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| A picture containing text, clipart  AI-generated content may be incorrect. | | **CONFIDENTIAL INFORMATION – DO NOT DISCLOSE NOT FOR PUBLIC DISCLOSURE**  **Assisted Living Facility Resident Characteristic Roster and Sample Selection Addendum** | | | | | | | | | | | | | | | | | Attachment D | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | TOTAL CENSUS | | | | | | |
| ASSISTED LIVING FACILITY NAME | | | | | | | | | | | LICENSE NUMBER | | | | | | | | ENTRANCE DATE | | | | | | |
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| 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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| 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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