| Transforming Lives | | **CONFIDENTIAL INFORMATION – DO NOT DISCLOSE NOT FOR PUBLIC DISCLOSURE**  **ALF Resident Characteristic Roster and Sample Selection Addendum Attachment D** | | | | | | | | ALF NAME | | | | | | | | | | | LICENSE 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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