Washington State Department of Social & Health Services
Transforming lives

CONFIDENTIAL INFORMATION – DO NOT DISCLOSE NOT FOR PUBLIC DISCLOSURE

ALF Resident Characteristic Roster and Sample Selection Addendum Attachment D

ALF NAME	LICENSE NUMBER
	INSPECTION DATE

RESIDENT ROOM	ADMIT DATE	RESIDENT ID NUMBER	RESIDENT NAME	Nursing Services	Medication: Ind. (I), Assist (A), Adm. (Ad), Fam. (F)	Mobility / Falls / Ambulation Devices	Behavior / Psycho Social Issues	Dementia / Alzheimer's / Cognitive impairment	Exit Seeking / Wandering	Smoking	DD / Mental Health	Language/Communication Issue/Deafness/Hearing issues	Vision Deficit / Blindness	Diabetic: Insulin/Non-Insulin	Assist with ADL's	Wounds / Skin Issue	Incontinent / Appliance (catheter) Dialysis	Special Dietary Needs / Scheduled Snacks	Weight Loss / Weight Gain	Medical Devices	Pay Status: Private = P State = S	Recent Hospitalization	Oxygen / Respiratory Therapy	Home Health / Hospice / Private Caregiver	Other

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