

CENSUS SAMPLE RECORD REVIEW

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

Resident Name: _____ Resident ID: _____ Admit Date: _____ Resident Room: _____

A MDS Items	
<p>1) Prognosis (MDS – J1400): Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (If the response is not pre-filled in ASE-Q based on MDS data, refer to other data sources such as the physician order, MDS data in the chart, and/or progress notes. Terminal illness means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.)</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Information not available

B Pressure Ulcers QP262 (all Stages), QP263 (Stage 3, 4, Unstageable, sDTI)	
<p>1) Does the resident currently have one or more pressure ulcers? If yes, indicate the stage of the most advanced pressure ulcer.</p> <p><input type="checkbox"/> No pressure ulcer.</p> <p><input type="checkbox"/> Stage 1 – Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.</p> <p><input type="checkbox"/> Stage 2 – Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.</p> <p><input type="checkbox"/> Stage 3 – Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.</p> <p><input type="checkbox"/> Stage 4 – Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.</p> <p><input type="checkbox"/> Unstageable (eschar/slough) – Pressure ulcer is known but not stageable due to non-removable dressing/device or due to the coverage of the wound bed by slough or eschar.</p> <p><input type="checkbox"/> Suspected Deep Tissue Injury (sDTI) – Suspected deep tissue injury in evolution. Localized area of discolored (darker than surrounding tissue) intact skin or blood-filled blister related to damage of underlying soft tissue from pressure and/or shear. Area of discoloration may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.</p>	

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C Unnecessary Medications

1) Is this resident currently receiving any of the following medications at least one time in the last 30 days? (Mark all that apply)

- A: Antipsychotic
- B: Antianxiety
- C: Antidepressant
- D: Hypnotic
- E: Mood Stabilizer
- F: Anticoagulant – Warfarin, Heparin, Low Molecular Weight Heparin (e.g., Fragmin), Direct thrombin inhibitors (e.g., Pradaxa)
- G: Antibiotic
- H: Diuretic
- I: Insulin
- J: None of the above

Code medications according to a drug's pharmacological classification, not how it is used. The exception is for mood stabilizers. To code a mood stabilizer, the resident should be prescribed an anticonvulsant or Lithium (an antimanic drug) for a mood disorder.

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D Weight Loss QP296 (low BMI, no supplement), QP081 (weight loss), QP084 (tube fed, weight loss)																									
Do <u>not</u> complete this section if the resident has an explicit terminal prognosis.																									
1) Is the resident on a planned weight loss program?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Review is complete)																								
2) Is the resident receiving a nutritional supplement, defined as a prescribed high protein, high calorie, nutritional supplement between or with meals? (There must be documentation in the medical record.) To determine whether there is an order for a supplement, see the most recent physician orders. You must see documentation of a recording and monitoring system to support a Yes answer. This documentation may include an initial by the nurse on the MAR, a checkbox or checklist showing that the supplement was taken, or a percentage or amount of supplement consumed. Any of these methods are acceptable. The following sources may provide supporting documentation: - Medication Administration Record - Snack List with supplements listed separately - Meal documentation with supplements listed separately	<input type="checkbox"/> No, not ordered <input type="checkbox"/> No, resident consistently refuses or incomplete documentation <input type="checkbox"/> Yes <input type="checkbox"/> N/A, resident receives tube feedings/NPO																								
3) Height and Weights: Height: _____ (inches) If ASE-Q has pre-filled the Height field based on MDS data, the field will be grayed out, and the surveyor does not need to enter the resident's height. <table style="width: 100%; border: none;"> <tr> <td style="width: 45%;">Date and weight closest to <u>today's date</u>:</td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 10%; text-align: center;">/</td> <td style="width: 15%;">Weight:</td> <td style="width: 10%;">lbs.</td> <td style="width: 10%;"><input type="checkbox"/> Unavailable (Review is complete)</td> </tr> <tr> <td>Date and weight closest to <u>30 days prior to today's date</u>:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td>Weight:</td> <td>lbs.</td> <td><input type="checkbox"/> Unavailable</td> </tr> <tr> <td>Date and weight closest to <u>90 days prior to today's date</u>:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td>Weight:</td> <td>lbs.</td> <td><input type="checkbox"/> Unavailable</td> </tr> <tr> <td>Date and weight closest to <u>180 days prior to today's date</u>:</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td>Weight:</td> <td>lbs.</td> <td><input type="checkbox"/> Unavailable</td> </tr> </table>		Date and weight closest to <u>today's date</u>:	/	/	Weight:	lbs.	<input type="checkbox"/> Unavailable (Review is complete)	Date and weight closest to <u>30 days prior to today's date</u>:	/	/	Weight:	lbs.	<input type="checkbox"/> Unavailable	Date and weight closest to <u>90 days prior to today's date</u>:	/	/	Weight:	lbs.	<input type="checkbox"/> Unavailable	Date and weight closest to <u>180 days prior to today's date</u>:	/	/	Weight:	lbs.	<input type="checkbox"/> Unavailable
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Note: ASE-Q calculates the requested dates and percentage weight loss. Weight loss QCLIs are included in ASE-Q QCLI Results.																									