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OFF Washington State	AGING AND LONG-TERM SUPPOR	RT ADMINISTRATION (ALTSA)
Washington State Department of Social & Health Services	ENHANCED SERVICE	S FACILTY (ESF)
	ESF Resident Characteristic R	oster and Sample Soled
Transforming lives	Loi Nesideni Characteristic N	oster and Sample Selec
ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER

MEDICALLY FRAGILE NURSING SERVICES

VISIT TYPE

RESIDENT

NAME

☐ Full ☐ Follow up

STATE = S

PAY STATUS: PRIVATE = P

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MEDICATION: IND. (I), ASSIST (A); ADM. (AD)	MOBILITY / FALLS / AMBULATION DEIVICES	BEHAVIOR / PSYCHOSOCIAL ISSUES	DEMENTIA / COGNITIVE IMPAIRMENT	EXIT SCREENING / WANDERNG	SMOKING	DEVELOPMENTAL DISABILITIES	LANGUAGE / COMMUICATION ISSUE / DEAFNESS / HEARING ISSUES	VISION DEFICIT / BLINDNESS	DIABETIC: INSULIN / NON-INSULIN	ASSIST WITH ADL'S	WOUNDS / SKIN ISSUE	INCONTINENT / APPLIANCE (CATHETER) DIALYSIS	SPEICAL DIETARY NEEDS / SCHEDULED SNACKS	WIEIGHT LOSS / WEIGHT GAIN	MEDICAL DEVICES	RECENT HOSPITALIZATIONS	OXYGEN / RESPIRATORY THERAPY	HOME HEALTH / HOSPICE / PRIVATE CAREGIVER	ОТНЕК

LICENSOR'S NAME

RESIDENT ROOM

ADMIT

DATE

RESIDENT

ID NUMBER

Attachment D

TOTAL CENSUS

	Confidential Information – Do not disc	lose. Not for public disclosure.								
Washington State Department of Social & Health Services	AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTSA) ENHANCED SERVICES FACILTY (ESF)									
Transforming lives	ESF Resident Characteristic R	oster and Sample Selection								
ENHANCED SERVICES FACILITY NAME		LICENSE NUMBER								
LICENSOR'S NAME	VISIT TYPE	FACILITY GENERATED ROSTER ATTACH								

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RESIDENT ROOM	ADMIT DATE	RESIDENT ID NUMBER	RESIDENT NAME	PAY STATUS: PRIVATE = P STATE = S	NURSING SERVICES	MEDICALLY FRAGILE	MEDICATION: IND. (I), ASSIST (A); ADM. (AD)	MOBILITY / FALLS / AMBULATION DEIVICES	BEHAVIOR / PSYCHOSOCIAL ISSUES	DEMENTIA / COGNITIVE IMPAIRMENT	EXIT SCREENING / WANDERNG	SMOKING DEVELOPMENTAL DISABILITIES	LANGUAGE / COMMUICATION ISSUE / DEAFNESS / HEARING ISSUES	VISION DEFICIT / BLINDNESS	DIABETIC: INSULIN / NON-INSULIN	ASSIST WITH ADL'S	WOUNDS / SKIN ISSUE	INCONTINENT / APPLIANCE (CATHETER) DIALYSIS	SPEICAL DIETARY NEEDS / SCHEDULED SNACKS	WIEIGHT LOSS / WEIGHT GAIN	MEDICAL DEVICES	RECENT HOSPITALIZATIONS	OXYGEN / RESPIRATORY THERAPY	HOME HEALTH / HOSPICE / PRIVATE CAREGIVER	отнек
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Attachment D

TOTAL CENSUS

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Washington State Department of Social & Health Services	AGING AND LONG-
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TERM SUPPORT ADMINISTRATION (ALTSA)
NCED SERVICES FACILTY (ESF) Attachment D TOTAL CENSUS **ESF Resident Characteristic Roster and Sample Selection** Transforming lives LICENSE NUMBER INSPECTION DATE **ENHANCED SERVICES FACILITY NAME** LICENSOR'S NAME VISIT TYPE **FACILITY GENERATED ROSTER ATTACH** PAGES ATTACHED ☐ Complaint ☐ Full ☐ Follow up IF THIS BOX IS NOT CHECKED, SKIP NUMBER OF PAGES ATTACHED. INCONTINENT / APPLIANCE (CATHETER) DIALYSIS LANGUAGE / COMMUICATION ISSUE / DEAFNESS HEARING ISSUES SPEICAL DIETARY NEEDS / SCHEDULED SNACKS HOME HEALTH / HOSPICE / PRIVATE CAREGIVER IND. (I), ASSIST (A); ADM. (AD) MOBILITY / FALLS / AMBULATION DEIVICES ഗ DEMENTIA / COGNITIVE IMPAIRMENT BEHAVIOR / PSYCHOSOCIAL ISSUES STATE RESIDENT ROOM OXYGEN / RESPIRATORY THERAPY INSULIN / NON-INSULIN DEVELOPMENTAL DISABILITIES EXIT SCREENING / WANDERNG WIEIGHT LOSS / WEIGHT GAIN VISION DEFICIT / BLINDNESS RECENT HOSPITALIZATIONS **ADMIT** RESIDENT RESIDENT П DATE **ID NUMBER** NAME PAY STATUS: PRIVATE **WOUNDS / SKIN ISSUE** MEDICALLY FRAGILE NURSING SERVICES MEDICAL DEVICES ASSIST WITH ADL' MEDICATION: DIABETIC: SMOKING

<u>Coding:</u> In order to assist in more accurate communication of resident characteristics, the following coding legend has been provided. If characteristics do not apply, leave box blank.

	Mark the box:								
Pay Status: Private = P State = S	P – all or part of a resident's care is paid by the resident or their family; S – all or part of a resident care is paid for by the state								
Nursing Services (services only a licensed nurse can provide)	O – resident receiving Ostomy care; T – resident receiving Tube feeding; I – resident receiving Injections								
Medically Fragile	Y – Yes. Resident assessed as meeting the definition of medically fragile per WAC: A chronic and complex physical condition which results in prolonged dependency on specialized medical care that requires frequent daily skilled nursing interventions. If these medically necessary interventions are interrupted or denied, the resident may experience irreversible damage or death. N – No. Resident not assessed as meeting the definition of medically fragile.								
Medication: Independent (I); Assistance (A); Administration (AD)	I – resident assessed as <u>Independent</u> with their medication; A – resident assessed as needing medication assistance; AD – resident assessed medication administration.								
Mobility / Falls / Ambulation Devices	A – resident requires <u>A</u> ssistance with transfers or cannot ambulate independently without assistance from staff or assistive devices; F – resident experienced a <u>F</u> all within the last 30 days; D – resident uses a <u>D</u> evice to assist with ambulation.								
Behavior / Psychosocial Issues	X – resident shows or has behaviors such as those requiring special training or assistance increasing the amount of time staff needs to assist resident.								
Dementia / Cognitive Impairment	X – resident shows or has behaviors such as those requiring special training or assistance increasing the amount of time staff needs to assist resident.								
Exit Seeking / Wandering	ES – resident has shown <u>E</u> xit <u>S</u> eeking behaviors; W – resident has shown <u>W</u> andering behaviors								
Smoking	S – Resident Smokes								
Developmental Disabilities	DD – resident has a diagnosis of a <u>D</u> evelopmental <u>D</u> isability								
Language / Communication Issue / Deafness / Hearing Issues	X – resident has a language or communication issue which requires additional staff support; HI resident is <u>H</u> earing <u>I</u> mpaired; D – resident is <u>D</u> eaf								
Vision Deficit / Blindness	X – resident is blind or has severe vision deficit which requires additional staff support								
Diabetic: Insulin / Non-Insulin	I – resident if Insulin dependent; N – resident is Non-insulin dependent diabetic								
Assist with ADL's	I – resident assessed as Independent; MIN – resident assessed as needing MIN imal assistance with ADL's such as curing reminders, supervision, and/or encouragement; MOD – resident assessed as needing MOD erate assistance with ADL's such as guiding, standby assistance for transfers, or ambulation, bathing and toileting; MAX – resident assessed as needing MAX imum assistance with ADL's such as needing a one person or two person transfer, resident was incontinent of bowel or bladder and required staff to assist with care; resident needed assistance with turning, sitting up or laying down, staff must physically turn the resident every two hours.								
Wounds / Skin Issue	P – resident has a <u>P</u> ressure ulcer; S – resident has a <u>S</u> tasis wound; W – resident has a W ound or skin issue other than pressure of stasis ulcer								
Incontinent / Appliance (catheter) Dialysis	UI – resident <u>I</u> ncontinent of bladder and/or bowel; C – resident has <u>C</u> atheter; <u>D</u> – resident requires <u>D</u> ialysis								
Special Dietary Needs / Scheduled Snacks	X – resident requires a special prescribed diet								
Weight Loss / Weight Gain	\mathbf{WL} – resident had more than a 3-pound to 5-pound $\mathbf{\underline{W}}$ eight $\mathbf{\underline{L}}$ oss within last 60 days; \mathbf{WG} - resident had more than a 3-pound to 5-pound $\mathbf{\underline{W}}$ eight $\mathbf{\underline{G}}$ ain within last 60 days								
Medical Devices	X – resident received dialysis treatments; M – if part of a resident's care is the use of side rails, transfer poles, chair / bed alarms, belt restraints								
Recent Hospitalization	X – resident has been hospitalized within the last 60 days								
Oxygen / Respiratory Therapy	X – resident receives oxygen and/or respiratory therapy or treatments								
Home Health / Hospice / Private Caregiver	HH – resident receives <u>H</u> ome <u>H</u> ealth services; HOS – resident receives HOSpice services; P – resident received care from <u>P</u> rivate caregiver								