| 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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