
| 12-14-2005     | 3                             | 0          | 0          | 3                          | 42         |
| 12-15-2005     | 3                             | 0          | 0          | 3                          | 45         |
| <b>Totals:</b> | <b>3</b>                      | <b>0</b>   | <b>0</b>   | <b>3</b>                   | <b>45</b>  |

# WinCare Nursing Home

## Census Detail Report

12-15-2005

### Payment Source: Medicaid

| No. | Resident Name    | Age | Sex | Admission No. | Adm. Date  | Room No. |
|-----|------------------|-----|-----|---------------|------------|----------|
| 1   | Alexander, Tom A | 70  | M   | 904           | 01-04-2005 | 3A       |
| 2   | Kelly, Evelyn M  | 69  | M   | 907           | 03-05-2005 | 1B       |
| 3   | Lewis, Hazel K   | 65  | F   | 909           | 03-20-2005 | 2A       |

### Payment Source: Medicare Part A

| No. | Resident Name       | Age | Sex | Admission No. | Adm. Date  | Room No. |
|-----|---------------------|-----|-----|---------------|------------|----------|
| 1   | Armstrong, Eileen R | 75  | F   | 902           | 03-04-2005 | 2B       |
| 2   | Davidson, William T | 85  | M   | 900           | 03-21-2005 | 3B       |
| 3   | White, Marian T     | 70  | F   | 905           | 03-05-2005 | 1A       |

### Payment Source: Private Pay

| No. | Resident Name      | Age | Sex | Admission No. | Adm. Date  | Room No. |
|-----|--------------------|-----|-----|---------------|------------|----------|
| 1   | Andrews, Flossie S | 72  | F   | 908           | 10-15-2004 | 103      |
| 2   | Connors, Ruth J    | 80  | F   | 906           | 03-28-2005 | 102      |

# WinCare Nursing Home

## Total Cumulative Census Report For December 2005

12-15-2005

### All Residents

| Date           | Beginning Resident<br>Balance | Admissions | Discharges | Ending Resident<br>Balance | Cumulative |
|----------------|-------------------------------|------------|------------|----------------------------|------------|
| 12-01-2005     | 9                             | 0          | 0          | 9                          | 9          |
| 12-02-2005     | 9                             | 0          | 0          | 9                          | 18         |
| 12-03-2005     | 9                             | 0          | 0          | 9                          | 27         |
| 12-04-2005     | 9                             | 0          | 0          | 9                          | 36         |
| 12-05-2005     | 9                             | 0          | 0          | 9                          | 45         |
| 12-06-2005     | 9                             | 0          | 0          | 9                          | 54         |
| 12-07-2005     | 9                             | 0          | 0          | 9                          | 63         |
| 12-08-2005     | 9                             | 0          | 0          | 9                          | 72         |
| 12-09-2005     | 9                             | 0          | 0          | 9                          | 81         |
| 12-10-2005     | 9                             | 0          | 0          | 9                          | 90         |
| 12-11-2005     | 9                             | 0          | 0          | 9                          | 99         |
| 12-12-2005     | 9                             | 0          | 0          | 9                          | 108        |
| 12-13-2005     | 9                             | 0          | 0          | 9                          | 117        |
| 12-14-2005     | 9                             | 0          | 0          | 9                          | 126        |
| 12-15-2005     | 9                             | 0          | 1          | 8                          | 134        |
| <b>Totals:</b> | <b>9</b>                      | <b>0</b>   | <b>1</b>   | <b>8</b>                   | <b>134</b> |

# WinCare Nursing Home

## Admits and Discharges Report for December 2005

(Sorted by Date)

12-15-2005

| Date       | Admit/Disch | Resident Name | Soc. Sec. Num. | Admission No. |
|------------|-------------|---------------|----------------|---------------|
| 12-15-2005 | Disch       | Brown, Dan K. | 897-32-4455    | 903           |

# WinCare Nursing Home

## MDS 2.0 Completion Report

12-15-2005

### MDS 2.0 - Completed Assessments

| Resident Name        | Asmt Type             | Asmt Date   |
|----------------------|-----------------------|-------------|
| Andrews, Flossie S.  | Admission             | Oct 28 2004 |
| Armstrong, Eileen R. | Other/Medicare 30 day | Apr 01 2005 |
| Connors, Ruth J.     | Admission             | Apr 02 2005 |
| Davidson, William T. | Other/Medicare 30 day | Apr 18 2005 |
| Kelly, Evelyn M.     | Admission             | Mar 18 2005 |
| Lewis, Hazel K.      | Admission             | Apr 02 2005 |
| White, Marian T.     | Other/Medicare 30 day | Apr 02 2005 |

### MDS 2.0 - Incomplete Assessments

| Resident Name     | Asmt Type | Asmt Date   | Sections Incomplete   |
|-------------------|-----------|-------------|---|
| Alexander, Tom A. | Quarterly | Dec 13 2005 | B, E, G, H, I, J, K, M, N, O, P, Q, W.<br>Dates missing or wrong. One or more sections not marked complete. |

Required date fields include AA3, AB1, AB11, A3a, A4a, R2b, R4, VB2, and VB4.

# WinCare Nursing Home

## Assessment Due Schedule Report

12-15-2005

| <b>Resident</b>      | <b>Admission #</b> | <b>Assessment</b> | <b>Last Due Date</b> |
|----------------------|--------------------|-------------------|----------------------|
| Alexander, Tom A.    | 904                | OBRA Annual       | 01-19-2006           |
|                      |                    | OBRA Quarterly    | 04-20-2005           |
| Andrews, Flossie S.  | 908                | OBRA Annual       | 10-29-2005           |
|                      |                    | OBRA Quarterly    | 01-28-2005           |
| Armstrong, Eileen R. | 902                | OBRA Annual       | 03-18-2006           |
|                      |                    | OBRA Quarterly    | 06-17-2005           |
| Connors, Ruth J.     | 906                | OBRA Annual       | 04-03-2006           |
|                      |                    | OBRA Quarterly    | 07-03-2005           |
| Davidson, William T. | 900                | OBRA Annual       | 04-04-2006           |
|                      |                    | OBRA Quarterly    | 07-04-2005           |
| Kelly, Evelyn M.     | 907                | OBRA Annual       | 03-19-2006           |
|                      |                    | OBRA Quarterly    | 06-18-2005           |
| Lewis, Hazel K.      | 909                | OBRA Annual       | 04-03-2006           |
|                      |                    | OBRA Quarterly    | 07-03-2005           |
| White, Marian T.     | 905                | OBRA Annual       | 03-19-2006           |
|                      |                    | OBRA Quarterly    | 06-18-2005           |

# **Summary Reports**

## **2**



# WinCare Nursing Home

## RUGS III Medicare Classifications Report

12-15-2005

(Sorted by CM Index)

| 44<br>Group | 44<br>Index | 53<br>Group | 53<br>Index | Resident Name        | Asmt Date   | Admit No. | Room No. |
|-------------|-------------|-------------|-------------|----------------------|-------------|-----------|----------|
| PA2         | 3           | PA2         | 3           | Connors, Ruth J.     | Apr 02 2005 | 906       | 102      |
| IA1         | 6           | IA1         | 6           | White, Marian T.     | Apr 02 2005 | 905       | 1A       |
| IB1         | 12          | IB1         | 12          | Kelly, Evelyn M.     | Mar 18 2005 | 907       | 1B       |
| * CA2       | 20          | CA2         | 20          | Alexander, Tom A.    | Jan 18 2005 | 904       | 3A       |
| CA2         | 20          | CA2         | 20          | Armstrong, Eileen R. | Apr 01 2005 | 902       | 2B       |
| CA2         | 20          | CA2         | 20          | Davidson, William T. | Apr 18 2005 | 900       | 3B       |
| RMA         | 32          | RMA         | 32          | Lewis, Hazel K.      | Apr 02 2005 | 909       | 2A       |
| SE3         | 36          | SE3         | 40          | Andrews, Flossie S.  | Oct 28 2004 | 908       | 103      |

Asterisk (\*) in the left column indicates a newer full assessment has been started but has not been locked.

# WinCare Nursing Home

## Rugs III Summary Report

12-15-2005

### Current Residents

| Name                              | Admit Number | MR Number | Admit Date | Discharge Date | Assessment Date | RUGS III       | Transmission File Date | Medicare Coverage Notes | Demand Bill Requested | Comments | Covered Days |
|-----------------------------------|--------------|-----------|------------|----------------|-----------------|----------------|------------------------|-------------------------|-----------------------|----------|--------------|
| Alexander, Tom A.                 | 904          | 904       | 01-04-2005 | N/A            | 01-18-2005      | CA2<br>CA2     | 04-22-2005             |                         | No                    |          |              |
| Andrews, Flossie S.               | 908          | 908       | 10-15-2004 | N/A            | 10-28-2004      | SE3<br>SE3     | 04-22-2005             |                         | No                    |          |              |
| <b>Armstrong, Eileen R. (PPS)</b> | 902          | 902       | 03-04-2005 | N/A            | 04-01-2005      | CA202<br>CA202 | 04-20-2005             |                         | No                    |          |              |
| Connors, Ruth J.                  | 906          | 906       | 03-28-2005 | N/A            | 04-02-2005      | PA2<br>PA2     | 04-22-2005             |                         | No                    |          |              |
| <b>Davidson, William T. (PPS)</b> | 900          | 900       | 03-21-2005 | N/A            | 04-18-2005      | CA202<br>CA202 | 04-21-2005             |                         | No                    |          |              |
| <b>Davidson, William T. (PPS)</b> | 900          | 900       | 03-21-2005 | N/A            | 04-03-2005      | CA217<br>CA217 | 04-21-2005             |                         | No                    |          |              |
| <b>Davidson, William T. (PPS)</b> | 900          | 900       | 03-21-2005 | N/A            | 03-26-2005      | BA101<br>BA101 | 04-20-2005             |                         | No                    |          |              |
| Kelly, Evelyn M.                  | 907          | 907       | 03-05-2005 | N/A            | 03-18-2005      | IB1<br>IB1     | 04-22-2005             |                         | No                    |          |              |
| Lewis, Hazel K.                   | 909          | 909       | 03-20-2005 | N/A            | 04-02-2005      | RMA<br>RMA     | 04-22-2005             |                         | No                    |          |              |
| <b>White, Marian T. (PPS)</b>     | 905          | 905       | 03-05-2005 | N/A            | 04-02-2005      | IA102<br>IA102 | 04-22-2005             |                         | No                    |          |              |

### Residents Without a Locked Full Assessment

| Name | Admit Number | MR Number | Admit Date | Discharge Date | Assessment Date | RUGS III | Transmission File Date | Medicare Coverage Notes | Demand Bill Requested | Comments | Covered Days |
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|

### Discharged Residents

| Name | Admit Number | MR Number | Admit Date | Discharge Date | Assessment Date | RUGS III | Transmission File Date | Medicare Coverage Notes | Demand Bill Requested | Comments | Covered Days |
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|

### Discharged Residents Without a Locked Full Assessment

| Name | Admit Number | MR Number | Admit Date | Discharge Date | Assessment Date | RUGS III | Transmission File Date | Medicare Coverage Notes | Demand Bill Requested | Comments | Covered Days |
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|
|------|--------------|-----------|------------|----------------|-----------------|----------|------------------------|-------------------------|-----------------------|----------|--------------|

# WinCare Nursing Home

## Rugs III History Summary Report

12-15-2005

**Jan 01 2005 through Dec 31 2005**

| Name                 | Admit # | MR # | RUGS III       | # of Days | Asst. Type | Asst. Ref Date | Asst. Lock Date | Trans File Date | Admit Date | Disch Date |
|----------------------|---------|------|----------------|-----------|------------|----------------|-----------------|-----------------|------------|------------|
| Alexander, Tom A.    | 904     | 904  | CA2<br>CA2     | 237       | 1          | 01-18-2005     | 04-22-2005      | 04-22-2005      | 01-04-2005 |            |
|                      |         |      | [INC]<br>[INC] |           | 5          | 12-13-2005     |                 |                 | 01-04-2005 |            |
|                      |         |      | [INC]<br>[INC] |           | 1          | 12-13-2005     |                 |                 | 01-04-2005 |            |
| Armstrong, Eileen R. | 902     | 902  | CA202<br>CA202 | 239       | 02         | 04-01-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
|                      |         |      | CA217<br>CA217 | 0         | 17         | 03-17-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
|                      |         |      | CA201<br>CA201 | 0         | 01         | 03-09-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
| Connors, Ruth J.     | 906     | 906  | PA2<br>PA2     | 237       | 1          | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-28-2005 |            |
| Davidson, William T. | 900     | 900  | CA202<br>CA202 | 237       | 02         | 04-18-2005     | 04-22-2005      | 04-21-2005      | 03-21-2005 |            |
|                      |         |      | CA217<br>CA217 | 1         | 17         | 04-03-2005     | 04-21-2005      | 04-21-2005      | 03-21-2005 |            |
|                      |         |      | BA101<br>BA101 | 1         | 01         | 03-26-2005     | 04-20-2005      | 04-20-2005      | 03-21-2005 |            |
| Kelly, Evelyn M.     | 907     | 907  | IB1<br>IB1     | 237       | 1          | 03-18-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
| Lewis, Hazel K.      | 909     | 909  | RMA<br>RMA     | 237       | 1          | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-20-2005 |            |
| White, Marian T.     | 905     | 905  | IA102<br>IA102 | 237       | 02         | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
|                      |         |      | CA217<br>CA217 | 0         | 17         | 03-18-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
|                      |         |      | CA201<br>CA201 | 0         | 01         | 03-10-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |

**RUGS III Top = 44 group, bottom = 53 group**

# WinCare Nursing Home

## Rugs III History Summary Report with Discharged Residents

12-15-2005

### Jan 01 2005 through Dec 31 2005

| Name                      | Admit # | MR # | RUGS III       | # of Days | Asst. Type | Asst. Ref Date | Asst. Lock Date | Trans File Date | Admit Date | Disch Date |
|---------------------------|---------|------|----------------|-----------|------------|----------------|-----------------|-----------------|------------|------------|
| Brown, Dan K.<br>(Disch)  | 903     | 903  | CA2<br>CA2     | 237       | 1          | 03-08-2005     | 04-22-2005      | 04-22-2005      | 02-23-2005 | 12-15-2005 |
| Lilly, John H.<br>(Disch) | 901     | 901  | PB1<br>PB1     | 193       | 1          | 03-14-2005     | 04-22-2005      | 04-22-2005      | 03-01-2005 | 11-01-2005 |
| Alexander, Tom A.         | 904     | 904  | CA2<br>CA2     | 237       | 1          | 01-18-2005     | 04-22-2005      | 04-22-2005      | 01-04-2005 |            |
|                           |         |      | [INC]<br>[INC] |           | 5          | 12-13-2005     |                 |                 | 01-04-2005 |            |
|                           |         |      | [INC]<br>[INC] |           | 1          | 12-13-2005     |                 |                 | 01-04-2005 |            |
| Armstrong, Eileen<br>R.   | 902     | 902  | CA202<br>CA202 | 239       | 02         | 04-01-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
|                           |         |      | CA217<br>CA217 | 0         | 17         | 03-17-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
|                           |         |      | CA201<br>CA201 | 0         | 01         | 03-09-2005     | 04-20-2005      | 04-20-2005      | 03-04-2005 |            |
| Connors, Ruth J.          | 906     | 906  | PA2<br>PA2     | 237       | 1          | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-28-2005 |            |
| Davidson, William<br>T.   | 900     | 900  | CA202<br>CA202 | 237       | 02         | 04-18-2005     | 04-22-2005      | 04-21-2005      | 03-21-2005 |            |
|                           |         |      | CA217<br>CA217 | 1         | 17         | 04-03-2005     | 04-21-2005      | 04-21-2005      | 03-21-2005 |            |
|                           |         |      | BA101<br>BA101 | 1         | 01         | 03-26-2005     | 04-20-2005      | 04-20-2005      | 03-21-2005 |            |
| Kelly, Evelyn M.          | 907     | 907  | IB1<br>IB1     | 237       | 1          | 03-18-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
| Lewis, Hazel K.           | 909     | 909  | RMA<br>RMA     | 237       | 1          | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-20-2005 |            |
| White, Marian T.          | 905     | 905  | IA102<br>IA102 | 237       | 02         | 04-02-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
|                           |         |      | CA217<br>CA217 | 0         | 17         | 03-18-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |
|                           |         |      | CA201<br>CA201 | 0         | 01         | 03-10-2005     | 04-22-2005      | 04-22-2005      | 03-05-2005 |            |

RUGS III Top = 44 group, bottom = 53 group

# WinCare Nursing Home

| Lab Tests Due For December 2005 |      |      |                | Dec 15 2005                 |
|---------------------------------|------|------|----------------|-----------------------------|
| Date/Name                       | ID # | Rm # | Physician      | Lab Test                    |
| <b>Jan 01 2006</b>              |      |      |                |                             |
| Alexander, Tom A.               | 904  | 3A   | Brown, John A. | CBC, Glucose                |
| <b>Jan 10 2006</b>              |      |      |                |                             |
| Armstrong, Eileen R.            | 902  | 2B   | Brown, John A. | Glucose, Triglycerides      |
| Armstrong, Eileen R.            | 902  | 2B   | Brown, John A. | Thyroid (T3, T4, T7), Lytes |

# WinCare Nursing Home

## Lab Tests Due For Jan 10 2006

Dec 15 2005

| Date/Name            | ID # | Rm # | Physician      | Lab Test                    |
|----------------------|------|------|----------------|-----------------------------|
| <b>Jan 10 2006</b>   |      |      |                |                             |
| Armstrong, Eileen R. | 902  | 2B   | Brown, John A. | Glucose, Triglycerides      |
| Armstrong, Eileen R. | 902  | 2B   | Brown, John A. | Thyroid (T3, T4, T7), Lytes |

# WinCare Nursing Home

## Transfer Summary for December 2005

12-15-2005

| Date       | Transfer | Resident Name       | Soc. Sec. Num. | Admission No. |
|------------|----------|---------------------|----------------|---------------|
| 12-15-2005 | Transfer | Kelly, Evelyn M.    | 334-42-9070    | 907           |
| 12-15-2005 | Transfer | Connors, Ruth J.    | 958-88-9060    | 906           |
| 12-15-2005 | Transfer | Andrews, Flossie S. | 985-65-9080    | 908           |

**WinCare Nursing Home**  
**Physician's Orders Report By Code**  
**Dec 01 2005**

**Catheter**

| No. | Resident Name        | Admission No. | Rx Date   | Order   |
|-----|----------------------|---------------|-----------|---|
| 1   | Alexander, Tom A.    | 904           | 4/19/2005 | Any PRN Med not used for 60 days may be discontinued. |
| 2   | Armstrong, Eileen R. | 902           | 3/19/2005 | Check monthly for open lesions and sores.             |
| 3   | Alexander, Tom A.    | 904           | 3/19/2005 | Yearly TB test or Chest X-ray                         |

**Restraint**

| No. | Resident Name        | Admission No. | Rx Date    | Order   |
|-----|----------------------|---------------|------------|---|
| 1   | Davidson, William T. | 900           | 11/15/2005 | Quarterly check for potassium and magnesium levels. |

# WinCare Nursing Home

## Medicare/Medicaid Roster

12-15-2005

| No. | Resident Name       | Age | Sex | Room No. | Medicare No. | Medicaid No. |
|-----|---------------------|-----|-----|----------|--------------|--------------|
| 1   | Alexander, Tom A    | 70  | M   | 3A       | 234565466A   | 135-24-7968  |
| 2   | Andrews, Flossie S  | 72  | F   | 103      | 231213389A   | 241332329    |
| 3   | Armstrong, Eileen R | 75  | F   | 2B       | 213458969A   | 231245329    |
| 4   | Connors, Ruth J     | 80  | F   | 102      | 567818269A   | 234987459    |
| 5   | Davidson, William T | 85  | M   | 3B       | 874556111A   | 987231229    |
| 6   | Kelly, Evelyn M     | 69  | M   | 1B       | 456654789A   | 465567969    |
| 7   | Lewis, Hazel K      | 65  | F   | 2A       | 953212333A   | 956434122    |
| 8   | White, Marian T     | 70  | F   | 1A       | 546765666A   | 156789213    |

Total Number of Residents:8

# Therapy Minutes Report

## WinCare Nursing Home

### All Care Units

Report Date:  
12-15-2005

Jan 01 2005 through Dec 31 2005

| Resident Name        | Admission No. | Asmt Date   | Group | Therapy (Minutes) |                   |                     |                    |                   |
|----------------------|---------------|-------------|-------|-------------------|-------------------|---------------------|--------------------|-------------------|
|                      |               |             |       | Speech<br>(P1baB) | Occup.<br>(P1bbB) | Physical<br>(P1bcB) | Respir.<br>(P1bdB) | Psych.<br>(P1beB) |
| Armstrong, Eileen R. | 902           | Mar 09 2005 | CA2   |                   |                   | 45                  |                    |                   |
|                      |               | Mar 17 2005 | CA2   |                   |                   | 60                  |                    |                   |
|                      |               | Apr 01 2005 | CA2   |                   |                   | 120                 |                    |                   |
| Davidson, William T. | 900           | Mar 26 2005 | BA1   | 30                |                   |                     |                    | 120               |
|                      |               | Apr 03 2005 | CA2   | 60                |                   |                     |                    | 240               |
|                      |               | Apr 18 2005 | CA2   | 60                | 60                | 30                  | 90                 | 240               |
| Lewis, Hazel K.      | 909           | Apr 02 2005 | RMA   |                   | 58                | 232                 |                    |                   |
|                      |               |             |       |                   |                   |                     |                    |                   |
| White, Marian T.     | 905           | Mar 10 2005 | CA2   |                   |                   |                     |                    | 120               |
|                      |               | Mar 18 2005 | CA2   |                   |                   |                     |                    | 120               |
|                      |               | Apr 02 2005 | RHA   | 60                | 120               | 150                 |                    | 120               |
| <b>Totals:</b>       |               |             |       | 210               | 238               | 637                 | 90                 | 960               |

# WinCare Nursing Home

## Donor Report

### All Care Units

Report Date:  
12-15-2005

| <b>Resident Name</b> | <b>Med. Rec. No.</b> | <b>Admission No.</b> | <b>Room Number</b> |
|----------------------|----------------------|----------------------|--------------------|
| Andrews, Flossie S.  | 908                  | 908                  | 103                |
| Armstrong, Eileen R. | 902                  | 902                  | 2B                 |
| Davidson, William T. | 900                  | 900                  | 3B                 |
| Kelly, Evelyn M.     | 907                  | 907                  | 1B                 |
| White, Marian T.     | 905                  | 905                  | 1A                 |

Total Resident Donors = 5

# Vital Signs Invalidation Summary

## WinCare Nursing Home

### All Care Units

Report Date:  
12-15-2005

| <b>Resident Name</b> | <b>Invalidation Date</b> | <b>Invalidating User</b> | <b>Lbs.</b> | <b>S/D</b> | <b>Temp.</b> | <b>Pulse</b> | <b>Resp.</b> |
|----------------------|--------------------------|--------------------------|-------------|------------|--------------|--------------|--------------|
| Armstrong, Eileen    | 04-10-2005 14:46         | System Administrator     | 126         | 110/75     | 99°          | 61           | 21           |
| Davidson, William    | 11-20-2005 16:44         | System Administrator     | 198         | 140/95     | 99°          | 65           | 0            |
| Kelly, Evelyn        | 12-14-2005 16:50         | System Administrator     | 125         | 140/85     | 98°          | 63           | 22           |
| Kelly, Evelyn        | 04-15-2005 14:56         | System Administrator     | 116         | 110/85     | 99°          | 61           | 21           |
| Lewis, Hazel         | 04-15-2005 14:58         | System Administrator     | 156         | 135/95     | 99°          | 62           | 22           |
| White, Marian        | 12-14-2005 16:56         | System Administrator     | 140         | 125/90     | 99°          | 63           | 23           |
| White, Marian        | 09-14-2005 16:54         | System Administrator     | 138         | 125/95     | 99°          | 65           | 25           |
| White, Marian        | 04-15-2005 15:50         | System Administrator     | 139         | 120/90     | 99°          | 62           | 22           |

# WinCare Civil Rights Compliance Report

## WinCare Nursing Home

### All Care Units

Report Date:

12-15-2005

Date Range: 01-01-2005 to 12-31-2005

Sorted by Name

| Resident               | Age * | Gender | Race                    | Admit/Discharge Date |
|------------------------|-------|--------|-------------------------|----------------------|
| Alexander, Tom A.      | 70    | Male   | White, not Hispanic     | 01-01-2005           |
| Andrews, Flossie S.    | 72    | Female | Black, not Hispanic     | 01-08-2005           |
| Armstrong, Eileen R.   | 75    | Female | American Indian/Alaskan | 01-02-2005           |
| Brown, Dan K. (disch)  | 65    | Male   | American Indian/Alaskan | 12-15-2005 (disch)   |
| Connors, Ruth J.       | 80    | Female | White, not Hispanic     | 04-11-2005           |
| Davidson, William T.   | 85    | Male   | Hispanic                | 01-02-2005           |
| Kelly, Evelyn M.       | 69    | Male   | White, not Hispanic     | 01-07-2005           |
| Lewis, Hazel K.        | 65    | Female | Asian/Pacific Islander  | 01-09-2005           |
| Lilly, John H. (disch) | 67    | Male   | Hispanic                | 11-01-2005 (disch)   |
| White, Marian T.       | 70    | Female | White, not Hispanic     | 01-05-2005           |

### Totals for All Care Units

#### Gender

| Race                      | Gender   |          |          |           |
|---------------------------|----------|----------|----------|-----------|
|                           | Female   | Male     | Unknown  | All       |
| Amer. Indian/Alaskan Nat. | 1        | 1        | 0        | 2         |
| Asian/Pacific Islander    | 1        | 0        | 0        | 1         |
| Black, not Hispanic       | 1        | 0        | 0        | 1         |
| Hispanic                  | 0        | 2        | 0        | 2         |
| White, not Hispanic       | 2        | 2        | 0        | 4         |
| Other/Unknown             | 0        | 0        | 0        | 0         |
| <b>All</b>                | <b>5</b> | <b>5</b> | <b>0</b> | <b>10</b> |

#### Age

| Race                      | Age      |          |          |          |          |          |          |          |          |          |          |           |
|---------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
|                           | 0-20     | 21-30    | 31-40    | 41-50    | 51-60    | 61-70    | 71-80    | 81-90    | 91-100   | 101 +    | ???      | All       |
| Amer. Indian/Alaskan Nat. | 0        | 0        | 0        | 0        | 0        | 1        | 1        | 0        | 0        | 0        | 0        | 2         |
| Asian/Pacific Islander    | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 0        | 1         |
| Black, not Hispanic       | 0        | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 0        | 0        | 0        | 1         |
| Hispanic                  | 0        | 0        | 0        | 0        | 0        | 1        | 0        | 1        | 0        | 0        | 0        | 2         |
| White, not Hispanic       | 0        | 0        | 0        | 0        | 0        | 3        | 1        | 0        | 0        | 0        | 0        | 4         |
| Other/Unknown             | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>All</b>                | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>6</b> | <b>3</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>10</b> |

  

| Gender     | Age      |          |          |          |          |          |          |          |          |          |          |           |
|------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
|            | 0-20     | 21-30    | 31-40    | 41-50    | 51-60    | 61-70    | 71-80    | 81-90    | 91-100   | 101 +    | ???      | All       |
| Female     | 0        | 0        | 0        | 0        | 0        | 2        | 3        | 0        | 0        | 0        | 0        | 5         |
| Male       | 0        | 0        | 0        | 0        | 0        | 4        | 0        | 1        | 0        | 0        | 0        | 5         |
| Unknown    | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0        | 0         |
| <b>All</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>6</b> | <b>3</b> | <b>1</b> | <b>0</b> | <b>0</b> | <b>0</b> | <b>10</b> |

# WinCare Nursing Home

## Birthdate Report

### All Care Units

Report Date:  
12-15-2005

Sorted by BirthDay  
Month: January

| <b>Birth Date</b> | <b>Resident Name</b> | <b>Age</b> | <b>Gender</b> | <b>Room No</b> | <b>Primary Physician</b> |
|-------------------|----------------------|------------|---------------|----------------|--------------------------|
| 10-Jan-1936       | Kelly, Evelyn        | 69         | M             | 1B             | John Brown               |
| 20-Jan-1935       | Alexander, Tom       | 70         | M             | 3A             | John Brown               |
| 28-Jan-1920       | Davidson, William    | 85         | M             | 3B             | James Paulson            |

# WinCare Nursing Home

## Diabetes Invalidation Summary

### All Care Units

Report Date:  
12-15-2005

| Resident Name   | Invalidation Date | Invalidating User    | Result | Insulin Dose, Site |
|---|-------------------|----------------------|--------|--------------------|
| Alexander, Tom<br>Rationale: Data Entry Error         | 02-22-2005 09:40  | System Administrator | 155    | 150, left arm      |
| Alexander, Tom<br>Rationale: Dose noted not right     | 02-20-2005 09:36  | System Administrator | 165    | 150, right arm     |
| Alexander, Tom<br>Rationale: Incorrect dose noted.    | 03-01-2005 09:39  | System Administrator | 155    | 120, right arm     |
| Alexander, Tom<br>Rationale: Incorrect dose noted.    | 03-08-2005 09:41  | System Administrator | 160    | 140, right arm     |
| Alexander, Tom<br>Rationale: Incorrect dose noted     | 03-18-2005 09:34  | System Administrator | 122    | 150, left arm      |
| Andrews, Flossie<br>Rationale: Data Entry Error       | 11-18-2004 09:43  | System Administrator | 220    | N/A                |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 11-30-2004 09:51  | System Administrator | 210    | 150, right arm     |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 01-10-2005 09:52  | System Administrator | 205    | 150, right arm     |
| Andrews, Flossie<br>Rationale: Incorrect dose noted   | 01-15-2005 09:53  | System Administrator | 200    | 120, left arm      |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 01-25-2005 09:53  | System Administrator | 210    | 150, left arm      |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 03-10-2005 09:54  | System Administrator | 215    | 125, left arm      |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 03-25-2005 09:54  | System Administrator | 205    | 140, right arm     |
| Andrews, Flossie<br>Rationale: Incorrect dose noted.  | 04-15-2005 09:55  | System Administrator | 220    | 150, right arm     |
| Armstrong, Eileen<br>Rationale: Data entry error      | 01-18-2005 09:59  | System Administrator | 210    | 150, right arm     |
| Armstrong, Eileen<br>Rationale: Incorrect dose noted. | 01-25-2005 09:59  | System Administrator | 205    | 155, left arm      |
| Armstrong, Eileen<br>Rationale: Incorrect date noted. | 02-05-2005 10:00  | System Administrator | 225    | 125, left arm      |
| Armstrong, Eileen<br>Rationale: Incorrect dose noted. | 02-20-2005 10:02  | System Administrator | 220    | 125, right arm     |
| Armstrong, Eileen<br>Rationale: Incorrect date noted. | 03-05-2005 10:03  | System Administrator | 200    | 150, right arm     |

# WinCare Nursing Home

## Medications by Resident Report

### All Care Units

Report Date:  
12-15-2005

**Trade Name:** ACETAMINOPHEN

| <b>Resident Name</b> | <b>Admission No.</b> |
|----------------------|----------------------|
| Armstrong, Eileen R. | 902                  |
| Connors, Ruth J.     | 906                  |
| White, Marian T.     | 905                  |

# WinCare Nursing Home

## Advanced Directives Report

### All Care Units

Report Date:  
12-15-2005

#### Attorney-In-Fact

Alexander, Tom A.  
White, Marian T.

Andrews, Flossie S.

Lewis, Hazel K.

#### Do Not Hospitalize

Lewis, Hazel K.

White, Marian T.

#### Do Not Resuscitate

Alexander, Tom A.  
White, Marian T.

Andrews, Flossie S.

Kelly, Evelyn M.

#### Durable Power of Attorney

Alexander, Tom A.  
Connors, Ruth J.  
Lewis, Hazel K.

Andrews, Flossie S.  
Davidson, William T.  
White, Marian T.

Armstrong, Eileen R.  
Kelly, Evelyn M.

#### Durable Power of Health Care

Alexander, Tom A.  
Connors, Ruth J.  
Lewis, Hazel K.

Andrews, Flossie S.  
Davidson, William T.  
White, Marian T.

Armstrong, Eileen R.  
Kelly, Evelyn M.

#### Feeding Restrictions

Andrews, Flossie S.

Connors, Ruth J.

Davidson, William T.

#### Living Will

Alexander, Tom A.  
Connors, Ruth J.  
Lewis, Hazel K.

Andrews, Flossie S.  
Davidson, William T.  
White, Marian T.

Armstrong, Eileen R.  
Kelly, Evelyn M.

#### Medication Restrictions

Alexander, Tom A.

Lewis, Hazel K.

#### Organ Donation

Andrews, Flossie S.  
Kelly, Evelyn M.

Armstrong, Eileen R.  
White, Marian T.

Davidson, William T.

#### Other Treatments Restrictions

Alexander, Tom A.  
Connors, Ruth J.

Andrews, Flossie S.  
Davidson, William T.

Armstrong, Eileen R.  
Kelly, Evelyn M.

# WinCare Nursing Home

## Discontinued Medications Summary

Report Start Date:

Report Date:

01-01-2005

### All Care Units

12-15-2005

| <b>Resident Name</b>  | <b>Age</b> | <b>Soc. Security No.</b> | <b>Primary Physician</b> | <b>Medicare No.</b>         | <b>Medicaid No.</b> |
|-----------------------|------------|--------------------------|--------------------------|-----------------------------|---------------------|
| Andrews, Flossie S.   | 72         | 985-65-9080              | Paulson, James           | 231213389A                  | 241332329           |
| <b>Discontd. Date</b> |            | <b>Trade Name</b>        |                          | <b>Generic Name</b>         |                     |
| 02/20/2005            |            | 8-MOP                    |                          | METHOXSALEN                 |                     |
| Armstrong, Eileen R.  | 75         | 905-30-9020              | Brown, John A.           | 213458969A                  | 231245329           |
| <b>Discontd. Date</b> |            | <b>Trade Name</b>        |                          | <b>Generic Name</b>         |                     |
| 12/01/2005            |            | A/T/S TOPICAL            |                          | ERYTHROMYCIN BASE           |                     |
| 04/05/2005            |            | 2/G XXX                  |                          | GUAIFENESIN/D-METHORPHAN    |                     |
| Connors, Ruth J.      | 80         | 958-88-9060              | Brown, John A.           | 567818269A                  | 234987459           |
| <b>Discontd. Date</b> |            | <b>Trade Name</b>        |                          | <b>Generic Name</b>         |                     |
| 11/25/2005            |            | ACETAMINOPHEN            |                          | ACETAMINOPHEN               |                     |
| Davidson, William T.  | 85         | 673-64-9000              | Paulson, James           | 874556111A                  | 987231229           |
| <b>Discontd. Date</b> |            | <b>Trade Name</b>        |                          | <b>Generic Name</b>         |                     |
| 11/01/2005            |            | ALLOPURINOL              | XXX                      | ALLOPURINOL                 |                     |
| Kelly, Evelyn M.      | 69         | 334-42-9070              | Brown, John A.           | 456654789A                  | 465567969           |
| <b>Discontd. Date</b> |            | <b>Trade Name</b>        |                          | <b>Generic Name</b>         |                     |
| 04/05/2005            |            | ALLERFRIN                |                          | PSEUDOEPHEDRINE HCL/TRIPROL |                     |

# WinCare Nursing Home

## Discontinued Treatments Summary

Report Start Date:

Report Date:

01-01-2005

### All Care Units

12-15-2005

| <b>Resident Name</b> | <b>Age</b> | <b>Soc. Security No.</b> | <b>Primary Physician</b> | <b>Medicare No.</b> | <b>Medicaid No.</b> |
|----------------------|------------|--------------------------|--------------------------|---------------------|---------------------|
| Andrews, Flossie S.  | 72         | 985-65-9080              | Paulson, James           | 231213389A          | 241332329           |

**Discontd. Date**

11/25/2005

**Treatment**

Use hot pad for lower back athritis pain.

|                      |    |             |                |            |           |
|----------------------|----|-------------|----------------|------------|-----------|
| Armstrong, Eileen R. | 75 | 905-30-9020 | Brown, John A. | 213458969A | 231245329 |
|----------------------|----|-------------|----------------|------------|-----------|

**Discontd. Date**

12/05/2005

**Treatment**

Monthly PRN cerumen buildup; apply GTTS per murine earwax removal system instructions X 3 days and irrigate on day 4.



# WinCare Nursing Home

Dec 16 2005

## Care Plan

Alexander, Tom A.

Problems: Goals and Approaches: Dates: Services:

2. Impaired communication Problem Date: Apr 22 2005  
Review Date: Apr 22 2005 RAP No. 4

**Related To:**

- CNS depression
- Pain of the mouth or throat
- Laryngeal edema/infection

**Goals:**

- Makes needs known with minimal frustration qd Target Date: May 01 2005
- Effective use of alternate communication techniques (Specify - communication board, etc.) Target Date: May 01 2005

**Approaches:**

- Try Various Methods of Communication to Establish Means of Anticipating Needs All
- Supplement communication with hand gestures All
- Allow adequate time for response Act

3. Altered thought process Problem Date: Apr 22 2005  
Review Date: Apr 22 2005 RAP No. 4

**Related To:**

- Poor memory recall

**Goals:**

- Needs will be Anticipated and Met by Staff Target Date: Jun 01 2005

**Approaches:**

- Encourage Resident to Participate in Activities All

5. Impaired adjustment Problem Date: Apr 22 2005  
Review Date: Apr 22 2005 RAP No. 9

**Related To:**

- Impaired cognition

**Goals:**

- Episodes of Combativeness will Discontinue Target Date: Jun 01 2005

**Approaches:**

- Consistent approach by all persons interacting with resident All

Diagnoses: 003.22: SALMONELLA PNEUMONIA 006: AMEBIASIS

Discharge Plan:

Long Term Goal: Resident will be understood easily whenever he communicates.

Allergies: Trimox, Tape, Sulfa

|                       |                      |
|-----------------------|----------------------|
| Nursing:              | Speech Therapy:      |
| Restorative Nursing:  | Activity Goal:       |
| Physical Therapy:     | Social Service Goal: |
| Occupational Therapy: | Dietary Goal:        |

|            |                  |                         |                           |                    |                      |
|------------|------------------|-------------------------|---------------------------|--------------------|----------------------|
| Skin Risk: | Mgmt. Mins.:     | Restraint Level:        | Safety Level:             | D.O.B.: 01-20-1935 | Admitted: 01-04-2005 |
| Room: 3A   | Med. Rec. #: 904 | Name: Alexander, Tom A. | Physician: Brown, John A. | Initial:           | Page:1 (Last)        |

# WinCare Nursing Home Care Plan Archive Report

Alexander, Tom A

12-16-2005

**Archived:** 12-16-2005 **Rationale:** Problem resolved.  
**Related To**  
**Problem:** 4 04-22-2005 Anxiety  
**Goals:**  
**Approaches:**

**Archived:** 12-16-2005 **Rationale:** Problem resolved.  
**Related To** Health maintenance  
**Problem:** 1 04-18-2005 Vital Parameters, need monitoring  
**Goals:** Vital Signs  
**Approaches:** Labs as ordered.  
Bowel and ear protocol.  
Blood Pressure Check weekly. Weigh weekly.

# WinCare Nursing Home Care Plan Assessment Report

12-16-2005

**Alexander, Tom A**

**Care Plan Date:** 04-22-2005

**Problem:** 2 Impaired communication

**Goal(s):** Makes needs known with minimal frustration qd; Effective use of alternate communication techniques (Specify - communication board, etc.)

**Approaches:** Try Various Methods of Communication to Establish Means of Anticipating Needs; Supplement communication with hand gestures; Allow adequate time for response

**Progress:**

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**Care Plan Date:** 04-22-2005

**Problem:** 3 Altered thought process

**Goal(s):** Needs will be Anticipated and Met by Staff

**Approaches:** Encourage Resident to Participate in Activities

**Progress:**

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**Care Plan Date:** 04-22-2005

**Problem:** 5 Impaired adjustment

**Goal(s):** Episodes of Combativeness will Discontinue

**Approaches:** Consistent approach by all persons interacting with resident

**Progress:**

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All Disciplines

December 2005

|   | Frequency | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|---|-----------|----|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|   |           | Th | F | S | S | M | T | W | Th | F | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  |  |
| Try Various Methods of Communication to Establish Means of Anticipating Needs | All       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Supplement communication with hand gestures                                   | All       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Allow adequate time for response  | 11-7 am   |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Encourage Resident to Participate in Activities                               | All       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| Consistent approach by all persons interacting with resident                  | All       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

|       |           |       |           |       |           |       |           |
|-------|-----------|-------|-----------|-------|-----------|-------|-----------|
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |

|                |                 |                  |                |        |        |             |
|----------------|-----------------|------------------|----------------|--------|--------|-------------|
| Physician Name | Physician Phone | Pharmacy         | Pharmacy Phone | Weight | BP     | Birth Date  |
| Brown, John A. | 541-494-4954    | Eastern Pharmacy | 541-777-3984   | 184    | 140/90 | Jan 20 1935 |

Diet  
Apr 18 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft

Consistency  
Apr 18 2005: Mechanical Soft

Nourishments  
Apr 18 2005: smoothie  
Mixed fruits

Allergies  
Trimox, Tape, Sulfa

Diagnosis  
003.22: SALMONELLA PNEUMONIA 006: AMEBIASIS

|                  |                |                 |     |                   |      |
|------------------|----------------|-----------------|-----|-------------------|------|
| Admission Number | Admission Date | Room/Bed Number | Sex | Resident Name     | Page |
| 904              | Jan 04 2005    | 3A              | M   | Alexander, Tom A. | 1    |

# WinCare Nursing Home

Care Plan Goals Due on or by 12/1/2005      Dec 16 2005

|  |  |                                   |
|--|--|-----------------------------------|
| <b>Resident</b><br>Alexander, Tom A.       |  | <b>Room</b><br>3A                 |
| <b>Problems:</b><br>Impaired communication | <b>Goals:</b><br>Effective use of alternate communication techniques (Specify - communication board, etc.) | <b>Target Date</b><br>May 01 2005 |
| Impaired communication                     | Makes needs known with minimal frustration qd  | May 01 2005                       |
| Impaired adjustment                        | Episodes of Combativeness will Discontinue   | Jun 01 2005                       |
| Altered thought process                    | Needs will be Anticipated and Met by Staff   | Jun 01 2005                       |

ADL Record

December 2005

|  | Frequency | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|--|-----------|----|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
|  |           | Th | F | S | S | M | T | W | Th | F | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  |
| Diet - Record % of Intake  |           |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Offer meal replacement if less than 50% of meal is taken. Document % of replacement or [R] for refused | AM        |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | Noon      |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | Initial   |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | PM        |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nourishment - Record % of intake or [R] for refused  | 10 am     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | 2 pm      |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | Initial   |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | HS        |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Bathing Scheduled 2 x's wkly and prn. Document [S] for Shower [W] for Whirlbath [B] for Bedbath        | AM        |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | Initial   |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | PM        |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|  | Initial   |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

|       |           |       |           |       |           |       |           |
|-------|-----------|-------|-----------|-------|-----------|-------|-----------|
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |

|                |                 |                  |                |        |        |             |
|----------------|-----------------|------------------|----------------|--------|--------|-------------|
| Physician Name | Physician Phone | Pharmacy         | Pharmacy Phone | Weight | BP     | Birth Date  |
| Brown, John A. | 541-494-4954    | Eastern Pharmacy | 541-777-3984   | 184    | 140/90 | Jan 20 1935 |

Diet  
Apr 18 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft

Consistency  
Apr 18 2005: Mechanical Soft

Nourishments  
Apr 18 2005: smoothie  
Mixed fruits

Allergies  
Trimox, Tape, Sulfa

Diagnosis  
003.22: SALMONELLA PNEUMONIA 006: AMEBIASIS

|                  |                |                 |     |                   |      |
|------------------|----------------|-----------------|-----|-------------------|------|
| Admission Number | Admission Date | Room/Bed Number | Sex | Resident Name     | Page |
| 904              | Jan 04 2005    | 3A              | M   | Alexander, Tom A. | 1    |

Medication Administration Record

December 2005

| Injection Site Numbers  |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|---|-------|----|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| 1.) Buttocks (Gluteus) Left 2.) Buttocks (Gluteus) Right 3.) Arm (Deltoid) Left 4.) Arm (Deltoid) Right 5.) Thigh (Quadriceps) Left 6.) Thigh (Quadriceps) Right  |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Instructions  |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| A.) Initial appropriate box at time medication administered. B.) Circle initials when medication refused. C.) State reason for refusal on NURSES NOTES. D.) State reason PRN MEDICATIONS GIVEN and RESULTS. E.) Date and initial all DC-Changes M.E. F.) Indicate site of injection with appropriate number on medication record. |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| Medication  | Hour  | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |
|   |       | Th | F | S | S | M | T | W | Th | F | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  |  |  |  |  |
| 04-18-2005 AIRET TID Severe Whizzing  | 07:00 |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | 13:00 |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | 17:00 |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 04-18-2005 12 HOUR COLD XXX 120/6 QAM Cough   | 07:00 |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   |       |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 04-12-2005 IBUPROFEN 600MG 2 BID PRN Severe Headaches 003.22  | P     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | R     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | N     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 04-18-2005 DULCOLAX 10MG 2 PO QAM PRN Constipation  | P     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | R     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | N     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
| 04-05-2005 RISPERDAL 0.25 MG QAM PRN Sleeplessnes   | P     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | R     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |
|   | N     |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |

|       |           |       |           |       |           |       |           |
|-------|-----------|-------|-----------|-------|-----------|-------|-----------|
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |
| Init. | Signature | Init. | Signature | Init. | Signature | Init. | Signature |

|   |                 |                  |                |                   |        |             |
|---|-----------------|------------------|----------------|-------------------|--------|-------------|
| Physician Name  | Physician Phone | Pharmacy         | Pharmacy Phone | Weight            | BP     | Birth Date  |
| Brown, John A.  | 541-494-4954    | Eastern Pharmacy | 541-777-3984   | 184               | 140/90 | Jan 20 1935 |
| Diet  |                 |                  |                |                   |        |             |
| Apr 18 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft |                 |                  |                |                   |        |             |
| Consistency   |                 |                  |                |                   |        |             |
| Apr 18 2005: Mechanical Soft  |                 |                  |                |                   |        |             |
| Nourishments  |                 |                  |                |                   |        |             |
| Apr 18 2005: smoothie   |                 |                  |                |                   |        |             |
| Mixed fruits  |                 |                  |                |                   |        |             |
| Allergies   |                 |                  |                |                   |        |             |
| Trimox, Tape, Sulfa   |                 |                  |                |                   |        |             |
| Diagnosis   |                 |                  |                |                   |        |             |
| 003.22: SALMONELLA PNEUMONIA 006: AMEBIASIS   |                 |                  |                |                   |        |             |
| Admission Number  | Admission Date  | Room/Bed Number  | Sex            | Resident Name     | Page   |             |
| 904   | Jan 04 2005     | 3A               | M              | Alexander, Tom A. | 1      |             |





ADL Report

December 2005

Admission Number  
904

Room/Bed Number  
3A

Night Shift

| Activity   | Time | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|--|------|----|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|  |      | Th | F | S | S | M | T | W | Th | F | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  |  |
| <b>Eating:</b><br>Able to eat without assistance<br>Freq: Daily  | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Contenance:</b><br>Bladder/Bowel retraining program<br>Freq: Daily  | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Positioning:</b><br>Able to reposition self in bed or chair<br>with or without using siderails<br>Freq: Daily | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Hearing:</b><br>Mild<br>Freq: Daily   | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Vision:</b><br>Glasses<br>Freq: Daily   | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Behavior:</b><br>Disruptive sounds<br>Freq: Daily   | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |
| <b>Cognition:</b><br>Alert<br>Freq: Daily  | NOC  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

Day Shift

| Activity  | Time | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |
|---|------|----|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
|   |      | Th | F | S | S | M | T | W | Th | F | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  | S  | M  | T  | W  | Th | F  | S  |  |
| <b>Eating:</b><br>Able to eat without assistance<br>Freq: Daily | DAY  |    |   |   |   |   |   |   |    |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |

David T. Alexander  
 678 Appleton Drive  
 California, CA 81876

## WinCare Nursing Home Resident Trust Account

12-01-2005

|   |                                     |                   |                         |
|---|-------------------------------------|-------------------|-------------------------|
| Resident Name<br><b>Alexander, Tom A.</b> | Primary Physician<br>Brown, John A. | Room Number<br>3A | Admission Number<br>904 |
|---|-------------------------------------|-------------------|-------------------------|

| Type | Date       | Time  | Note                  | Amount | Balance |
|------|------------|-------|-----------------------|--------|---------|
| D    | 01-05-2005 | 12:36 | Deposit               | 100.00 | 100.00  |
| W    | 01-28-2005 | 13:37 | Haircut               | 10.00  | 90.00   |
| W    | 02-10-2005 | 13:38 | Shaving Cream         | 5.00   | 85.00   |
| D    | 02-25-2005 | 13:39 | Deposit               | 100.00 | 185.00  |
| W    | 03-10-2005 | 13:43 | Cable TV              | 40.00  | 145.00  |
| W    | 03-19-2005 | 13:40 | Magazine Subscription | 28.00  | 117.00  |
| I    | 03-31-2005 | 00:00 | Bank Interest         | 1.49   | 118.49  |
| W    | 04-10-2005 | 13:41 | Cable TV              | 40.00  | 78.49   |
| D    | 04-20-2005 | 13:44 | Deposit               | 100.00 | 178.49  |
| D    | 05-10-2005 | 15:44 | Deposit               | 100.00 | 278.49  |
| W    | 06-15-2005 | 15:45 | Haircut               | 15.00  | 263.49  |
| W    | 07-15-2005 | 15:48 | Cable TV              | 40.00  | 223.49  |
| W    | 08-20-2005 | 15:49 | Shaving Cream         | 10.00  | 213.49  |
| W    | 09-25-2005 | 15:49 | Magazine Subscription | 28.00  | 185.49  |
| W    | 10-20-2005 | 15:50 | Bingo Outing          | 50.00  | 135.49  |
| D    | 11-10-2005 | 15:50 | Deposit               | 150.00 | 285.49  |
| I    | 12-31-2005 | 00:00 | Bank Interest         | 1.82   | 287.31  |

# Therapy Minutes Report

## WinCare Nursing Home

### Alexander, Tom A.

Report Date:  
12-19-2005

| Resident Name     | Admission No. | Asmt Date   | Group | Therapy (Minutes) |                   |                     |                    |                   |
|-------------------|---------------|-------------|-------|-------------------|-------------------|---------------------|--------------------|-------------------|
|                   |               |             |       | Speech<br>(P1baB) | Occup.<br>(P1bbB) | Physical<br>(P1bcB) | Respir.<br>(P1bdB) | Psych.<br>(P1beB) |
| Alexander, Tom A. | 904           | Jan 18 2005 | RHA   | 100               | 150               | 120                 |                    | 180               |
| <b>Totals:</b>    |               |             |       | 100               | 150               | 120                 | 0                  | 180               |



Physician's Orders

December 2005

Discontinue All Previous Orders

|                                      |   |  |
|--------------------------------------|---|--|
| <b>Date Prescribed</b><br>04-18-2005 | <b>Date Discontinue</b>   | <b>Medication</b><br>AIRET TID Severe Whizzing   |
| 11-05-2005                           | 12-15-2005  | 4-WAY COLD for colds and headaches   |
| 04-18-2005                           |   | 12 HOUR COLD XXX 120/6 QAM Cough   |
| 04-05-2005                           |   | RISPERDAL 0.25 MG QAM PRN Sleeplessnes   |
| <b>Date Prescribed</b><br>04-05-2005 | <b>Date Discontinue</b>   | <b>Behavior Monitoring</b><br>Watch for dizziness. Taking psychotropic drugs.            |
| 04-10-2005                           |   | Monitor for disruptive behavior, taking psychotropic drugs.                              |
| <b>Date Prescribed</b><br>11-20-2005 | <b>Date Discontinue</b>   | <b>Treatments</b><br>Use humidifier when resident is sleeping to aid breathing problems. |
| 11-05-2005                           | 12-01-2005  | Use hot pads to help ease lower back pains.  |
| <b>Date Prescribed</b><br>04-18-2005 | <b>Diet</b><br>Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft |  |
|                                      | <b>Consistency</b><br>Apr 18 2005: Mechanical Soft  |  |
|                                      | <b>Nourishments</b><br>Apr 18 2005: smoothie<br>Mixed fruits  |  |
| <b>Date Started</b><br>03-19-2005    | <b>Classification</b><br>CATHETER   | <b>Additional Physician's Orders</b><br>Yearly TB test or Chest X-ray                    |
| 04-19-2005                           | CATHETER  | Any PRN Med not used for 60 days may be discontinued.                                    |
| <b>Date Ordered</b><br>01-30-2005    | <b>Date Due / Frequency</b><br>01-30-2005<br>QOD (Every<br>Month on the<br>1st.)                    | <b>Lab Orders</b><br>CBC, Glucose  |

|   |  |                                     |                                       |   |                     |                                 |                  |
|---|--|-------------------------------------|---------------------------------------|---|---------------------|---------------------------------|------------------|
| Pharmacy may fill prescriptions in context with the above orders. Continue these orders for 30 days unless otherwise specified. |  |                                     |                                       |   |                     |                                 |                  |
| Date  |  | Physician Signature                 |                                       |   |                     |                                 |                  |
| Date Noted  |  | Nurses Signature                    |                                       |   |                     |                                 |                  |
| Date Pharmacist Review  |  | R.Ph. Signature                     |                                       |   |                     |                                 |                  |
| <b>Physician Name</b><br>Brown, John A.   | <b>Physician Phone</b><br>541-494-4954 | <b>Pharmacy</b><br>Eastern Pharmacy | <b>Pharmacy Phone</b><br>541-777-3984 | <b>Weight</b><br>184                      | <b>BP</b><br>140/90 | <b>Birth Date</b><br>01-20-1935 |                  |
| <b>Diet</b><br>Apr 18 2005: Regular, Low Sodium, Low Salt, Low Calorie, Low Cholesterol - Sat-Fat, Low Fat, Soft                |  |                                     |                                       |   |                     |                                 |                  |
| <b>Consistency</b><br>Apr 18 2005: Mechanical Soft  |  |                                     |                                       |   |                     |                                 |                  |
| <b>Nourishments</b><br>Apr 18 2005: smoothie<br>Mixed fruits  |  |                                     |                                       |   |                     |                                 |                  |
| <b>Allergies</b><br>Trimox, Tape, Sulfa   |  |                                     |                                       |   |                     |                                 |                  |
| <b>Diagnosis</b><br>003.22: SALMONELLA PNEUMONIA 006: AMEBIASIS   |  |                                     |                                       |   |                     |                                 |                  |
| <b>Admission Number</b><br>904  | <b>Admission Date</b><br>01-04-2005    | <b>Room/Bed Number</b><br>3A        | <b>Sex</b><br>M                       | <b>Resident Name</b><br>Alexander, Tom A. |                     |                                 | <b>Page</b><br>1 |
|   |  |                                     |                                       |   |                     | Last Page                       |                  |



## MINIMUM DATA SET (MDS) — VERSION 2.0 FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING BASIC ASSESSMENT TRACKING FORM

| SECTION AA. IDENTIFICATION INFORMATION   |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
|--|--|--|---|---|--|--|---------------------|--|----------|--|--|--|--|--|--|
| <b>1</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>RESIDENT NAME</b></td> <td style="padding: 2px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">a. (First)</td> <td style="width: 50%; padding: 2px;">b. (Middle Initial)</td> </tr> <tr> <td style="padding: 2px;">T o m</td> <td style="padding: 2px;">A</td> </tr> <tr> <td colspan="2" style="padding: 2px;">c. (Last)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">A l e x a n d e r</td> </tr> <tr> <td colspan="2" style="padding: 2px;">d. (Jr/Sr)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> </table> </td> </tr> </table>   | <b>RESIDENT NAME</b>   | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">a. (First)</td> <td style="width: 50%; padding: 2px;">b. (Middle Initial)</td> </tr> <tr> <td style="padding: 2px;">T o m</td> <td style="padding: 2px;">A</td> </tr> <tr> <td colspan="2" style="padding: 2px;">c. (Last)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">A l e x a n d e r</td> </tr> <tr> <td colspan="2" style="padding: 2px;">d. (Jr/Sr)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> </table>  | a. (First)  | b. (Middle Initial)  | T o m  | A                   | c. (Last)  |          | A l e x a n d e r  |  | d. (Jr/Sr)   |  |  |  |
| <b>RESIDENT NAME</b>   | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">a. (First)</td> <td style="width: 50%; padding: 2px;">b. (Middle Initial)</td> </tr> <tr> <td style="padding: 2px;">T o m</td> <td style="padding: 2px;">A</td> </tr> <tr> <td colspan="2" style="padding: 2px;">c. (Last)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">A l e x a n d e r</td> </tr> <tr> <td colspan="2" style="padding: 2px;">d. (Jr/Sr)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> </table>   | a. (First)   | b. (Middle Initial)   | T o m   | A  | c. (Last)  |                     | A l e x a n d e r  |          | d. (Jr/Sr)   |  |  |  |  |  |
| a. (First)   | b. (Middle Initial)  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| T o m  | A  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| c. (Last)  |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| A l e x a n d e r  |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| d. (Jr/Sr)   |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
|  |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| <b>2</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>GENDER</b></td> <td style="padding: 2px;"> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1. Male</td> <td style="width: 50%;">2. Female</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;"><b>1</b></td> </tr> </table> </td> </tr> </table>   | <b>GENDER</b>  | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1. Male</td> <td style="width: 50%;">2. Female</td> </tr> <tr> <td colspan="2" style="text-align: right; padding: 2px;"><b>1</b></td> </tr> </table>   | 1. Male   | 2. Female  | <b>1</b>   |                     |  |          |  |  |  |  |  |  |
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| 1. Male  | 2. Female  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
| <b>1</b>   |  |  |   |   |  |  |                     |  |          |  |  |  |  |  |  |
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|   |          |      |
|---|----------|------|
| <b>9 Signatures of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form</b>  |          |      |
| <p>I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.</p> |          |      |
| Signature and Title   | Sections | Date |
| a.  |          |      |
| b.  |          |      |
| c.  |          |      |
| d.  |          |      |
| e.  |          |      |
| f.  |          |      |
| g.  |          |      |
| h.  |          |      |
| i.  |          |      |

|  |
|--|
| <p><b>GENERAL INSTRUCTIONS</b></p> <p>Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly reviews, etc.)</p> |
|--|

= When box blank, must enter number or letter

a. = When letter in box, check if condition applies

Code "—" if information unavailable or unknown

## MINIMUM DATA SET (MDS) — VERSION 2.0 FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING QUARTERLY ASSESSMENT FORM

| SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION  |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
|---|---|----------------------------------|---|---|---|-----------|---------|-------------------|-----|------------|--|------|--|--|--|--|--|
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| T o m   | A   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| c. (Last)   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| A l e x a n d e r   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| d. (Jr/Sr)  |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
|   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| <b>2</b>  | <b>ROOM NUMBER</b>  |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| 3 A   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
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| Month   | Day   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| 2 0 0 5   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| Year  |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
| b. Original (0) or corrected copy of form (enter number of correction)  |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
|   |   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
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|   | —   |                                  |   |   |   |           |         |                   |     |            |  |      |  |  |  |  |  |
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| SECTION C. COMMUNICATION/HEARING PATTERNS                                   |   |                                     |   |          |                |  |  |  |  |  |   |  |  |                             |  |  |
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| <b>MAKING SELF UNDERSTOOD</b>   | (Expressing information content—however able)   | <b>0</b>                            |   |          |                |  |  |  |  |  |   |  |  |                             |  |  |
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| 2. SOMETIMES UNDERSTOOD—ability is limited to making concrete requests      |   |                                     |   |          |                |  |  |  |  |  |   |  |  |                             |  |  |
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| 3. RARELY/NEVER UNDERSTANDS   |   |                                     |   |          |                |  |  |  |  |  |   |  |  |                             |  |  |

| SECTION B. COGNITIVE PATTERNS   |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS—(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day) |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| c. EPISODES OF DISORGANIZED SPEECH—(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject, loses train of thought)                       |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| d. PERIODS OF RESTLESSNESS—(e.g., fidgeting or picking at skin, clothing, napkins, etc., frequent position changes; repetitive physical movements or calling out)           |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| e. PERIODS OF LETHARGY—(e.g., sluggishness; staring into space; difficult to arouse; little body movement)  |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY—(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)                                  |   |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| SECTION E. MOOD AND BEHAVIOR PATTERNS  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| <b>1</b>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD</b></td> <td style="width: 70%;">(Code for indicators observed in last 30 days, irrespective of the assumed cause)</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="3">0. Indicator not exhibited in last 30 days</td> </tr> <tr> <td colspan="3">1. Indicator of this type exhibited up to five days a week</td> </tr> <tr> <td colspan="3">2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)</td> </tr> <tr> <td colspan="3"><b>VERBAL EXPRESSIONS OF DISTRESS</b></td> </tr> <tr> <td colspan="3">a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die"</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">b. Repetitive questions—e.g., "Where do I go; What do I do?"</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">c. Repetitive verbalizations—e.g., calling out for help, ("God help me")</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in nursing home; anger at care received</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">e. Self deprecation—e.g., "I am nothing; I am of no use to anyone"</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">g. Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues</td> </tr> <tr> <td colspan="3"><b>SLEEP-CYCLE ISSUES</b></td> </tr> <tr> <td colspan="3">j. Unpleasant mood in morning</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">k. Insomnia/change in usual sleep pattern</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3"><b>SAD, APATHETIC, ANXIOUS APPEARANCE</b></td> </tr> <tr> <td colspan="3">l. Sad, pained, worried facial expressions—e.g., furrowed brows</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">m. Crying, tearfulness</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">n. Repetitive physical movement—e.g., pacing, hand wringing, restlessness, fidgeting, picking</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3"><b>LOSS OF INTEREST</b></td> </tr> <tr> <td colspan="3">o. Withdrawal from activities of interest—e.g., no interest in long standing activities or being with family/friends</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td colspan="3">p. Reduced social interaction</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> </table> | <b>INDICATORS OF DEPRESSION, ANXIETY, SAD MOOD</b> | (Code for indicators observed in last 30 days, irrespective of the assumed cause)  |  | 0. Indicator not exhibited in last 30 days |  |  | 1. Indicator of this type exhibited up to five days a week |  |  | 2. Indicator of this type exhibited daily or almost daily (6, 7 days a week) |  |  | <b>VERBAL EXPRESSIONS OF DISTRESS</b> |  |  | a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die" |  |  |  |  |  | b. Repetitive questions—e.g., "Where do I go; What do I do?" |  |  |  |  |  | c. 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| 0. Indicator not exhibited in last 30 days   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| 1. Indicator of this type exhibited up to five days a week   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| <b>VERBAL EXPRESSIONS OF DISTRESS</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| a. Resident made negative statements—e.g., "Nothing matters; Would rather be dead; What's the use; Regrets having lived so long; Let me die"                                     |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| b. Repetitive questions—e.g., "Where do I go; What do I do?"   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| d. Persistent anger with self or others—e.g., easily annoyed, anger at placement in nursing home; anger at care received   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| e. Self deprecation—e.g., "I am nothing; I am of no use to anyone"   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| f. Expressions of what appear to be unrealistic fears—e.g., fear of being abandoned, left alone, being with others   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| g. Recurrent statements that something terrible is about to happen—e.g., believes he or she is about to die, have a heart attack   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| h. Repetitive health complaints—e.g., persistently seeks medical attention, obsessive concern with body functions  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| <b>SLEEP-CYCLE ISSUES</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| j. Unpleasant mood in morning  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| k. Insomnia/change in usual sleep pattern  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| <b>SAD, APATHETIC, ANXIOUS APPEARANCE</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| l. Sad, pained, worried facial expressions—e.g., furrowed brows  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| m. Crying, tearfulness   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| n. Repetitive physical movement—e.g., pacing, hand wringing, restlessness, fidgeting, picking  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| <b>LOSS OF INTEREST</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| o. Withdrawal from activities of interest—e.g., no interest in long standing activities or being with family/friends   |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| p. Reduced social interaction  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
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| <b>2</b>   | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>MOOD PERSISTENCE</b></td> <td style="width: 70%;">One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days</td> <td style="width: 15%;"></td> </tr> <tr> <td colspan="3">0. No mood indicators</td> </tr> <tr> <td colspan="3">1. Indicators present, easily altered</td> </tr> <tr> <td colspan="3">2. Indicators present, not easily altered</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>  | <b>MOOD PERSISTENCE</b>                            | One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days |  | 0. No mood indicators                      |  |  | 1. Indicators present, easily altered                      |  |  | 2. Indicators present, not easily altered                                    |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| <b>MOOD PERSISTENCE</b>  | One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days   |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| 0. No mood indicators  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| 1. Indicators present, easily altered  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
| 2. Indicators present, not easily altered  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |                           |  |  |                               |  |  |  |  |  |   |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                        |  |  |  |  |  |   |  |  |  |  |  |                         |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |

= When box blank, must enter number or letter

a. = When letter in box, check if condition applies

Code "—" if information unavailable or unknown

| SECTION E. MOOD AND BEHAVIOR PATTERNS — <i>Continued</i> |   |
|--|---|
| 4  | <b>BEHAVIORAL SYMPTOMS</b> (A) Behavioral symptom frequency in last 7 days<br>0. Behavior not exhibited in last 7 days<br>1. Behavior of this type occurred 1 to 3 days in last 7 days<br>2. Behavior of this type occurred 4 to 6 days, but less than daily<br>3. Behavior of this type occurred daily<br><br>(B) Behavioral symptom alterability in last 7 days<br>0. Behavior not present OR behavior was easily altered<br>1. Behavior was not easily altered<br><br>a. WANDERING (moved with no rational purpose, seemingly oblivious to needs or safety)<br><br>b. VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were threatened, screamed at, cursed at)<br><br>c. PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS (others were hit, shoved, scratched, sexually abused)<br><br>d. SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through others' belongings)<br><br>e. RESISTS CARE (resisted taking medications/injections, ADL assistance, or eating) |
|  | (A) (B)   |
|  |   |
|  |   |
|  |   |

|   |  |         |
|---|--|---------|
| 2 | <b>BATHING</b> How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.)<br><br>(Code for most dependent in self-performance)<br>(A) BATHING SELF-PERFORMANCE codes appear below<br><br>0. Independent—No help provided<br>1. Supervision—Oversight help only<br>2. Physical help limited to transfer only<br>3. Physical help in part of bathing activity<br>4. Total dependence<br>8. Activity itself did not occur during entire 7 days       | (A)     |
|   | <b>FUNCTIONAL LIMITATION IN RANGE OF MOTION</b> (Code for limitations during last 7 days that interfered with daily functions or placed resident at risk of injury)<br>(A) RANGE OF MOTION (see training manual) (B) VOLUNTARY MOVEMENT<br>0. No limitation<br>1. Limitation on one side<br>2. Limitation on both sides<br><br>a. Neck<br>b. Arm—including shoulder or elbow<br>c. Hand—including wrist or fingers<br>d. Leg—including hip or knee<br>e. Foot—including ankle or toes<br>f. Other limitation or loss | (A) (B) |
| 6 | <b>MODES OF TRANSFER</b> (Check all that apply during last 7 days)<br><br>Bedfast all or most of time a. <input type="checkbox"/> NONE OF ABOVE f. <input type="checkbox"/><br><br>Bed rails used for bed mobility or transfer b. <input type="checkbox"/>   |         |

| SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS |  |  |
|---|--|--|
| 1   | <b>(A). ADL SELF-PERFORMANCE</b><br>(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days—Not including setup)<br><br>0. INDEPENDENT—No help or oversight—OR—Help/oversight provided only 1 or 2 times during last 7 days<br>1. SUPERVISION—Oversight, encouragement or cueing provided 3 or more times during last 7 days—OR—supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days<br>2. LIMITED ASSISTANCE—Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times—OR—More help provided only 1 or 2 times during last 7 days<br>3. EXTENSIVE ASSISTANCE—While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times:<br>—Weight-bearing support<br>—Full staff performance during part (but not all) of last 7 days<br>4. TOTAL DEPENDENCE—Full staff performance of activity during entire 7 days<br>8. ACTIVITY DID NOT OCCUR during entire 7 days |  |
|   | (A)  |  |
|   | a  | <b>BED MOBILITY</b> How resident moves to and from lying position, turns side to side, and positions body while in bed   |
|   | b  | <b>TRANSFER</b> How resident moves between surfaces—to/from: bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)   |
|   | c  | <b>WALK IN ROOM</b> How resident walks between locations in his/her room   |
|   | d  | <b>WALK IN CORRIDOR</b> How resident walks in corridor on unit   |
|   | e  | <b>LOCOMOTION ON UNIT</b> How resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair   |
|   | f  | <b>LOCOMOTION OFF UNIT</b> How resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair. |
|   | g  | <b>DRESSING</b> How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis   |
|   | h  | <b>EATING</b> How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)   |
|   | i  | <b>TOILET USE</b> How resident uses the toilet room (or commode, bedpan, urinal); transfer on/off toilet, cleanses, changes pad, manages ostomy or catheter, adjusts clothes   |
| j   | <b>PERSONAL HYGIENE</b> How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands and perineum (EXCLUDE baths and showers)   |  |

| SECTION H. CONTINENCE IN LAST 14 DAYS |  |  |
|---------------------------------------|--|--|
| 1                                     | <b>CONTINENCE SELF-CONTROL CATEGORIES</b><br>(Code for resident's PERFORMANCE OVER ALL SHIFTS)<br><br>0. CONTINENT—Complete control (includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool)<br>1. USUALLY CONTINENT—BLADDER, incontinent episodes once a week or less; BOWEL, less than weekly<br>2. OCCASIONALLY INCONTINENT—BLADDER, 2 or more times a week, but not daily; BOWEL, once a week<br>3. FREQUENTLY INCONTINENT—BLADDER, tended to be incontinent daily, but some control present (e.g., on day shift); BOWEL, 2-3 times a week<br>4. INCONTINENT—Had inadequate control BLADDER, multiple daily episodes; BOWEL, all (or almost all) of the time |  |
|                                       | a  | <b>BOWEL CONTINENCE</b> Control of bowel movement, with appliance or bowel continence programs, if employed  |
|                                       | b  | <b>BLADDER CONTINENCE</b> Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley) or continence programs, if employed |
| 2                                     | <b>BOWEL ELIMINATION PATTERN</b> Fecal impaction<br>NONE OF ABOVE  | d. <input type="checkbox"/><br>e. <input type="checkbox"/>   |
|                                       | <b>APPLIANCES AND PROGRAMS</b> Any scheduled toileting plan<br>Bladder retraining program<br>External (condom) catheter  | a. <input type="checkbox"/> Indwelling catheter<br>b. <input type="checkbox"/> Ostomy present<br>c. <input type="checkbox"/> NONE OF ABOVE   |

| SECTION I. DISEASE DIAGNOSES |  |
|------------------------------|--|
| 2                            | <b>INFECTIONS</b> (If none apply, CHECK the NONE OF ABOVE box)<br><br>Urinary tract infection in last 30 days j. <input type="checkbox"/><br><br>NONE OF ABOVE m. <input type="checkbox"/> |
|                              | <b>OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES</b><br>a. _____<br>b. _____  |

| SECTION J. HEALTH CONDITIONS |  |
|------------------------------|--|
| 1                            | <p><b>PROBLEM CONDITIONS</b> (Check all problems present in last 7 days unless other time frame is indicated)</p> <p><b>INDICATORS OF FLUID STATUS</b> Dehydrated; output exceeds input <input type="checkbox"/> <b>OTHER</b> Hallucinations <input type="checkbox"/> <b>NONE OF ABOVE</b> <input type="checkbox"/></p>  |
| 2                            | <p><b>PAIN SYMPTOMS</b> (Code the highest level of pain present in the last 7 days)</p> <p>a. FREQUENCY with which resident complains or shows evidence of pain</p> <p>0. No pain (skip to J4) <input type="checkbox"/> 2. Pain daily <input type="checkbox"/></p> <p>1. Pain less than daily <input type="checkbox"/></p> <p>b. INTENSITY of pain</p> <p>1. Mild pain <input type="checkbox"/> 3. Times when pain is horrible or excruciating <input type="checkbox"/></p> <p>2. Moderate pain <input type="checkbox"/></p> |
| 4                            | <p><b>ACCIDENTS</b> (Check all that apply)</p> <p>Fell in past 30 days <input type="checkbox"/> a. Other fracture in last 180 days <input type="checkbox"/> d.</p> <p>Fell in past 31-180 days <input type="checkbox"/> b.</p> <p>Hip fracture in last 180 days <input type="checkbox"/> c. <b>NONE OF ABOVE</b> <input type="checkbox"/> e.</p>   |
| 5                            | <p><b>STABILITY OF CONDITIONS</b></p> <p>Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable—(fluctuating, precarious, or deteriorating) <input type="checkbox"/> a.</p> <p>Resident experiencing an acute episode or a flare-up of a recurrent or chronic problem <input type="checkbox"/> b.</p> <p>End-stage disease, 6 or fewer months to live <input type="checkbox"/> c.</p> <p><b>NONE OF ABOVE</b> <input type="checkbox"/> d.</p>  |

| SECTION K. ORAL/NUTRITIONAL STATUS |   |
|------------------------------------|---|
| 3                                  | <p><b>WEIGHT CHANGE</b></p> <p>a. Weight loss—5% or more in last 30 days; or 10% or more in last 180 days</p> <p>0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/></p> <p>b. Weight gain—5% or more in last 30 days; or 10% or more in last 180 days</p> <p>0. No <input type="checkbox"/> 1. Yes <input type="checkbox"/></p> |
| 5                                  | <p><b>NUTRITIONAL APPROACHES</b> (Check all that apply in last 7 days)</p> <p>Feeding tube <input type="checkbox"/> b. On a planned weight change program <input type="checkbox"/> h.</p> <p><b>NONE OF ABOVE</b> <input type="checkbox"/> i.</p>   |

| SECTION M. SKIN CONDITION |   |
|---------------------------|---|
| 1                         | <p><b>ULCERS</b> (Due to any cause)</p> <p>(Record the number of ulcers at each ulcer stage—regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 = 9 or more.) [Requires full body exam.]</p> <p>a. Stage 1 A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved. <input type="checkbox"/></p> <p>b. Stage 2 A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater. <input type="checkbox"/></p> <p>c. Stage 3 A full thickness of skin is lost, exposing the subcutaneous tissues—presents as a deep crater with or without undermining adjacent tissue. <input type="checkbox"/></p> <p>d. Stage 4 A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone. <input type="checkbox"/></p> |
| 2                         | <p><b>TYPE OF ULCER</b> (For each type of ulcer, code for the highest stage in last 7 days using scale in item M1—i.e., 0 = none; stages 1, 2, 3, 4)</p> <p>a. Pressure ulcer—any lesion caused by pressure resulting in damage of underlying tissue <input type="checkbox"/></p> <p>b. Stasis ulcer—open lesion caused by poor circulation in the lower extremities <input type="checkbox"/></p>   |

| SECTION N. ACTIVITY PURSUIT PATTERNS |   |
|--------------------------------------|---|
| 1                                    | <p><b>TIME AWAKE</b> (Check appropriate time periods over last 7 days)</p> <p>Resident awake all or most of time (i.e. naps no more than one hour per time period) in the:</p> <p>Morning <input type="checkbox"/> a. Evening <input type="checkbox"/> c.</p> <p>Afternoon <input type="checkbox"/> b. <b>NONE OF ABOVE</b> <input type="checkbox"/> d.</p> <p>(If resident is comatose, skip to Section O)</p> |
| 2                                    | <p><b>AVERAGE TIME INVOLVED IN ACTIVITIES</b> (When awake and not receiving treatments or ADL care)</p> <p>0. Most—more than 2/3 of time <input type="checkbox"/> 2. Little—less than 1/3 of time <input type="checkbox"/></p> <p>1. Some—from 1/3 to 2/3 of time <input type="checkbox"/> 3. None <input type="checkbox"/></p>   |

| SECTION O. MEDICATIONS |  |
|------------------------|--|
| 1                      | <p><b>NUMBER OF MEDICATIONS</b> (Record the number of different medications used in the last 7 days; enter "0" if none used) <input type="text" value="0"/> <input type="text" value="0"/></p>   |
| 4                      | <p><b>DAYS RECEIVED THE FOLLOWING MEDICATIONS</b> (Record the number of DAYS during last 7 days; enter "0" if not used. Note—enter "1" for long-acting meds used less than weekly)</p> <p>a. Antipsychotic <input type="text"/> d. Hypnotic <input type="text"/></p> <p>b. Antianxiety <input type="text"/> e. Diuretic <input type="text"/></p> <p>c. Antidepressant <input type="text"/></p> |

| SECTION P. SPECIAL TREATMENTS AND PROCEDURES |   |
|--|---|
| 4  | <p><b>DEVICES AND RESTRAINTS</b> (Use the following codes for last 7 days:)</p> <p>0. Not used <input type="checkbox"/> 1. Used less than daily <input type="checkbox"/> 2. Used daily <input type="checkbox"/></p> <p>Bed rails</p> <p>a. Full bed rails on all open sides of bed <input type="checkbox"/></p> <p>b. Other types of side rails used (e.g., half rail, one side) <input type="checkbox"/></p> <p>c. Trunk restraint <input type="checkbox"/></p> <p>d. Limb restraint <input type="checkbox"/></p> <p>e. Chair prevents rising <input type="checkbox"/></p> |

| SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS |   |
|---|---|
| 2   | <p><b>OVERALL CHANGE IN CARE NEEDS</b></p> <p>Resident's overall self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)</p> <p>0. No change <input type="checkbox"/></p> <p>1. Improved—receives fewer supports, needs less restrictive level of care <input type="checkbox"/></p> <p>2. Deteriorated—receives more support <input type="checkbox"/></p> |

| SECTION R. ASSESSMENT INFORMATION |  |
|-----------------------------------|--|
| 2                                 | <p><b>SIGNATURE OF PERSON COORDINATING THE ASSESSMENT:</b></p> <p>a. Signature of RN Assessment Coordinator</p> <p>b. Date RN Assessment Coordinator signed as complete</p> <p><input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Month Day Year</p> |

| SECTION W. SUPPLEMENTAL ITEMS   |   |                              |  |
|---|---|------------------------------|--|
| <b>1</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><b>NATIONAL PROVIDER ID</b></td> <td>Enter for all assessments and tracking forms, if available.<br/> <div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div> </td> </tr> </table>  | <b>NATIONAL PROVIDER ID</b>  | Enter for all assessments and tracking forms, if available.<br><div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>  |
| <b>NATIONAL PROVIDER ID</b>   | Enter for all assessments and tracking forms, if available.<br><div style="border: 1px solid black; width: 100%; height: 15px; margin-top: 5px;"></div>   |                              |  |
| <p>If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3</p> |   |                              |  |
| <b>2</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><b>INFLUENZA VACCINE</b></td> <td> <p><b>a.</b> Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?</p> <p>0. No                      1. Yes (If Yes, go to item W3)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If Influenza vaccine not received, state reason:</p> <p>1. Not in facility during this year's flu season                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Received outside of this facility</p> <p>3. Not eligible</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain vaccine</p> </td> </tr> </table> | <b>INFLUENZA VACCINE</b>     | <p><b>a.</b> Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?</p> <p>0. No                      1. Yes (If Yes, go to item W3)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If Influenza vaccine not received, state reason:</p> <p>1. Not in facility during this year's flu season                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Received outside of this facility</p> <p>3. Not eligible</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain vaccine</p> |
| <b>INFLUENZA VACCINE</b>  | <p><b>a.</b> Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?</p> <p>0. No                      1. Yes (If Yes, go to item W3)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If Influenza vaccine not received, state reason:</p> <p>1. Not in facility during this year's flu season                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Received outside of this facility</p> <p>3. Not eligible</p> <p>4. Offered and declined</p> <p>5. Not offered</p> <p>6. Inability to obtain vaccine</p>  |                              |  |
| <b>3</b>  | <table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"><b>PNEUMO-COCCAL VACCINE</b></td> <td> <p><b>a.</b> Is the resident's PPV status up to date?</p> <p>0. No                      1. Yes (If Yes, skip item W3b)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If PPV not received, state reason:</p> <p>1. Not eligible                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Offered and declined</p> <p>3. Not offered</p> </td> </tr> </table>   | <b>PNEUMO-COCCAL VACCINE</b> | <p><b>a.</b> Is the resident's PPV status up to date?</p> <p>0. No                      1. Yes (If Yes, skip item W3b)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If PPV not received, state reason:</p> <p>1. Not eligible                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Offered and declined</p> <p>3. Not offered</p>   |
| <b>PNEUMO-COCCAL VACCINE</b>  | <p><b>a.</b> Is the resident's PPV status up to date?</p> <p>0. No                      1. Yes (If Yes, skip item W3b)                      <input style="width: 30px; height: 15px;" type="text"/></p> <p><b>b.</b> If PPV not received, state reason:</p> <p>1. Not eligible                      <input style="width: 30px; height: 15px;" type="text"/></p> <p>2. Offered and declined</p> <p>3. Not offered</p>  |                              |  |

= When box blank, must enter number or letter

a. = When letter in box, check if condition applies

Code "—" if information unavailable or unknown

# WinCare Nursing Home

## Rugs III History Report

12-19-2005

**for Alexander, Tom A.**

| Name              | Admit # | MR # | RUGS III       | # of Days | Asst. Type | Asst. Ref Date | Asst. Lock Date | Trans File Date | Admit Date | Disch Date |
|-------------------|---------|------|----------------|-----------|------------|----------------|-----------------|-----------------|------------|------------|
| Alexander, Tom A. | 904     | 904  | [INC]<br>[INC] |           | 5          | 12-13-2005     |                 |                 | 01-04-2005 |            |
|                   |         |      | [INC]<br>[INC] |           | 1          | 12-13-2005     |                 |                 | 01-04-2005 |            |
|                   |         |      | RHA<br>RHA     |           | 1          | 01-18-2005     |                 | 04-22-2005      | 01-04-2005 |            |

# WinCare Nursing Home

## RAP Summary Report

(Selected Resident Set)

|                                     |  |                         |
|-------------------------------------|--|-------------------------|
| Resident Name<br>Andrews, Flossie S | Assessment Reference Date<br>Oct 28 2004 | Admission Number<br>908 |
|-------------------------------------|--|-------------------------|

1. Check if RAP is triggered.

2. For each triggered RAP, use the RAP guidelines to identify areas needing further assessment. Document relevant assessment information regarding the resident's status.

- Describe:
  - Nature of the condition (may include presence or lack of objective data and subjective complaints).
  - Complications and risk factors that affect your decision to proceed to care planning.
  - Factors that must be considered in developing individualized care plan interventions.
  - Need for referrals/further evaluation by appropriate health professionals.
- Documentation should support your decision-making regarding whether to proceed with a care plan for a triggered RAP and the types(s) of care plan interventions that are appropriate for a particular resident.
- Documentation may appear anywhere in the clinical record (e.g., progress notes, consults, flowsheets, etc.).

3. Indicate under the Location of RAP Assessment Documentation column where information related to the RAP assessment can be found.

4. For each triggered RAP, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and RAPs).

|   | Triggered                           | Care Plan                           | Location of Information |
|---|-------------------------------------|-------------------------------------|-------------------------|
| Delirium  | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Cognitive Loss/Dementia   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Visual Function   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Communication   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| ADL Functional/Rehabilitation Potential<br>Triggers<br>G1aA=4, G2A=4                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |
| Urinary Incontinence and Indwelling Catheter<br>Triggers<br>H1b=4, H3d chk, H3g chk | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |
| Psychosocial Well-Being   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Mood State  | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Behavioral Symptoms   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Activities  | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Falls   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Nutritional Status<br>Triggers<br>K5a chk   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |
| Feeding Tubes   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Dehydration/Fluid Maintenance<br>Triggers<br>J1h chk, K5a chk                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |
| Dental Care   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Pressure Ulcers<br>Triggers<br>M2a=1, G1aA=4, G6a chk, H1a=4                        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |                         |
| Psychotropic Drug Use   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |
| Physical Restraints   | <input type="checkbox"/>            | <input type="checkbox"/>            |                         |

# WinCare Nursing Home

## RAP Summary Report

(Selected Resident Set)

|   |  |                         |
|---|--|-------------------------|
| Resident Name<br>Andrews, Flossie S                   | Assessment Reference Date<br>Oct 28 2004 | Admission Number<br>908 |
| Signature of RN Assessment Coordinator                | Date<br>Oct 28 2004                      |                         |
| Signature of Person Completing Care Planning Decision | Date<br>Oct 28 2004                      |                         |

# WinCare Nursing Home

## RAP Rationale Report

(Selected Resident Set)

|                                     |  |                         |
|-------------------------------------|--|-------------------------|
| Resident Name<br>Andrews, Flossie S | Assessment Reference Date<br>Oct 28 2004 | Admission Number<br>908 |
|-------------------------------------|--|-------------------------|

|  |   |
|--|---|
| <b>ADL Functional/Rehabilitation Potential</b>   | Proceed with Care Plan<br><input checked="" type="checkbox"/> |
| Rationale<br><b>ADL FUNCTIONAL/ REHABILITATION POTENTIAL RAP GUIDELINES</b><br>Confounding problems that may require resolution:<br>Delirium<br>Easily Distracted [B5a = ]<br>Periods of Altered Perception or Awareness of Surroundings [B5b = ]<br>Episodes of Disorganized Speech [B5c = ]<br>Periods of Restlessness [B5d = ]<br>Periods of Lethargy [B5e = ]<br>Mental Function Varies Over the Course of the Day [B5f = ]<br>Persistent mood problem [E2 = ]<br>Clarifying issues to be considered:<br>Ability to make decisions [B4 = ]<br>Communication:<br>Hearing (with hearing appliance, if used)<br>Communication Devices/Techniques:<br>Modes of Expression:<br>Making Self Understood:<br>Speech Clarity:<br>Ability to Understand Others:<br>Change in Communication/Hearing:<br>Vision:<br>Visual Limitations/Difficulties:<br>Visual Appliances:<br>Test for Balance:<br>Balance while standing [G3a = 3]<br>Balance while sitting [G3b = 3]<br>Complete ADL Supplement Part 1 for all triggered residents (see RAI Training Manual).<br>For a resident with rehabilitation potential, complete ADL Supplement Part 2 (see RAI Training Manual). |   |
| Signature  | Date  |

|  |   |
|--|---|
| <b>Urinary Incontinence and Indwelling Catheter</b>  | Proceed with Care Plan<br><input checked="" type="checkbox"/> |
| Rationale<br><b>URINARY CONTINENCE AND INDWELLING CATHETER RAP GUIDELINES</b><br>Possible reversible problems to be reviewed in evaluating incontinence or need for catheter:<br>Conditions:<br>Delirium<br>Easily Distracted [B5a = ]<br>Periods of Altered Perception or Awareness of Surroundings [B5b = ]<br>Episodes of Disorganized Speech [B5c = ]<br>Periods of Restlessness [B5d = ]<br>Periods of Lethargy [B5e = ]<br>Mental Function Varies Over the Course of the Day [B5f = ]<br>Environment:<br>How resident walks between locations in his/her room [G1cA = 8]<br>How resident walks in corridor on unit [G1dA = 8]<br>How resident moves between locations in his/her room and adjacent corridor [G1eA = 8]<br>How resident moves to and returns from off unit locations [G1fA = 8] |   |
| Continued  |   |

# WinCare Nursing Home

## RAP Legend Report

Resident Name: Andrews, Flossie S.

Admission No.: 908

12-19-2005

### ADL FUNCTIONAL/REHABILITATION POTENTIAL RAP LEGEND

#### ADL TRIGGER B (Rehabilitation)

#### Rehabilitation/restorative plans suggested

- Bed Mobility - Not Independent
  - Was totally dependent [G1aA = 4]
- Bathing - Not Independent
  - Was totally dependent [G2A = 4]

### URINARY INCONTINENCE AND INDWELLING CATHETER RAP LEGEND

#### Incontinence care plan suggested

- Incontinent - Had inadequate control, multiple daily episodes [H1b = 4]
- Use of indwelling catheter [H3d checked]
- Use of pads/briefs [H3g checked]

### NUTRITIONAL STATUS RAP LEGEND

#### Malnutrition problem suggested

- Parenteral/IV feeding [K5a checked]

### DEHYDRATION/FLUID MAINTENANCE RAP LEGEND

#### Dehydration suggested

- Fever [J1h checked]
- Parenteral/IV [K5a checked]

### PRESSURE ULCERS RAP LEGEND

#### Pressure ulcer present

- Stage 1 pressure ulcers [M2a = 1]

#### At risk for pressure ulcer

#### Risk factors present:

- Total dependence in bed mobility [G1aA = 4]
- Bedfast all or most of the time [G6a checked]
- Incontinent bowel [H1a = 4]

# WinCare Nursing Home

## RAP Guidelines Report

Resident Name: Alexander, Tom A.

Admission No.: 904

12-19-2005

### COGNITIVE LOSS/DEMENTIA RAP GUIDELINES

Factors to review for relationship to cognitive loss:

Neurological:

Delirium

Easily Distracted [B5a = N]

Periods of Altered Perception or Awareness of Surroundings [B5b = N]

Episodes of Disorganized Speech [B5c = N]

Periods of Restlessness [B5d = N]

Periods of Lethargy [B5e = N]

Mental Function Varies Over the Course of the Day [B5f = N]

Confounding Problems that may require resolution or suggest reversible causes:

Mood/behavior:

Depression, Anxiety, Sad mood, or Mood decline

Mood persistence [E2 = N]

Concurrent medical problems:

Pain frequency [J2a = N]

Pain intensity [J2b = N]

Failure to thrive:

Low weight for height? [Weight = , Height = ]

Functional limitations:

Sensory impairment:

Hearing problems [C1 = ]

Speech unclear [C5 = ]

Problem understanding others [C6 = 1]

Visual problems [D1 = ]

Medications:

Antipsychotics [O4a = ]

Antianxiety [O4b = ]

Antidepressants [O4c = ]

Hypnotics [O4d = ]

Involvement factors:

Withdrawal from activities [E1o = N]

Participates in small group activities  
and other factors [record],

Trunk restraint [P4c = N]

Limb restraint [P4d = N]

Chair prevents rising [P4e = N]

# Vital Signs Invalidation Report

## WinCare Nursing Home

### Alexander, Tom

Report Date:  
12-19-2005

| <b>Invalidation Date</b> | <b>Invalidating User</b> | <b>Lbs.</b> | <b>S/D</b> | <b>Temp.</b> | <b>Pulse</b> | <b>Resp.</b> |
|--------------------------|--------------------------|-------------|------------|--------------|--------------|--------------|
| 09-20-2005 04:56         | System Administrator     | 180         | 145/90     | 99°          | 63           | 22           |
| 10-18-2005 04:56         | System Administrator     | 182         | 145/95     | 99°          | 62           | 22           |
| 11-15-2005 16:34         | System Administrator     | 185         | 145/95     | 99°          | 65           | 25           |

# WinCare Nursing Home Diabetes Invalidation Report Alexander, Tom

Report Date:  
12-19-2005

| <b>Invalidation Date</b>         | <b>Invalidating User</b> | <b>Result</b> | <b>Insulin Dose, Site</b> |
|----------------------------------|--------------------------|---------------|---------------------------|
| 02-22-2005 09:40                 | System Administrator     | 155           | 150, left arm             |
| Rationale: Data Entry Error      |                          |               |                           |
| 02-20-2005 09:36                 | System Administrator     | 165           | 150, right arm            |
| Rationale: Dose noted not right  |                          |               |                           |
| 03-01-2005 09:39                 | System Administrator     | 155           | 120, right arm            |
| Rationale: Incorrect dose noted. |                          |               |                           |
| 03-08-2005 09:41                 | System Administrator     | 160           | 140, right arm            |
| Rationale: Incorrect dose noted. |                          |               |                           |
| 03-18-2005 09:34                 | System Administrator     | 122           | 150, left arm             |
| Rationale: Incorrect dose noted  |                          |               |                           |

# WinCare Nursing Home

## Discontinued Medications Report

Report Start Date:  
01-19-2005

Report Date:  
12-19-2005

**Alexander, Tom A.**

| <b>Age</b>            | <b>Soc. Security No.</b> | <b>Primary Physician</b>       | <b>Medicare No.</b> | <b>Medicaid No.</b> |
|-----------------------|--------------------------|--------------------------------|---------------------|---------------------|
| 70                    | 523-56-9040              | Brown, John A.                 | 234565466A          | 135-24-7968         |
| <b>Discontd. Date</b> | <b>Trade Name</b>        | <b>Generic Name</b>            |                     |                     |
| 12/15/2005            | 4-WAY COLD               | ASPIRIN/PHENYLPROP/CHLORPHENIR |                     |                     |
| 05/01/2005            | DULCOLAX                 | BISACODYL                      |                     |                     |
| 05/15/2005            | IBUPROFEN                | IBUPROFEN                      |                     |                     |

# WinCare Nursing Home

## Discontinued Treatments Report

### Alexander, Tom A.

Report Start Date:  
01-19-2005

Report Date:  
12-19-2005

| Age | Soc. Security No. | Primary Physician | Medicare No. | Medicaid No. |
|-----|-------------------|-------------------|--------------|--------------|
| 70  | 523-56-9040       | Brown, John A.    | 234565466A   | 135-24-7968  |

| Discontd. Date | Treatment   |
|----------------|---|
| 10/01/2005     | Ear Protocol<br>Monthly PRN cerumen buildup: apply GTTS per murine earwax removal system instructions X 3 days and irrigate on day 4. |
| 12/01/2005     | Use hot pads to help ease lower back pains.   |