DSHS
WASHINGTON STATE
Department of Social and Health Services

CONFIDENTIAL INFORMATION – DO NOT DISCLOSE
NOT FOR PUBLIC DISCLOSURE

Attachment D

Assisted Living Facility Resident Characteristic Roster and Sample Selection Addendum

TOTAL CENSUS

ASSISTED LIVING FACILITY NAME	LICENSE NUMBER	ENTRANCE DATE

LICENSOR NAME	Visit Type: ☐ Full ☐ Follow up ☐ Complaint: Number _____

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

																		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