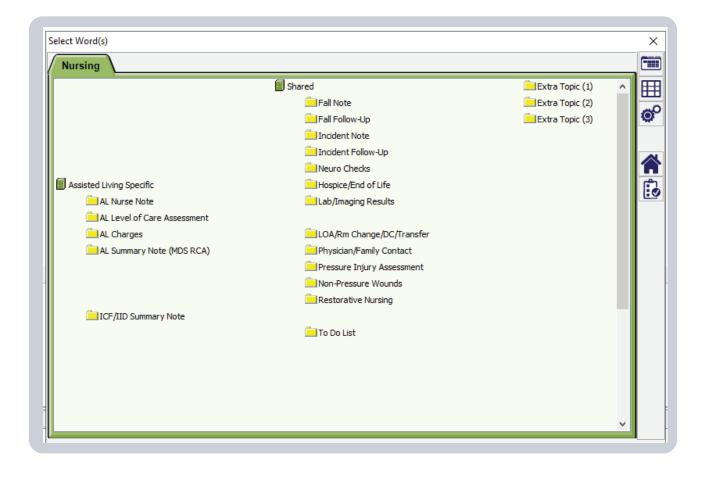
AL Nurse Workflow Access

AL Nurse	Daily Tasks	Face Sheet	Charting	Chart Review	Other
Nurse Main Menu	Shift Report	Client Demographics	Nurses Note	View Chart	Physician Orders
	To Do List	Admission	LOC Assessment	Reports	Service Plans
	BM List	Re-Admit	Assessments	RA Review	Schedules
	eMAR / eTAR	Discharge/ Transfer / LOA			Edit RA Assignments
		View/ Edit Face Sheet Info			Edit Nursing To Do List
		Apartment Change			Write Internal Memo



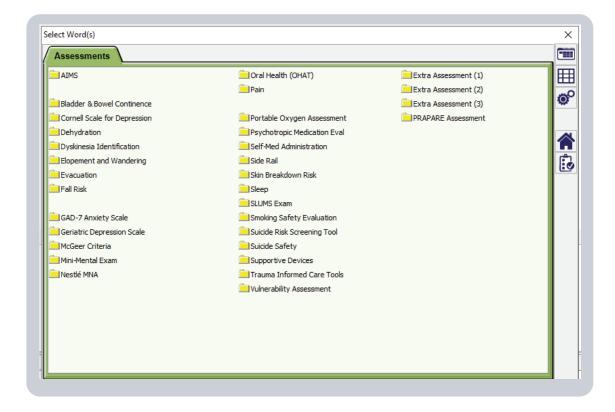
eMARs/eTARs

American Data - ECS ~ Tool	bar Easy - [AL MA × Sign - [Meds ×		?	_ 0
me(s) 4 🖶 Cullen, Lois M	Tasks Meds 0700-1030 Dates Notify Script 🐎 Save Exit			
Room: 300	Provider: Dr. Dan Smith Code Status: DNR Pharmacy: Af's Pharmacy			
Allergies: strawberries	, Penicilins, Ho Known Drug Allergy,			
Sign Hold	Decline Sign Out Other Time Multi-Hold Multi-Sign Out Change Remove Individual Overall			
Notify	Entres	Time	Jan 23	
Entry Date: 11/02/2015	urless contraindicated for ease in swallowing P/I	FYI		
	Lianopol 2007 Tablet (Liabet 200m) by smuth daily 0800 Hypertension	0800	RSS	
Drug: Dose: For: Entry Date: 11/02/2015	Aggins BlayCabet Chenade Aggins BlayCabet Chenade (1 Jabet 23 mg) bunch day 0800 Thromboss (Bloc Clot)	0800	RSS	
	Multiple Warm Tablet (1 tablet) 9 mond 4 dig 000 Warm Deficiency	0800	RSS	
Dose: For: Administration Instructions:	Fentaht's SWOCIAR Flanh 72 Hour (Johah) transdomal every three days 0000 Chronc Fan Remove dd patch and destroy before placing new patch. Cover site with togadem and initia/date	0800 AM Site:		
Dose: For:	Plumat/C0[Insuln Lsgoro Pluman) 100/UIT/ML Solution (variable dose) Jac-D_ thice per day 0800 1500 Type 1 Dobtem Brullars	0800		
SS Insulin Directions: < 60 = initiate hypoglycemic protocol 61-150 = 0 units 151-200 = 2 units		AM Result		
201-250 = 4 units 251-300 = 6 units 301-350 = 8 units 351-400 = 10 units		AM Dose:		
> 400 = 12 units call MD Entry Date: 11/02/2015		AM Site:		
Dose: For:	Leveni Jusuah Deteni 1000/NT/ML Soluton (15.mt) sub-Q daly 0800 Type Lübdetse Velka	0800 AM Site:		
Entry Date: 11/02/2015 TREATMENT:	Weights/Heights/Hade/hts/Hade: Messure weight daily AM FIRST DATE: 11/02/2015	AM Site:		
ADMINISTRATION INSTRUCTIONS: Entry Date: 11/02/2015	(deglar on MAR)	AM WT:		
Dose:	Actualização: 3290 Tablet (a Jabel / Sóng) Irondh very Hours as needed	as needed		
For: Administration Instructions: Entry Date: 11/02/2015	Pan, Freet Not be exceed 400 eg/24ms	as needed		
Chu y Date: 11/02/2015		as needed		
		as needed		
For:	(Mik of Magnesia)/Ragnesian Hydroxide 400HG/94, Suspension (20 mil / 240mg) by mouth daily pm Constgation	as needed		
Schra	aufmagel, Rachel S 1458 DEV		_	

Care Assist Charting

Name(s) 4 🖶 Cullen, L		[AL Nur × Wr		- [Selec A						
Name(s) N Cullen, L	ois M V Topic(s	V Nursing / AL Nurse N	Note / All							
AL Nurse Note										
_	PURPOSE FOR NOTE:	VITAL SIGNS	ACUTE NOTE (MISC.):	SKIN STATUS:	1	RESPIRATORY:	CARDIOVASCULAR STATUS:	GI/DIGE STIVE:	GU/URINE STATUS:	MUSCULO
-	new or sudden onset/change	BP:	Lab Results:	no skin issues	Location:	Respiratory Complaint:	Circulatory Complaint:	GI/Digestive Complaint:	Urinary Complaint:	Musculos
	ongoing change in condition	Ortho BP:	Fever:	NEW Skin Impairment:	Treatment:	Respiration Characteristics:	Pulse Characteristics:	Abdomen:	Urinary/Renal Pain:	Muscu
	follow-up	Pulse:	Mood:	Surgical Wound:	Dressing:	Nasal Discharge:	Chest Pain:	Bowel Sounds:	Urine Clarity:	Mover
	progress note	Respirations:	Behavior:	Abrasion/Bruise:		Cough:	Edema:	Vomitus:	Voiding Concerns:	
		Temp:	Additional behavior	Rash:	^ Non-Pressure Wound Charting	Lung Sounds:	Circulation:	Stool Output:	Peritoneal Concerns:	P
	INTERACT Tools	Weight (lbs):	Infection/ABT:	Blister:	* Pressure Injury Assessment	Mucus:	Cardiac Implant/Device:	Oral/Dental:	Catheter:	P
	* Change in Cond. File Cards	Height (inches):	Isolation:	Wound:		Oxygen:	Peripheral Pulse:	Swallowing:	Urine Sample:	Exe
	* Care Paths	Pulse Oximetry:	Medication:	Pressure Area:		Nebulizer:	Anti-anginal:	Colostomy:		Assi
		Blood Glucose:	COVID-19:	Other skin issue:			Diuretic/BP Med:			
		Pain: Fluid Intake:					Positioning:			
< PURPOSE FOR NOTE:	new or sudden onset	/change in condition: Si	nus Issues							
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 ° ACUTE NOTE (MISC.):	new or sudden onset	/change in condition: Si	nua Issues							
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 °	new or sudden onset no skin issues Nasal Discharge:	/change in condition: Si	nue losues							
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 ° ACUTE NOTE (MISC.): Fever: SKIN STATUS:	no skin issues	/change in condition: Si	nur Isaues							
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:		nu laues ät Next Ful Mare.	ч.						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			а						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			<u>п</u>						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			ц						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			<u>Λ</u>						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			n						
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PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			<u></u>						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			<u>.</u>						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			<u> </u>						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Nasal Discharge:			х						
PURPOSE FOR NOTE: BP: 120/75 Pulse: 88 Temp: 100 * ACUTE NOTE (MISC.): Fever: SKIN STATUS: RESPIRATORY:	no skin issues Rasal Discharger Takis Date From Date To			1						

Customized Assessments



it	LOC Assessment										
/e	EATING:	Select all applicable	DRESSING:	HEARING:	TRANSFERS:	MOBILITY:	TOILETING:)	BATHING:	ADAPTIVE EQUIPMENT:	BEHAVIORS:
n	independent (0)	no problems	independent (0)	hears adequately,	independent (0)	independent (0)	independent (0)	Continence Status	independent (0)	no adaptive equipment.	no problematic behaviors (0)
ar	assistance needed:	chewing swallowing problems	assistance needed:	нон,	assistance needed:	assistance needed:	assistance needed:	is continent of bladder (0),	assistance needed:	walker,	occass prob behavior (1)
	Amount of Assistance	therapeutic diet,	Amount of Assistance	uses hearing device,	Amount of Assistance	Amount of Assistance	Amount of Assistance	is continent of bowel (0),	Amount of Assistance	wheelchair,	daily prob behaviors (2)
-	minimal assist (1)	eating disorder(s):	minimal assist (1)	hearing aid (L)		minimal assist (1)	minimal assist (1)	continent of bowel and bladder	minimal assist (1)	cane,	repetitive prob behave (3)
	moderate assist (2)	food allergies,	moderate assist (2)	hearing aid (R)	é	moderate assist (2)	moderate assist (2)	independcontinence supplies	moderate assist (2)	motorized wheelchair,	wanders (4)
	extensive assist (3)	eating restrictions:	extensive assist (3)	VISION:	extensive assist (3)	extensive assist (3)	extensive assist (3)	Incontinence Status	extensive assist (3)	other:	* Elopement Risk Assessmer
		distinct food preferences	* Dressing Service Plan	adequate vision ability,	Transfer Needs	Mobility Needs	Toileting Needs	is incontinent of bladder (1),	Bathing preference		* Behaviors Service Plan
		eats between meals		mild/moderate impairment,	uses walker	uses wheelchair	uses high-rise seat	is incontinent of bowel (1),	no bathing preferences		* Emotional Service Plan
		uses alcohol at least weekly,		severely impaired	uses slide board	uses walker	uses incontinent product		shower		
		Device(s) Used		Device(s) Used	uses cane	is chair fast	Toileting Service Plan	assist with incont. supplies Other	tub bath sponge bath		
		has dentures,		no visual devices used,	" transfer Service Plan	* Evacuation Assessment	" Dowel Service Plan				
							A Pladdor Sontico Dian				
		has partial,		wears glasses/contact lenses, has an artificial eve		* Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM,		
H	< difficulty falling asleep,	has partial, some natural teeth, * Eating Service Plan		wears glasses/contact lenses, has an artificial eye, * Sensory/Comm. Service Plan		* Mobility Service Plan	* Bladder Service Plan				
	difficulty falling asleep, MEMORY:	some natural teeth, ^ Eating Service Plan short term memory ok,		has an artificial eye,		* Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	difficulty falling asleep, MEMORY: RECALL ABILITY:	some natural teeth, ^ Eating Service Plan short term memory ok, current season,		has an artificial eye,		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	difficulty falling asleep, MEMORY:	some natural teeth, ^ Eating Service Plan short term memory ok, current season,	denthy	has an artificial eye,		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	difficulty falling asleep, MEMORY: RECALL ABILITY:	some natural teeth, * Eating Service Plan short term memory ok, current 4:8300, 1016 makes decisions indepen	dently	has an artificial eye,		[▲] Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	difficulty falling asleep, MEMORY: RECALL ABILITY: CAPACITY FOR SELF-DIRECT	some natural teeth, * Eating Service Plan short term memory ok, current 4:8300, 1016 makes decisions indepen	denthy	has an artificial eye,		[▲] Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	difficulty failing asleep, MEMORY: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE:	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eye,		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
: N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		[▲] Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		* Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
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N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
: N	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		* Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		
	detto: I to Totale difficulty falling asleep, MEHORN: RECALL ABILITY: CAPACITY FOR SELF-DIRECT PSYCHOSOCIAL/WELL BEING SCORE: LEVEL OF CARE: Name(s) V Topic Task	some natural teeth, * Eating Service Plan short term memory olk, current season, current season, curren		has an artificial eya, A Sensory/Comm. Service Plan		▲ Mobility Service Plan	* Bladder Service Plan	wakes to toilet all/most night	prefers bathing in PM, ^ Bathing Service Plan		

Service Plans

CNA Financial Access Memo AL Resident Ass		HHC OASIS / HIS	Face Sheet >	Clinical Calculations	Quality Assurance		ers / Hum MAR/TAR /	an Resources Document Ma	Supplies	Marketing / Clinical Access		AR AP Habilitation Plans	
Activities of Daly Living	Mental Health	/		State Specific	ACT / Nursing /	Assessments	MARITAR	Document ma	nagement /	Clinical Access	Fund Raising	Habilitation Plans	-16
Activities of Daily Living	Mental Health Cognitive/Decision Making	Physical Health		State Specific									1
Dressing	Behavior	Pain Physical		(PA) IL Support Plan									F
Toleting	Emotional	Sensory/		(PA) IL Support Plan (PA) Support Plan (2014)									
Transfers		Skin	ommunication	(MD) Service Plan (2014)									
Ambulation/Mobility	Sleep	Skiri		(HD) Service Fibit (2014)									
Eating/Choking	iseep	Acute Care Plans	Madicall										
Hygiene/Grooming	Social	CP - Circu											
IADLs	Social	CP - Resp											
	Family/Community Contacts	CP - Nerv											
Bowel & Bladder		CP - Urina											
Bladder	Safety	CP - Dige											
Bowel	Fall/Safety	CP - Musc											
outc	Fire and Safety Evacuation	CP - Skin	and force the										
Medication & Nursing Needs		CP - Endo	Tripe										
Medication Management	Other Service Plans	CP - Sens											
Medical/Nursing Needs	Financial	CP - Mood											
	WI Significant Change Form	CP - COV											

	Name(s) 4 🖶 Cullen, Lois M	→ ▷ Topic(s) 4 Al	Service Plane / Amb	ulation/Mobility / All	Þ						
			e service Plans / Allip	diation/Hobility / All	•						
	Mobility Service Plan										Sign
	* Service Plan Review	NEED (Ambulation/Mobility):			DUE TO:	DE SIRED OUTCOME:	SERVICES ALF TO PROVIDE:	PERSON(S) PROVIDING SERVICE:	OUTSIDE SERVICES:)	NEXT REVIEW DATE: ^ Print ISP
		Resident states:	Resident needs	an assistive device:	paralysis	Resident wishes to	PT consult;	care assistant,	Adult Day Services,	Occupational Therapy,	
		Family states:	Ineed	walker,	hemiparesis	gain independence w/amb	assist with ambulation;	LPN,	Case Management,	Personal Care,	
		Resident is	assist with: ambulation,	cane, wheelchair,	hemiparalysis		assist with locomotion;	RN, nursing,	Chore/Companion, Habilitation,	Physical Therapy, Respite,	
		unable to ambulate.	locomotion.	slide board.	weakness unsteady gait	gain independence w/bed mobil gain independence w/stairs,	assist with bed mobility; assist with stairs;	staff.	Home Health/Rehabilitation.	Skilled Nursing,	
		unable to climb stairs,		other adaptive equipment,	unsteady gait	gain independence w/mobility,	assist with mobility;	j sun,	Hospice,	Transportation,	
		unable to wheel wheelchair,	stair climbing,		,	not hy decline in functioning	with assistive device		Mental Health (outpatient),	Other:	
			wheeling,				FREQUENCY:			NO NEEDS AT THIS TIME	
		NO NEEDS AT THIS TIME					as needed,				
							as ordered,				
							daily,				
- IA	۲ مربع المربع	Recident ctator: Recident e	ande cano								
Î	< NEED (Ambulation/Hobility): DUF TO: DESIRED OUTCOME:	Resident states: Resident n unsteady gait Resident wishes to move fre		I							
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait	ely without assistance		ē						
N	NEED (Ambulation/Mobility): DUE TO: DESIRED OUTCOME:	unsteady gait Resident wishes to move free	ely without assistance		e						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		e						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		e						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		e						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		Đ						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		ē						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		e						
N	NEED (Ambulation/Hobility): DUE TO: DESIRED OUTCOME: Name(s) V Topic Tasks	unsteady gait Resident wishes to move free	ely without assistance		ē						
N	INEE (Anablation/Hobility): Piet Ko- DESIRED OUTCOME: Usine(s) = Topic Tobic Usine(s) = Topic Tobic Usine(s) = Topic Tobic	unsteady gait Resident wishes to move fiel	ely without assistance		e						

Dietary

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		asy - [RA Day × Easy		×						
Name(s) 4 🖶	Cullen, Lois M 🗢 P 🔤	pic(s) 4 Department Notes / Di	etary Notes / All 🤝 🕅							
Dietary	Notes									
-										
	ASSESSMENT TYPE:	FAMILY/RESIDENT VISIT:		DIET TYPE:	ENTERAL:	LIQUIDS:	NUTRITION:	CULTURAL/RELIGIOUS PREF		
	admission note	reviewed plan of care	family visited resident,	controlled carbohydrate	check placement,	regular/thin liquids	fluid intake,		76-100% of est. needs met	rave
	quarterly review	demonstrated:	met with family,	clear liquid	site care,	mildly thick	change in appetite,		26-75% of est. needs met	go
	significant change	explained:	met with resident,	liquidised	tube feed rate:	moderately thick	difficulty chewing,		<25% of est. needs met	1
	readmission	provided encouragement:		minced and moist	tube flush,	extremely thick	difficulty swallowing at times		^ View Meal Intakes	p
	annual review	reviewed:		soft and bite sized			encourage fluids,		(verg
	progress note	developed:		no added sodium			fluid restriction, intake less than 75%.		ORAL/NUTRITION INTAKE, FLUID:	
		teaching done regarding:	diet	nothing by mouth (NPO)					consumes 1500-2000 ml/day	
			meals snacks	pureed regular			no problems noted, normal.		consumes 1000-1499 ml/day consumes less than 1000 ml/day	
			weight	regular renal diet			supplements,		fluids are encouraged	-
			worgin	soft			tube feed.		fluids are restricted	
				other:			tube reeu,		indus die resultited	
<										
¢										
Name(s) v			Next Ful More	а						
Name(s) v	15/1928 94 Yrs F Site 1	South 300	Next Ful More.	<u>1</u>						
Name(s) • 7 n. Lois M 09/1 002/2015 10:32:15	15/1928 94 Yrs F Site 1 CKK DIET: FLUIDS REQUIREMENT:	South 300 Regular thin								
Name(s) v n, Lois M 09/1 02/2015 10:32:15 09:43:33	I5/1928 94 Yrs F Site 1 CKK DIET: PLUIDS REQUIREMENT: - <td>South 300 Regular thin Unspecified dementia, unspi F03.91 11/02/2015</td> <td>ecified severity, with behavioral dis</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	South 300 Regular thin Unspecified dementia, unspi F03.91 11/02/2015	ecified severity, with behavioral dis							
Name(s) v n, Lois M 09/1 02/2015 10:32:15 09:43:33	15/1928 94 Yrs F Site 1 CK DIET: ELUIDS REQUIREMENT: CTHER DIAGNOSIS: OTHER ID-10 CODE:	South 300 Regular thin Unspecified dementia, unspi F03.91 11/02/2015								
Name(s) v 7 n, Lois M 09/1 002/2015 10:32:15 09:43:33 09:41:26	IS/1928 94 Yrs F Site 1 OK DIET: EUIDS REQUIREMENT; EUIDS REQUIREMENT; I OK OTHER DIAGNOSIS; OTHER LOD-10 CODE; OTH, CD-10 CODE; OTHER LOD-10 CODE; OTHER LOD-10 CODE; OTHER DIAGNOSIS; OTHER LOD-10 CODE; OTHER LOD-10 CODE;	South 300 Regular thin Unspecified dementia, unspi F03.91 11/02/2015 Fracture of unspecified part 572.0015	ecified severity, with behavioral dis							
Name(s) • 09/ (02/2015 10:52:15 09:43:33 09:41:26 09:39:30	Style30 SH41% F SHe 1 OW NETF OW NetF OW NetF OW <t< td=""><td>South 200 Regular Hin Unspecified dementia, unsp 1002-0015 Fracture of unspecified part 572-0015 Bactarensia R78-81 11/02/2015 Chronic systelic (congestive) 199-22</td><td>edfied seventy, with behavioral dis</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	South 200 Regular Hin Unspecified dementia, unsp 1002-0015 Fracture of unspecified part 572-0015 Bactarensia R78-81 11/02/2015 Chronic systelic (congestive) 199-22	edfied seventy, with behavioral dis							
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Discharge Planning/Monitoring

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t	Discharge	Plan		Return to	o Community		Referral	Discharge Assessment				
e 🚺		LAN IN PLACE DETERMINA		RESIDENT AS	KED ABOUT RETURN:	ASK RES DO YOU WANT TO TALK		DISCHARGE ASSESSMENT:	1	FINANCIAL CONCERN		
n	no		nation not made mmunity feasible		no	no	no - not required	LIVING SITUATION:		none	perception of prognosis	
ar 🗌	yes		munity not feasible		is response was no ous resp. was yes	yes uknown or uncertain	no - referral not made yes	lives home w/another person >> lives alone/support availab >>	has home health services does not have home health serv	no insurance other:	current health problems risk factors:	15: 1
		410 10 101	intended and a second se		ous resp. was unk.		* State of WI Form F-00311	lives alone/no supprt avail >>		outen	How Rectored	^
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		STATUS:	PROSPECT'S	NAME:	CURRENT SITUA	TION:	HOW SOON NEED PLACEMENT?	APARTMENT PREFERENCE:	CARE LEVEL:	PETS:	OTHER:	* Other Personal Information		
		Effective Date:	ADDRESS	S:	living at hon	ne	As soon as possible	Studio	Independent Living	bird,	uses oxygen,	* Enter Contacts	1	
		Prospective	спу:		living with rela	tives	1 month	Efficiency	Assisted Living	cat(s),	is a smoker,			
		*High Priority	STATE:		in nursing ho		2 months	1st floor apt	Skilled	dog,				
		Application Pending	ZIP:		in assisted living o	urrently	3 months	2nd floor apt	Home Health/Home Care					
		Application Approved	53529			ļ	6-12 months	1 bedroom	Board and Care Home	none				
		Admitted	53578				other:	2 bedroom	Alzheimer's/Dementia					
		Closed	53583 53901			, I	tentative move in date:	Shared no preference	Respite Care Memory Care					
		^ Check Waiting List	53917					SECOND OCCUPANCY:	Tentative room:					
		check Waking Live	53954					yes, on move in	Tontad to Foom					
			90510					yes, some time in the future						
			HOME PHO	NE:				not sure						
			WORK PHO	ONE:				no						
			CELL PHO	NE:										
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n, Lois M 09/15/19			High Priority											
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Resident Scheduling & Activities

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Activity Attendance								Sign	
Altendunce	ACTIVITY ATTENDED:	1:1	casino night	folding/sorting items	music-singalong	shopping	DATE: PARTICIPATION:		
	DID NOT ATTEND:	baking	Catholic Rosary	fund raising		special interest group		_	
		balloon game	checkers	greeting cards	painting	student visit	passive		
		barber	community events		party	television			
		beauty shop/hair	cooking crafts	holiday entertainment	pastoral visit	tending plants	declined without rea		
		Bible study bingo	crafts	home visit horse races	pet visitation picnic	tic tac toe van rides	declined, not feeling declined	well	
		bird watching	crossword	ipad	radio	visiting with others	unable to attend		
		birthday party	current events	ipod	reading	voting			
		book club	decorations	knitting	resident council	walking			
		bowling	dominoes	letter writing	restaurant	Wii game			
		bunco	entertainment	movie	sacraments	worship service			
		cards	exercises	music-hymn singing	scrabble	yard games other:			
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ACTIVITY ATTENDED: DATE: PARTICIPATION:	crafts 01/23/2023 active								
	Schraufnagel, Rachel S	14:47 DEV							

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Save	OCCUPANCY ST	TUS: PRIMARY PAYMEN	T SOURCES: 1st Resident Renta	al Fee: 1st Resident Member Fee:	Room Type:	Level of Care:	LIABILITY	MA MCO R&B Daily Rate:	Medicaid MCO Payer:	F
Sign	In-house -			rental): effective date (1st member		Level 1	effective date (liability):	effective date (MCO R&B):	Payer 1	effect
Clear	Bedhold -	Self Pay (Me			1 Bedroom 2nd Person	Level 2			Payer 2	
More	MA Non-billable E				2 Bedroom 1st Person	Level 3		MA MCO LOC Daily Rate:	effective date (MA MCO payer)	
PIOTE	Therapeutic Le			rental): effective date (2nd member		Level 4		effective date (MCO LOC):		-
	MA Non-billable				effective date (Room Type):	effective date (LOC):	I		Medicaid MCO Number:	
	Waiting Lis Discharged		primary):						effective date (MA MCO Number	0
	Vacated	-							Medicaid MCO Authorization #	
l li	effective date (st	atus): ^ AL Daily Census							effective date (Auth):	
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Andrews	s, Hannah D 12/12/19 2005 11:11:34		North 205 Client							^
10/11/	2003 11:11:34	ADMITTED FROM: ADMISSION DATE:	Private home or apartment 10/11/2005							
-		DCCUPANCY STATUS:	In-house - effective date: 10/11/200	15						_
-		PRIMARY PAYMENT SOURCES:	Medicaid MCO effective date: 10/11	2005						
- 06/01/	2011 09:37:34 PTJ	ADMITTED FROM: ADMISSION DATE:	Private home or apartment 06/01/2011							
-04/13/	2012 16:05:18 JJE	MA MCO R&B Daily Rate:	150.00 effective date (MCO R&B): 1	0/11/2005						
- 4 12/27/		READMITTED FROM: READMISSION DATE: (latest) RE-ADMISSION TIME:	Acute care hospital 12/27/2012 04:34PM							
-05/13/		RANSFERRED TO:	Nursing home							

AL Facesheet Charting Screens

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				ASSISTED LIVING SELF PAY INVOICE	
Ø				Name: George Thompson Resident/Baker, Laura B Address: 234 Valley View Road Invoice #: 20300	
Ø				Madison WI 53901	
β,				Payments and Credits 5284.00 Payment Reference Payment Date(s) Charges Paid	
				Current Charges Obts of Service Op Charges Description Dates of Service Op Charges DreaBit Edecom ta Prevan 04/01/03/22-04/30/03/2 30 2500.00 Brange 030 V02/22 1.00 15.00 1se Prevon Tray Service 050/01/02/2 31.00 124.00 2nd Prevo Tray Service 050/01/02/2 31.00 124.00 Pre-Bit Carlie Tv 040/01/02/2 - 04/30/02/2 30 15.00 Tata USE 2778.00 2778.00	
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Accounts Payable

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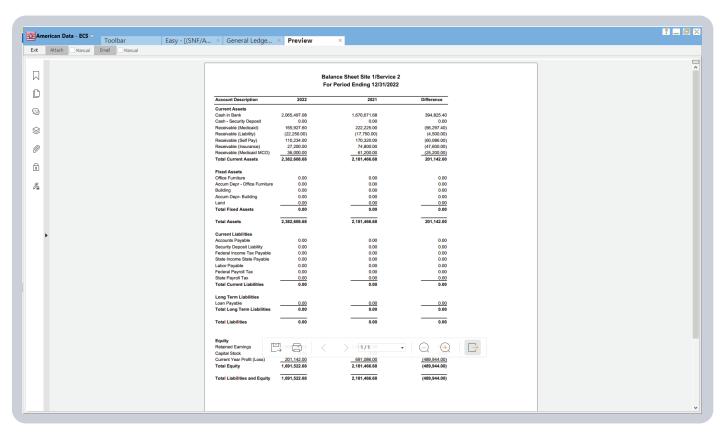
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		08/3	0/2022	08/30/2022	Employee Bene	efits	5489.77		
		08/3	0/2022	08/30/2022	Health Insura	nce	9874.56		
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Check No. [ACH-20] Amount 1.50 Pay All Date Paid 01/23/2023 Equal Amount Unequal Amount AT&T, 0.00 Invoice No. [Invoice No. [Invoice No. [Invoice No.]Invoice No. [Invoice No.]Invoice No.]Invoic																
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Unity Health Ins.,	15364.33 5489.77	896	08/30/2022		08/30/2022	Employee Benefits		5489.77		Payable Account 1-1-2000	Cash Paid	Adjustment	1-1-0110	Date Paid	Control Number 26509	
	9874.56	896	08/30/2022	08/30/2022	08/30/2022	Health Insurance		9874.56		1-1-2000			1-1-0110		26509	

General Ledger

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	or Year st Quarter / Month dget (current)	1-2 1-2 1-2 1-2	ount Numbe -1150 -1200 -1500 -1550 -1699 -1700	er Description Receivable (Liability) Receivable (Self Pay) Receivable (Insurance) Receivable (Medicaid MCO) TOTAL CURRENT ASSETS Office Furniture	As As As As As	ccount Type Account sset Static sset Static sset Static sset Static sset Calcu sset Static	ated	Balance Type All Years All Years All Years All Years All Years All Years All Years	2					Period Period @ Year To Da Quarter Month Beginning Balance 17/032	
Period From	Period To Accou	nt Number	Amount	t Account Description					Period From 01/01/2022 01/01/2022	Period To 01/31/2022 01/31/2022	Account Number 1-2-1200	14743.00	Account Description Receivable (Self Pay) SUB TOTAL TOTAL		
								JOURNAL DE	TAILS						
Posting Date	Account Number	Debit	Credit	Reference	ransaction Date	Name									^
01/01/2022 01/01/2022		15.00 15.00			3/22/2022	Baker, Laura B									
		15.00			13/22/2022	Johnson, Renee T Matthews, Clay D									
01/01/2022	1-2-1200	15.00 15.00		Storage (3/22/2022	Matthews, Clay D									
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	1-2-1200			Storage (Storage (Storage (13/22/2022 13/22/2022 13/22/2022	Matthews, Clay D									
01/01/2022 01/01/2022	1-2-1200 1-2-1200	15.00 15.00	-15.00	Storage () Storage () Storage () Post-Bill Cable TV ()	13/22/2022 13/22/2022 13/22/2022 13/22/2022	Matthews, Clay D Thomas, Dwayne A Carter, Jimmy									
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AP Pay Vendors via ACH