





**Coding:** 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.

Nursing Services (services only a licensed nurse can provide)	MARK THE BOX: <b>O</b> - resident receiving <b>O</b> stomy care; <b>T</b> - resident receiving <b>T</b> ube feeding; <b>I</b> – resident receiving <b>I</b> njections; <b>ND</b> – resident receiving <b>N</b> urse <b>D</b> elegation.
Medication: Independent Administration Assistance Family Assistance	<b>I</b> – resident assessed as <b>I</b> ndependent with their medication; <b>A</b> – resident assessed as needing medication <b>A</b> ssistance; <b>AD</b> – resident assessed <b>M</b> edication <b>A</b> dministration; <b>F</b> – resident receiving <b>F</b> amily assistance with medications.
Mobility / Falls / Ambulation Devices	<b>A</b> – resident requires <b>A</b> ssistance with transfers or cannot ambulate independently without assistance from staff or assistive devices; <b>F</b> – resident experienced a <b>F</b> all within the last 30 days; <b>D</b> – resident uses a <b>D</b> evice to assist with ambulation.
Behavior / Psychosocial Issues	<b>X</b> – resident shows or has behaviors such as those requiring special training or assistance increasing the amount of time staff needs to assist resident.
Dementia / Alzheimer's / Cognitive impairment	<b>X</b> – resident shows or has behaviors requiring special training or assistance increasing the amount of time staff needs to assist resident.
Exit Seeking / Wandering	<b>ES</b> – resident has shown <b>E</b> xit <b>S</b> eeking behaviors; <b>W</b> – resident has shown <b>W</b> andering behaviors
Smoking	<b>S</b> – resident <b>S</b> mokes.
DD / Mental Health	<b>DD</b> – resident has a <b>D</b> evelopmental <b>D</b> isabilities case manager; <b>MH</b> – resident receives <b>M</b> ental <b>H</b> ealth services and/or has a mental health case manager.
Language / Communication Issues / Deafness / Hearing Issues	<b>X</b> – resident has a language or communication issue which requires additional staff support; <b>HI</b> – resident is <b>H</b> earing <b>I</b> mpaired; <b>D</b> – resident is <b>D</b> eaf.
Vision Deficit / Blindness	<b>X</b> – resident is blind or has severe vision deficit which requires additional staff support
Diabetic: Insulin / Non-Insulin	<b>I</b> – resident is <b>I</b> nsulin dependent; <b>N</b> – resident is <b>N</b> on-insulin dependent diabetic.
Assist with ADL's	<b>I</b> – resident assessed as <b>I</b> ndependent; <b>MIN</b> – resident assessed as needing <b>M</b> inimal assistance with ADL's such as cueing reminders, supervision, and/or encouragement; <b>MOD</b> – resident assessed as needing <b>M</b> oderate assistance with ADL's such as guiding, standby assistance for transfers, or ambulation, bathing and toileting; <b>MAX</b> – resident assessed as needing <b>M</b> aximum 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	<b>P</b> – resident has a <b>P</b> ressure ulcer; <b>S</b> – resident has a <b>S</b> tasis wound; <b>W</b> – resident has a <b>W</b> ound or skin issue other than pressure or stasis ulcer.
Incontinent / Appliance (catheter) / Dialysis	<b>UI</b> – resident <b>I</b> ncontinent of bladder and/or bowel; <b>C</b> – resident has <b>C</b> atheter; <b>D</b> – resident requires <b>D</b> ialysis.
Special Dietary Needs / Scheduled Snacks	<b>X</b> – resident requires a special prescribed diet.
Weight Loss / Weight Gain	<b>WL</b> – resident has had more than a 3 – 5-pound <b>W</b> eight <b>L</b> oss within last 60 days; <b>WG</b> – resident has had more than a 3 – 5-pound <b>W</b> eight <b>G</b> ain within the last 60 days.
Medical Devices	<b>X</b> – resident receives dialysis treatments; <b>M</b> – resident uses <b>M</b> edical devices such as side rails, transfer poles, chair / bed alarms / belt restraints.
Pay Status	<b>P</b> – all or part of a resident's care is paid by the resident or their family ( <b>P</b> rivate pay); <b>S</b> – all or part of a resident care is paid for by the <b>S</b> tate.
Recent Hospitalization	<b>X</b> – resident has been hospitalized within the last 60 days.
Oxygen / Respiratory Therapy	<b>X</b> – resident receives oxygen and/or respiratory therapy or treatments.
Home Health / Hospice / Private Caregiver	<b>HH</b> – resident receives <b>H</b> ome <b>H</b> ealth services; <b>HOS</b> – resident receives <b>H</b> OSPice services; <b>P</b> – resident receives care from <b>P</b> rivate caregiver.