

# Update for Nursing Assessment copy forward and the Agreement System

Select the “Community Record” link. This will take you to the Setup: Community Information

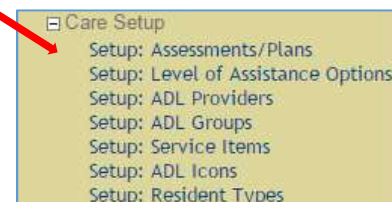


**Nursing Assessment Copy forward.** Expand the Community navigation menu by clicking on the “more” link



Navigate to the “Care Setup” and click on the link to expand.

Select the “Setup: Assessment/Plans” link



Select the sections you would like to display on the community Nursing Assessment.

### Setup: Assessments/Plans

**Required**

#### NURSING ASSESSMENT SETUP

Select what sections you wish to have on your nursing assessment

State assessment  
*must save to take effect*

<input type="radio"/> Custom	<input type="radio"/> Florida	<input type="radio"/> Louisiana	<input type="radio"/> Nebraska	<input type="radio"/> Oklahoma	<input type="radio"/> Vermont
<input type="radio"/> Alabama	<input type="radio"/> Georgia	<input type="radio"/> Maine	<input type="radio"/> Nevada	<input type="radio"/> Oregon	<input type="radio"/> Virginia
<input type="radio"/> Alaska	<input type="radio"/> Hawaii	<input type="radio"/> Maryland	<input type="radio"/> New Hampshire	<input type="radio"/> Pennsylvania	<input type="radio"/> Washington
<input type="radio"/> Arizona	<input type="radio"/> Idaho	<input type="radio"/> Massachusetts	<input type="radio"/> New Jersey	<input type="radio"/> Rhode Island	<input type="radio"/> West Virginia
<input type="radio"/> Arkansas	<input type="radio"/> Illinois	<input type="radio"/> Michigan	<input type="radio"/> New Mexico	<input type="radio"/> South Carolina	<input type="radio"/> Wisconsin
<input type="radio"/> California	<input type="radio"/> Indiana	<input type="radio"/> Minnesota	<input type="radio"/> New York	<input type="radio"/> South Dakota	<input type="radio"/> Wyoming
<input type="radio"/> Colorado	<input type="radio"/> Iowa	<input type="radio"/> Mississippi	<input type="radio"/> North Carolina	<input type="radio"/> Tennessee	
<input type="radio"/> Connecticut	<input type="radio"/> Kansas	<input type="radio"/> Missouri	<input type="radio"/> North Dakota	<input type="radio"/> Texas	
<input type="radio"/> Delaware	<input type="radio"/> Kentucky	<input type="radio"/> Montana	<input type="radio"/> Ohio	<input type="radio"/> Utah	

Select

<input type="checkbox"/> Assisted Living Type	<input checked="" type="checkbox"/> Cardiovascular	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Prosthetic devices
<input type="checkbox"/> Care Type	<input checked="" type="checkbox"/> Gastrointestinal	<input type="checkbox"/> Depression	<input checked="" type="checkbox"/> Toileting
<input type="checkbox"/> Providers	<input checked="" type="checkbox"/> Genitourinary	<input type="checkbox"/> Mood	<input type="checkbox"/> Incontinence care
<input type="checkbox"/> Medical History	<input checked="" type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Sensory	<input checked="" type="checkbox"/> Bathing
<input type="checkbox"/> Medical Transfers	<input checked="" type="checkbox"/> Neurological	<input type="checkbox"/> Eye Care	<input type="checkbox"/> Smoke
<input checked="" type="checkbox"/> Medication	<input checked="" type="checkbox"/> Endocrine	<input checked="" type="checkbox"/> Dental *	<input type="checkbox"/> Self-medicate
<input type="checkbox"/> Medication assistance	<input type="checkbox"/> Pain	<input type="checkbox"/> Oral *	<input type="checkbox"/> Leisure
<input checked="" type="checkbox"/> Blood pressure	<input type="checkbox"/> Primary Pain	<input checked="" type="checkbox"/> Mobility *	<input type="checkbox"/> Communication
<input checked="" type="checkbox"/> Heart rate	<input type="checkbox"/> Secondary Pain	<input type="checkbox"/> Ambulation *	<input checked="" type="checkbox"/> Housekeeping
<input checked="" type="checkbox"/> Respiratory rate	<input type="checkbox"/> Additional Pain	<input checked="" type="checkbox"/> Transferring	<input type="checkbox"/> Appointments
<input checked="" type="checkbox"/> Temperature	<input type="checkbox"/> Dementia	<input type="checkbox"/> Wandering	<input type="checkbox"/> Financial
<input type="checkbox"/> Glucose/Blood sugar	<input type="checkbox"/> Psychiatric*	<input type="checkbox"/> Fall	<input type="checkbox"/> Assault/Destructive
<input type="checkbox"/> O2 sats	<input type="checkbox"/> Mental Health/Psychosocial*	<input type="checkbox"/> Self Harm	<input type="checkbox"/> Substance abuse
<input type="checkbox"/> O2/min	<input type="checkbox"/> Orientation	<input checked="" type="checkbox"/> Dietary	<input type="checkbox"/> Victimization
<input type="checkbox"/> Weight	<input type="checkbox"/> Memory	<input checked="" type="checkbox"/> Eating	<input type="checkbox"/> Behavior
<input type="checkbox"/> Height	<input type="checkbox"/> Cognitive	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Behavioral Management
<input checked="" type="checkbox"/> Integumentary	<input type="checkbox"/> Judgment	<input checked="" type="checkbox"/> Grooming	<input type="checkbox"/> Special treatment
<input type="checkbox"/> Immune System	<input type="checkbox"/> Hallucination	<input checked="" type="checkbox"/> Dressing	
<input checked="" type="checkbox"/> Respiratory	<input type="checkbox"/> Delusion	<input type="checkbox"/> Assistive devices	

Review Items: Immune System: No recurring fever, no unexplained fatigue, no discolored blotches on or under the skin or in

Review Items: Cardiovascular: Normal blood pressure and pulse no chest pain, edema, calf tenderness and no systolic, di

Review Items: Gastrointestinal: No stomach pain, nausea, vomiting, abdomen is not bloated, no diarrhea or constipation an

Review Items: Genitourinary: Normal urine output and color, no infections, burning, bladder distention, prostate problems

Review Items: Musculoskeletal: No numbness, reduction in strength, cramping, swelling, tenderness, ROM limitations or stiff

Review Items: Neurological: Normal sleep pattern, alertness, attention, and follows commands and doesn't have seizure

Review Items: Endocrine: No palpitations, nervousness, fatigue, or insomnia

Pain Location System

**\***  Advanced  Basic

Review Items: Pain: No history of pain issues and has no pain currently

Review Items: Oral: Teeth are intact and in good condition

Review Items: Ambulation: Proper gait and balance without any devices

Review Items: Wandering: Does not wander outside the facility/community and dose not require const

Review Items: Eating: Feeds self with no difficulties

Review Items: Weight Loss: Is normal and steady

**Review Items: Dressing: Can dress self appropriately with out assistance**

Review Items: Assistive Devices: Not needed for day to day activity

Review Items: Continence: No bowel or bladder incontinence

Review Items: Smoking: Does not smoke

Review Items: Appointment: Can schedule own appointments without assistance

Review Every

Each section checked will appear on the Nursing assessment. See addendum A. for detail of these sections.

When a sections above is selected the "Review Items" text is displayed below. This text is editable so that when a nursing assessment is created this text will be the default text displayed.

Input the number of days between standard assessments. This will generate a report or alert when the next assessment is due

Copy Forward Nursing Assessment

Approval Sig  Allow  
 \* Trevor Fuhrman, 02/05/2018 12:18:36PM  
 Copy Nursing Assessment from most recent.  
 WARNING: Check your local regulations, some states do not allow this.

**SERVICE PLAN SETUP**

Select what sections you wish to have on your service plan

Select

Each section checked will appear on the Service plan and will allow data to be pulled in from the Nursing Assessment.

<input checked="" type="checkbox"/> Additional services	<input checked="" type="checkbox"/> Housekeeping	<input checked="" type="checkbox"/> Vital Signs	<input checked="" type="checkbox"/> Cognitive
<input checked="" type="checkbox"/> Ambulation	<input checked="" type="checkbox"/> Incontinence care	<input checked="" type="checkbox"/> Wandering	<input checked="" type="checkbox"/> Judgment
<input checked="" type="checkbox"/> Appointments	<input checked="" type="checkbox"/> Laundry	<input checked="" type="checkbox"/> Integumentary	<input checked="" type="checkbox"/> Hallucination
<input checked="" type="checkbox"/> Assistive devices	<input checked="" type="checkbox"/> Leisure	<input checked="" type="checkbox"/> Immune System	<input checked="" type="checkbox"/> Delusion
<input checked="" type="checkbox"/> Bathing	<input checked="" type="checkbox"/> Mobility	<input checked="" type="checkbox"/> Respiratory	<input checked="" type="checkbox"/> Anxiety
<input checked="" type="checkbox"/> Behavioral management	<input checked="" type="checkbox"/> Night checks	<input checked="" type="checkbox"/> Cardiovascular	<input checked="" type="checkbox"/> Depression
<input checked="" type="checkbox"/> Communication	<input checked="" type="checkbox"/> Oral	<input checked="" type="checkbox"/> Gastrointestinal	<input checked="" type="checkbox"/> Mood
<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> Outside services	<input checked="" type="checkbox"/> Genitourinary	<input checked="" type="checkbox"/> Sensory
<input checked="" type="checkbox"/> Dressing	<input checked="" type="checkbox"/> Prosthetic devices	<input checked="" type="checkbox"/> Musculoskeletal	<input checked="" type="checkbox"/> Self Harm
<input checked="" type="checkbox"/> Eating	<input checked="" type="checkbox"/> Purchases	<input checked="" type="checkbox"/> Neurological	<input checked="" type="checkbox"/> Dietary
<input checked="" type="checkbox"/> External services	<input checked="" type="checkbox"/> Q2	<input checked="" type="checkbox"/> Endocrine	<input checked="" type="checkbox"/> Weight loss
<input checked="" type="checkbox"/> Eye Care	<input checked="" type="checkbox"/> Shave	<input checked="" type="checkbox"/> Pain	<input checked="" type="checkbox"/> Self-medicate
<input checked="" type="checkbox"/> Financial management	<input checked="" type="checkbox"/> Smoke	<input checked="" type="checkbox"/> Dementia	<input checked="" type="checkbox"/> Assault/Destructive
<input checked="" type="checkbox"/> Grooming	<input checked="" type="checkbox"/> Substance abuse	<input checked="" type="checkbox"/> Psychiatric	<input checked="" type="checkbox"/> Victimization
<input checked="" type="checkbox"/> Hair	<input checked="" type="checkbox"/> Toileting	<input checked="" type="checkbox"/> Mental Health/Psychosocial	
<input checked="" type="checkbox"/> Health checks	<input checked="" type="checkbox"/> Transferring	<input checked="" type="checkbox"/> Orientation	
<input checked="" type="checkbox"/> Health monitoring	<input checked="" type="checkbox"/> Transportation	<input checked="" type="checkbox"/> Memory	

Time Individual ADLs

State NA Options

State SP Options

Review Every days

Configure Service Item Times

<input checked="" type="checkbox"/> AM	<input checked="" type="checkbox"/> 12:00am	<input type="checkbox"/> 4:30am	<input checked="" type="checkbox"/> 9:00am	<input type="checkbox"/> 1:30pm	<input checked="" type="checkbox"/> 6:00pm	<input type="checkbox"/> 10:30pm
<input type="checkbox"/> Breakfast	<input type="checkbox"/> 12:30am	<input checked="" type="checkbox"/> 5:00am	<input type="checkbox"/> 9:30am	<input checked="" type="checkbox"/> 2:00pm	<input type="checkbox"/> 6:30pm	<input type="checkbox"/> 11:00pm
<input type="checkbox"/> Morning	<input checked="" type="checkbox"/> 1:00am	<input type="checkbox"/> 5:30am	<input checked="" type="checkbox"/> 10:00am	<input type="checkbox"/> 2:30pm	<input checked="" type="checkbox"/> 7:00pm	<input type="checkbox"/> 11:30pm
<input checked="" type="checkbox"/> PM	<input type="checkbox"/> 1:30am	<input checked="" type="checkbox"/> 6:00am	<input type="checkbox"/> 10:30am	<input checked="" type="checkbox"/> 3:00pm	<input type="checkbox"/> 7:30pm	<input checked="" type="checkbox"/> PRN
<input type="checkbox"/> Lunch	<input checked="" type="checkbox"/> 2:00am	<input type="checkbox"/> 6:30am	<input checked="" type="checkbox"/> 11:00am	<input type="checkbox"/> 3:30pm	<input checked="" type="checkbox"/> 8:00pm	
<input type="checkbox"/> Afternoon	<input checked="" type="checkbox"/> 2:30am	<input checked="" type="checkbox"/> 7:00am	<input type="checkbox"/> 11:30am	<input checked="" type="checkbox"/> 4:00pm	<input type="checkbox"/> 8:30pm	
<input type="checkbox"/> Dinner	<input checked="" type="checkbox"/> 3:00am	<input type="checkbox"/> 7:30am	<input checked="" type="checkbox"/> 12:00pm	<input type="checkbox"/> 4:30pm	<input checked="" type="checkbox"/> 9:00pm	
<input checked="" type="checkbox"/> Bedtime	<input type="checkbox"/> 3:30am	<input checked="" type="checkbox"/> 8:00am	<input type="checkbox"/> 12:30pm	<input checked="" type="checkbox"/> 5:00pm	<input type="checkbox"/> 9:30pm	
<input type="checkbox"/> Graveyard	<input checked="" type="checkbox"/> 4:00am	<input type="checkbox"/> 8:30am	<input checked="" type="checkbox"/> 1:00pm	<input type="checkbox"/> 5:30pm	<input checked="" type="checkbox"/> 10:00pm	

Hide Occurrences (used for billing)

Do not show Occurrences number field for PRN service items

Show Diagnoses that do/do not have service items connected

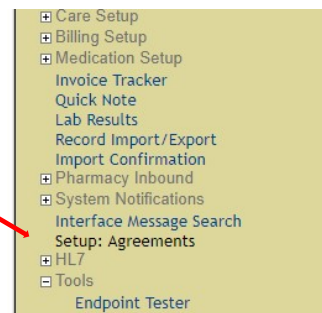
\* Required

Save Save and Refresh Cancel

\*New: Click the "Allow" check box and the Approval Sig. to turn on the copy forward feature

**The Agreement system is now available.** This new feature allows you to create agreements or other documents like agreements or admission packets. For example you may have an electric wheel chair agreement that you would like to build in BlueStep that automatically enters the resident's name, room number etc into the document for you to print and have the family/resident sign.

**Step 1.** Go to community record and select the link "Setup: Agreements" .



**Step 2.** Click the “New Entry” button and you will see a blank document as seen below.

## Setup: Agreements

Required

Name \*

Start Date \* 02/07/2018

Discontinue

### HEADER



Path:

Enable editing of header on

Display name as part of head

### CONTENT



Path:

Enable editing of content on unsigned agreements

Display DateTime Field

Display Document Field

### SIGNATURES

Signature 1	?	<input type="text"/>
Signature 2	?	<input type="text"/>
Signature 3	?	<input type="text"/>
Signature 4	?	<input type="text"/>
Signature 5	?	<input type="text"/>
Signature 6	?	<input type="text"/>
Signature 7	?	<input type="text"/>

Note - Google Chrome

Secure | https://configassisted.bluestep.net/shared/re...

**Note:**

Some resident/client data is available to be inserted into the agreement. By using the code found below, you can add the resident/client name, birthdate, age, address, and phone numbers. These insertions will only display when the Header section is not **editable**.

**Codes**  
Make sure that it matches **EXACTLY**, including capitalization.

**Data:**

```
[[RESIDENT_FIRST_NAME]]
[[RESIDENT_LAST_NAME]]
[[RESIDENT_BIRTH_DATE]]
[[RESIDENT_AGE]]
[[RESIDENT_HOME_ADDRESS]]
[[RESIDENT_HOME_CITY]]
[[RESIDENT_HOME_STATE]]
[[RESIDENT_HOME_ZIP]]
[[RESIDENT_HOME_PHONE]]
[[RESIDENT_CELL_PHONE]]
```

Close

Click on the Help links to get instructions for inserting the code into your documents

Note - Google Chrome

Secure | https://configassisted.bluestep.net/shared/relate/popuphint.jsp?\_a=446001\_U137803\_37498\_event=view...

**Note:**

Some data from the record the agreement is for is available to be inserted into the agreement. By default you can add the client name, birthdate, age, etc by using the code for it below. Further additions to this will have to be coded in by Bluestep. Please contact us to arrange any necessary additions. You can also add some editable fields for information in the Content section that will be inserted at the time the agreement is filled out. These insertions will only display the data when the Content section is not editable.

Example:

The client, [[RESIDENT\_FIRST\_NAME]] [[RESIDENT\_LAST\_NAME]], agrees to the following, entered on [[DATE\_1]] and witnessed by [[TEXT\_MEDIUM\_1]].

**Codes**  
(Make sure that it matches **EXACTLY**, including capitalization.)

**Data (not editable):**

```
[[RESIDENT_FIRST_NAME]]
[[RESIDENT_LAST_NAME]]
[[RESIDENT_BIRTH_DATE]]
[[RESIDENT_AGE]]
[[RESIDENT_HOME_ADDRESS]]
[[RESIDENT_HOME_CITY]]
[[RESIDENT_HOME_STATE]]
[[RESIDENT_HOME_ZIP]]
[[RESIDENT_HOME_PHONE]]
[[RESIDENT_CELL_PHONE]]
```

**Editable fields (only ONE editable field of each type can be used. Any duplicate types will reference the original editable field, and say [no data] until the first editable field of that type has been filled out and saved):**

```
[[TEXT_SHORT_1]]
[[TEXT_SHORT_2]]
[[TEXT_MEDIUM_1]]
[[TEXT_MEDIUM_2]]
[[TEXT_LONG_1]]
[[TEXT_LONG_2]]
[[TEXT_XLONG_1]]
[[TEXT_XLONG_2]]

[[MEMO_SMALL_1]]
[[MEMO_SMALL_2]]
[[MEMO_MEDIUM_1]]
[[MEMO_MEDIUM_2]]
[[MEMO_LARGE_1]]
[[MEMO_LARGE_2]]

[[DATE_1]]
[[DATE_2]]
[[DATE_TIME_1]]
[[DATE_TIME_2]]

[[WHOLE_NUMBER_1]]
[[WHOLE_NUMBER_2]]
[[DECIMAL_NUMBER_1]]
[[DECIMAL_NUMBER_2]]
[[CURRENCY_NUMBER_1]]
```

### Step 3. Your completed Agreement document may look like the example below.

#### Setup: Agreements

**Required**

Name

Start Date

Discontinue

#### HEADER



Path:

Enable editing of header on unsigned agreements

Display name as part of header

Code inserted to add residents name

#### CONTENT

This agreement is between BlueStep AL and   (Residents Name)

1. Your residency at BlueStep Assisted Living begins on . After this agreement is signed this agreement will at such time become valid and in effect and with the understanding that the charges of all required fees for the current month is to be collected by .

**LEVEL OF CARE**

2. BlueStep Assisted Living is licensed to provide low, moderate, and high level of care.

3. Based on the information provided by your doctor and an assessment performed by a qualified professional, you are currently receiving  level of care. If your care needs change and you need a higher level of care, we may request a level of care waiver from the Department in order for you to remain here. If the waiver request is not granted, we will give you ample time notice that you will be discharged, and will assist you in finding an appropriate facility.

**ADMISSION & DISCHARGE POLICIES**

4. You may be discharged from the facility for the following reasons:

- Non-payment of fees
- Care needs exceed what the facility is able to provide
- Behavioral reasons, including but not limited to destruction of property, violation of house rules, or not abiding by house rules.

5. In the event the facility decides to discharge you, you will be given at least 30 days notice. In the event you are discharged because of health emergency, the facility may not be able to give you 30 days notice.

6. If you wish to leave the facility you are required to give 30day notice of date you wish to terminate this agreement. However if you are leaving because of health emergency 30day notice is not required.

**COMPLAINT AND GRIEVANCE PROCEDURES**

7. A copy of resident's rights is attached and incorporated by reference into this agreement. This facility will honor and respect your rights.

8. You have the right to make suggestions, register complaints or present grievances about the care of service you or another resident receives here. You may address these concerns to the Assisted living Manager at mygmail@gmail.com (Assisted living program manager), or you may contact Assisted Living Complaint Unit at 801 555-XXXX.

Path:

Enable editing of content on unsigned agreements

Display DateTime Field

Display Document Field

Code inserted to add two separate dates

Code inserted to add editable text field

#### SIGNATURES

Signature 1   Witness

Signature 2   Resident

Signature 3   Administrator

Lock non-signature fields when signed

Code inserted to add signature lines or check boxes.

Signature 4

Signature 5

Signature 6

**Step 4.** Select an active resident to print/view your new agreement. This new link is located under the General Resident folder.

Scheduled MARs

Flintstone, Fred

Information

- Summary
- Name and E-mail
- Update Notes
- Photos
- Resident Information
  - Resident Information
  - Individual Worksheet
  - Agreement Summary
  - Primary Contacts
  - Providers
  - Insurance Information
  - Personal Belongings
  - Prior Residence/Services
  - Admissions
  - Discharge/Transfer
  - Care
  - Resident Billing
  - Agreements

Agreements

Flintstone, Fred ;

Code status: Do NOT Resuscitate (DNR)  
 Age: 85  
 Date of birth: 12/22/1932  
 Gender: [no data]  
 Spouse: [no data]  
 Status: [no data]  
 Chart #: 123,456

Current date: 02/07/2018  
 Primary care physician: [no data]  
 Physician phone: [no data] Fax: [no data]  
 Room #: Demo Unit--104  
 Location: East Wing  
 Facility: Demo Unit  
 Admission: 12/04/2015 11:36AM

New Entry

Delete

No Entries

Click the Agreement link then click the New Entry button

**Step 5.** Select a template and then click the “Save” button. You will see a document similar to the example below

Agreements

\* Required

Select template: ASSISTED LIVING RESIDENT AGREEMENT: 02/05/2018 \*

\* Required

Save Cancel

### ASSISTED LIVING RESIDENT AGREEMENT

This agreement is between BlueStep AL and Fred Flintstone (Residents Name)

1. Your residency at BlueStep Assisted Living begins on  . After this agreement is signed this agreement will at such time become valid and in effect and with the understanding that the charges or all required fees for the cu be collected by  .

#### LEVEL OF CARE

2. BlueStep Assisted Living is licensed to provide low, moderate, and high levels of care.

3 Based on the information provided by your doctor and an assessment performed by this facility, you require  level of care. if your care needs change and you need a higher level of care, which this facility is not licensed to provide, we may request a level of care waiver from the Department in order for you to remain here. if the waiver request is not granted, we will give you ample time notice that you will be discharged, and will assist you in finding an appropriate facility.

#### ADMISSION & DISCHARGE POLICIES

4. You may be discharged from the facility for the following reasons:

- Non-payment of fees
- Care needs exceed what the facility is able to provide
- Behavioral reasons, including but not limited to destruction of property, violence, sexual misconduct, and not abiding by house rules.

5. in the event the facility decides to discharge you, you will be given at least 30 days advanced notice prior to the date of discharge in the event you are discharged because of health emergency, the facility may not be able to give you 30 days notice.

6. If you wish to leave the facility you are required to give 30day notice of date you wish to terminate this agreement: However if you are leaving because of health emergency 30day notice is not required.

#### COMPLAINT AND GRIEVANCE PROCEDURES

7. A copy of resident's rights is attached and incorporated by reference into this agreement. This facility will honor and respect your rights.

8. You have the right to make suggestions, register complaints or present grievances about the care of service you or another resident receives here. You may address these concerns to the Assisted living Manager at mygmail@gmail.com (Assisted living program manager), or you may contact Assisted Living Complaint Unit at 801.555-1212 or toll free at 1800.555-1212.

9. If your Complaint is directed to ALH manager, you will receive a response to your complaint within 5 days. If you are not satisfied with that response or the ALH manager does not respond to your complaint, you may contact the Assisted Living Complaint Unit. at 801.555-1212 or toll free at 1800.555-1212.

10. Utah Rising is responsible for monitoring and recording

11. The facility will not handle residents finances if resid

12. The Assisted Living Facility is responsible for arrang supplies not provided by the facility. It is the facilities res Case manager will assist waiver participant to procure n participants may identify the assistive devices and equip

Based on the resident record you are in, the code now inserts name, date, text field etc.

**For any questions call client care at 801 336-3043 or email clientcare@bluestep.net**