

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.

*Exclusions

If the ASE-Q has MDS data for the resident, the terminal prognosis question will be inapplicable (display in gray italicized font) in the ASE-Q, and the surveyor does not need to answer this question.

1) Did the resident have an explicit terminal prognosis? ☐ No
☐ Yes

2) Was the resident's length of stay at this facility at least 15 days? ☐ No
☐ 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? ☐ No (**skip to #3**)
☐ Yes

2) Was the resident's length of stay at this facility at least 60 days? ☐ No (**skip to Hospitalization**)
☐ Yes (**skip to #4**)

3) What was the discharge location?

- | | |
|--|---|
| <input type="checkbox"/> Private residence (skip to Hospitalization) | <input type="checkbox"/> Rehabilitation hospital |
| <input type="checkbox"/> Board and care/assisted living/group home (skip to Hospitalization) | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Homeless shelter (skip to Hospitalization) | <input type="checkbox"/> Hospice (skip to Hospitalization) |
| <input type="checkbox"/> Long term care facility (Nursing Home) | <input type="checkbox"/> Deceased (skip to Death) |
| <input type="checkbox"/> MR/DD facility (exclude group home) (skip to Hospitalization) | <input type="checkbox"/> Other, (specify) _____ |
| <input type="checkbox"/> Acute care/Psychiatric or "other" hospital (skip to Hospitalization) | <input type="checkbox"/> 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?	<input type="checkbox"/> No (skip to Hospitalization) <input type="checkbox"/> Yes
5) Where was the resident admitted from? <ul style="list-style-type: none"> <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) (skip to Hospitalization) <input type="checkbox"/> 4) MR/DD facility (exclude group home) (skip to Hospitalization) <input type="checkbox"/> 5) Acute care/psychiatric or “other” hospital <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) Other, (specify)_____ (skip to Hospitalization) <input type="checkbox"/> 10) Unknown (skip to Hospitalization) 	
If #5 is marked 0 - 4 or 8 - 10, <u>skip to Hospitalization</u>. If #5 is marked 5, 6, or 7, <u>answer #6</u>.	
6) Was the resident residing in a long-term care facility (nursing home) prior to the hospital/SNF stay?	<input type="checkbox"/> No (skip to Hospitalization) <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input type="checkbox"/> 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 <u>after</u> admission to the nursing home.	
1) Did the resident develop a pressure ulcer in the first 30 days following admission to the nursing home?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
2) Was the resident admitted with one or more pressure ulcers?	<input type="checkbox"/> No (skip to Weight Loss) <input type="checkbox"/> Yes
3) Was there an increase in the stage of the ulcer(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
<p>STAGE I is a persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.</p> <p>STAGE II is a partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.</p> <p>STAGE III is a full thickness of skin loss, exposing the subcutaneous tissues. Presents as a deep crater with or without undermining adjacent tissue.</p> <p>STAGE IV is a full thickness of skin and subcutaneous tissue loss, exposing muscle or bone.</p>	

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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 ASE-Q 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 ASE-Q calculates the requested dates and percentage weight loss. Weight loss QCLIs are included in ASE-Q QCLI Results.