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| A picture containing text, clipart  AI-generated content may be incorrect. | **CONFIDENTIAL INFORMATION – DO NOT DISCLOSENOT FOR PUBLIC DISCLOSURE****Assisted Living Facility Resident Characteristic Rosterand Sample Selection Addendum** | Attachment D |
|  |  | TOTAL CENSUS |
| ASSISTED LIVING FACILITY NAME | LICENSE NUMBER | ENTRANCE DATE |
| LICENSOR NAME | Visit Type: **[ ]**  Full **[ ]**  Follow up **[ ]**  Complaint: Number   |
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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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