

TOTAL CENSUS	
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ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	ENTRANCE DATE
LICENSOR'S NAME	VISIT TYPE <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint Number: _____	

[illegible]



AGING AND LONG-TERM SUPPORT ADMINISTRATION (ALTS)
ENHANCED SERVICES FACILITY (ESF)

Attachment D

ESF Resident Characteristic Roster and Sample Selection

TOTAL CENSUS

ENHANCED SERVICES FACILITY NAME	LICENSE NUMBER	ENTRANCE DATE
LICENSOR'S NAME	VISIT TYPE <input type="checkbox"/> Full <input type="checkbox"/> Follow up <input type="checkbox"/> Complaint Number: _____	

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 DEVICES	BEHAVIOR / PSYCHOSOCIAL ISSUES	DEMENTIA / COGNITIVE IMPAIRMENT	EXIT SEEKING / WANDERING	SMOKING	DEVELOPMENTAL DISABILITIES	LANGUAGE / COMMUNICATION ISSUE / DEAFNESS / HEARING ISSUES	VISION DEFICIT / BLINDNESS	DIABETIC: INSULIN / NON-INSULIN	ASSIST WITH ADLS	WOUNDS / SKIN ISSUE	INCONTINENT / APPLIANCE (CATHETER) DIALYSIS	SPECIAL DIETARY NEEDS / SCHEDULED SNACKS	WIEIGHT LOSS / WEIGHT GAIN	MEDICAL DEVICES	RECENT HOSPITALIZATIONS	OXYGEN / RESPIRATORY THERAPY	HOME HEALTH / HOSPICE / PRIVATE CAREGIVER	OTHER

NOTES

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.

Pay Status: Private = P State = S	Mark the box: 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 O stomy care; T – resident receiving T ube feeding; I – resident receiving I njections
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 I ndependent with their medication; A – resident assessed as needing medication assistance; AD – resident assessed medication administration.
Mobility / Falls / Ambulation Devices	A – resident requires A ssistance with transfers or cannot ambulate independently without assistance from staff or assistive devices; F – resident experienced a F all within the last 30 days; D – resident uses a D 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 E xit S eeking behaviors; W – resident has shown W andering behaviors
Smoking	S – Resident S mokes
Developmental Disabilities	DD – resident has a diagnosis of a D evelopmental D isability
Language / Communication Issue / Deafness / Hearing Issues	X – resident has a language or communication issue which requires additional staff support; HI resident is H earing I mpaired; D – resident is D 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 I nsulin dependent; N – resident is N on-insulin dependent diabetic
Assist with ADL's	I – resident assessed as I ndependent; 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 P ressure ulcer; S – resident has a S tasis wound; W – resident has a W ound or skin issue other than pressure of stasis ulcer
Incontinent / Appliance (catheter) Dialysis	UI – resident I ncontinent of bladder and/or bowel; C – resident has C atheter; D – resident requires D ialysis
Special Dietary Needs / Scheduled Snacks	X – resident requires a special prescribed diet
Weight Loss / Weight Gain	WL – resident had more than a 3-pound to 5-pound W eight L oss within last 60 days; WG - resident had more than a 3-pound to 5-pound W eight 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 H ome H ealth services; HOS – resident receives HOS pice services; P – resident received care from P rivate caregiver