

ADMISSION SAMPLE RECORD REVIEW

Facility Name: _____ Facility ID: _____ Date: _____

Surveyor Name: _____

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

For each resident use the admission date identified in the Admission Sample report to complete this record review.

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|--|---|
| *Exclusions | |
| If the QIS DCT has MDS data for the resident, the terminal prognosis question will be inapplicable (display in gray italicized font) in the QIS DCT, and the surveyor does not need to answer this question. | |
| 1) Did the resident have an explicit terminal prognosis? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) Was the resident's length of stay at this facility at least 15 days? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| A Community Discharge QP071 | |
| If the resident has an explicit terminal prognosis, skip to Hospitalization. | |
| 1) Has the resident remained in the facility without a discharge since the admission date? | <input type="checkbox"/> No (skip to #3) <input type="checkbox"/> Yes |
| 2) Was the resident's length of stay at this facility at least 60 days? | <input type="checkbox"/> No (skip to Hospitalization) <input type="checkbox"/> Yes (skip to #4) |
| 3) What was the Discharge location? | |
| <input type="checkbox"/> 0) Private Residence (skip to Hospitalization) <input type="checkbox"/> 1) Board and care/assisted living/group home (skip to Hospitalization) <input type="checkbox"/> 2) Homeless shelter (skip to Hospitalization) <input type="checkbox"/> 3) Long term care facility (nursing home) <input type="checkbox"/> 4) MR/DD facility (exclude group home) (skip to Hospitalization) <input type="checkbox"/> 5) Acute care/Psychiatric or "other" hospital (skip to Hospitalization) | <input type="checkbox"/> 6) Rehabilitation hospital <input type="checkbox"/> 7) Skilled Nursing Facility <input type="checkbox"/> 8) Hospice (skip to Hospitalization) <input type="checkbox"/> 9) Deceased (skip to Death) <input type="checkbox"/> 10) Other, (specify) _____ <input type="checkbox"/> 11) Unknown |

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4) Within 60 days of admission, did the resident receive any Physical, Speech or Occupational Therapy services beyond an initial evaluation? No **(skip to Hospitalization)**
 Yes

5) Where was the resident admitted from?

- 0) Private Residence **(skip to Hospitalization)**
- 1) Board and care/assisted living/group home **(skip to Hospitalization)**
- 2) Homeless shelter **(skip to Hospitalization)**
- 3) Long-term care facility (nursing home) **(skip to Hospitalization)**
- 4) MR/DD facility (exclude group home) **(skip to Hospitalization)**
- 5) Acute care/psychiatric or "other" hospital
- 6) Rehabilitation hospital
- 7) Skilled Nursing Facility
- 8) Hospice **(skip to Hospitalization)**
- 9) Other, (specify) _____ **(skip to Hospitalization)**
- 10) Unknown **(skip to Hospitalization)**

If #5 is marked 0 - 4 or 8 - 10, skip to Hospitalization.
If #5 is marked 5, 6, or 7, answer #6.

6) Was the resident residing in a long-term care facility (nursing home) prior to the hospital/SNF stay? No **(skip to Hospitalization)**
 Yes **(skip to Hospitalization)**

B Death QP059

If the resident has an explicit terminal prognosis, skip to Hospitalization.

1) Did the resident die within 30 days of the nursing home admission? No
 Yes

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C Hospitalization QP058

- 1) Was the resident hospitalized (admission greater than 24 hours), for other than a planned elective surgery, within 30 days of the NH admission? No
 Yes

D Pressure Ulcer QP109

Review the admission skin assessment, and all subsequent skin assessments, MDS, treatment records, and nursing progress notes to determine if the resident developed a pressure ulcer after admission to the nursing home.

- 1) Did the resident develop a pressure ulcer in the first 30 days following admission to the nursing home? No
 Yes
 Unknown
- 2) Was the resident admitted with one or more pressure ulcers? No (**skip to Weight Loss**)
 Yes
- 3) Was there an increase in the stage of the ulcer(s)? No
 Yes

STAGE I is a persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.
STAGE II is a partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.
STAGE III is a full thickness of skin loss, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue.
STAGE IV is a full thickness of skin and subcutaneous tissue loss, exposing muscle or bone.

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E Weight Loss QP105

Do not complete this section if the resident has an explicit terminal prognosis or a length of stay of less than 15 days.

1) Is the resident on a planned weight loss program? No
 Yes (review is complete)

2) Height and Weights:

Height: _____ (inches) If the QIS DCT has MDS data for the resident, the Height field will be gray (inapplicable), and the surveyor does not need to enter the resident's height.

Date and weight closest to admission date: ___/___/___ **Weight:** _____ lbs. Unavailable (review is complete)

Date and weight closest to day 15 after admission: ___/___/___ **Weight:** _____ lbs. Unavailable

Date and weight closest to day 30 after admission: ___/___/___ **Weight:** _____ lbs. Unavailable

Date and weight closest to day 60 after admission: ___/___/___ **Weight:** _____ lbs. Unavailable

Note: The QIS DCT calculates the requested dates and percentage weight loss. Weight loss QCIs are included in QIS DCT QCI Results.