

Detailed Resident Forms

This document offers instructions on ten additional forms that provide a more in-depth assessment of a resident's needs, likes/dislikes or personal preferences. This document also references the reporting features from several of these forms.

Forms to be reviewed: Fall Risk Assessment, Fall Intervention, Pain Evaluation, Pain Evaluation Details, Nutritional Evaluation/Data Collection, Food and Beverage Preference List, Resident Event/Family Conference Notes Log, Short Portable Mental Status Questionnaire, Smoking Evaluation, Self-Administration of Medication Evaluation, Geriatric Depression Scale, and Activities & Hobbies.

Seven of these forms are linked to sections on the nursing assessment. When these nursing assessment sections are activated, buttons will appear on bottom of each of these sections that will provide quick links to each of these forms. These forms can also be accessed directly from a resident's navigation. (page 10 of this document)

The screenshot shows the BlueStep software interface for 'The Grove of Farmington'. The top navigation bar includes 'Community' and 'Reports'. A dropdown menu for 'Community' is open, showing 'Community Record' as a selected option. Below this, another dropdown menu for 'Setup' is open, showing 'Care' as a selected option. A third dropdown menu for 'Care' is open, showing 'Setup: Assessments/Plans' as a selected option. A text box with a black border provides the following instructions: 'To set-up the nursing assessment for quick access to these forms, go to Community>Community Record > Setup> Care > Setup: Assessments/Plans.' The background shows a 'Record Summary' page with various setup options like 'Rooms/ Beds', 'Record Reviews', 'Maintenance', 'Care', 'Billing', 'Medication', 'Notifications', 'Setup: Activity/Hobby/Interest Items', 'Setup: Food & Beverage Items', and 'Setup: Behaviors'. A 'New Entry' button is visible at the bottom right.

Select

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

Each of the circled buttons will provide quick links to more in-depth evaluations.

These quick link buttons will be explained in detail starting on page 4 of this document.

The Grove of Farmington

Summary View Full Nav Record Settings

Setup: Community Information **Setup** Reports Community Family Connect

Record Summary

Use this page to get a quick snapshot of the record.

Setup: Community Information

- Administrator
- Phone
- Address
- Consulting Pharmacies

Setup: Activity/Hobby/Interest Items

Setup: Food & Beverage Items

Setup: Behaviors

Zip 84025

New Entry

Delete

To Set up Activity/Hobby form, navigate to Community>Community Record, Setup> Setup Activity/Hobby/Interest Items.

Activity/Hobby/Interest Items

New Entry

Item	Category	Inactive	Edit	Delete
Bowling	Physical Activities	No		
Dancing	Physical Activities	No		
Fishing	Physical Activities	No		
Golf	Physical Activities	No		
Jogging	Physical Activities	No		

Add a new activity, hobby or interest by clicking the "New Entry" button and typing in the name of your new item.

Setup: Activity/Hobby/Interest Items

* Required

Category: Physical Activities

Item: Chair Aerobics

Inactive: True

* Required

Save Cancel

Setup: Activity/Hobby/Interest Items

* Required

Category: Physical Activities

Item: Bowling

Inactive: True

* Required

Save Save and Refresh Cancel

Remove an item from the Activity, Hobby interest list by clicking the edit pencil and then clicking the "True" button and then the "Save" button.

The Grove of Farmington

Summary View Full Nav Record Settings

Setup: Community Information Setup Reports Community Family Connect

Record Summary

Use this page to get a quick snapshot of the record.

Setup: Community Information

- Administrator
- Phone
- Address

Consulting Pharmacies

- Community
- Rooms/Beds
- Record Reviews
- Maintenance
- Care
- Billing
- Medication
- Notifications
- Setup: Activity/Lobby/Interest Items
- Setup: Food & Beverage Items
- Setup: Behaviors

To Set up Food & Beverage form, navigate to Community>Community Record, Setup > Setup: Food & Beverage Items.

New Entry

Food & Beverage Items

New Entry

Add a new Food & Beverage item by clicking the "New Entry" button and typing in the name of your new item.

Setup: Food & Beverage Items

* Required

Category * Beverages

Item * Apple Cider

Inactive True

Save Cancel

Item	Inactive	Edit	Delete
Cold Tea	No		
Decaffeinated Coffee	No		
Hot Chocolate	No		
Hot Tea	No		
Juice	No		
Milk	No		
Water	No		
Category: Bread			
Corn	No		
Raisin	No		
Rye	No		
Sourdough	No		

Remove an item from the Food and Beverage list by clicking the edit pencil and then clicking the "True" button and then the "Save" button.

Setup: Food & Beverage Items

* Required

Category * Beverages


Item * Cold Tea

Inactive True

Save Save and Refresh Cancel

Nursing Assessment Quick Link Buttons

Bankhurst, Lu Summary View Full Nav Record Settings



Age: 85
Date of Birth: April 17, 1933
Room #: 38
Admission Date: January 25, 2018
Med Group: East Hall

ADL Group: (No Data)
Primary Physician: Peterson, David
Physician Phone: (555) 666-4444
Gender: Male
Spouse: (No Data)

Marital Status: Widowed
Chart #: (No Data)
Location: (No Data)
Facility: The Grove of Farmington
Resident Bio: [View](#)

Code Status: Do NOT Resuscitate (DNR) Medication Alert: Crush medications before administering, Cheeking pills, DO NOT ADMINISTER Codeine
Temporary Warnings: Suicide Watch with Winter Blues Drug Allergies: Codeine

Name and E-mail Record Profile Resident Information Medications **Nursing** Care Medical Billing Family Connect

- Nursing Assessment**
- Service Plan
- Behavioral
- Incident Report
- Nursing Notes
- Temporary Warnings
- Complaint Registry
- Fall Risk Assessment
- Pain Evaluation
- Geriatric Depression Scale (GDS)
- Nutritional Evaluation/Data Collection
- Resident Event/Family Conference Notes Log
- Short Portable Mental Status Questionnaire (SPMSQ)
- Smoking Safety Evaluation
- Self-Administration of Medications Evaluation

Select a resident record and navigate to Nursing > Nursing Assessment. Create a new nursing assessment.

Nursing Assessment New Entry

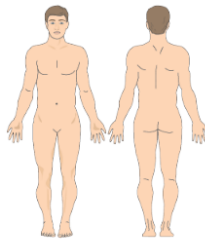
Pain Assessment Section

PAIN ASSESSMENT

Pain Has signs of pain issues No signs of pain issues

Findings History of pain PRN medications Scheduled medication relieves pain Herbal medications

Primary Secondary Additional



Primary Pain Location: [Dropdown]
Pain Intensity: [1] [2] [3] [4]
Occurs: [Dropdown]

Secondary Pain Location: [Dropdown]
Intensity: [1] [2] [3] [4]
Occurs: [Dropdown]

Additional Pain Location: [Dropdown]
Intensity: [1] [2] [3] [4]
Occurs: [Dropdown]

Notes: [Text Area]

Add Pain Evaluation

Click here for a more in-depth Pain Evaluation
Last Evaluation: Never Evaluated

Pain Evaluation Last Modified: Never

RESIDENT PROFILE

Date/Time of Evaluation: [Calendar]
Date of Last Physical Exam: [Calendar]
Does the resident have an end-stage disease with 6 or fewer months to live? Yes No

On initial evaluation, describe the behavior of the resident in pain.
Seek input from resident, family/significant others and staff.

Is the resident:

- Currently in pain
- At risk for pain
- Experienced pain in the past
- No pain reported

Is the resident reluctant to verbalize or express pain? Yes No

Does the resident demonstrate signs of: *Check all that apply.*

- Cognitive impairment
- Sensory impairment (i.e. vision, hearing)
- Communication difficulties (i.e. talking)

ABBEEY PAIN SCALE

Abbey, J, De Bellis, A, Piller, N, Esterman, A, Giles, L, Parker, D and Lowcay, B. Funded by the JH & JD Gunn Medical Research Foundation 1998-2002

For measurement of pain in people with dementia who cannot verbalize. While observing the resident, score questions 1 to 6 using the following scores:

Q1 Vocalization
e.g., whimpering, groaning, crying

Q2 Facial expression
e.g., looking tense, frowning, grimacing, looking frightened

Q3 Change in body language
e.g., fidgeting, rocking, guarding part of body, withdrawn

Q1: Absent (0) Mild (1) Moderate (2) Severe (3)
Q2: Absent (0) Mild (1) Moderate (2) Severe (3)
Q3: Absent (0) Mild (1) Moderate (2) Severe (3)

Clicking the Add Pain Evaluation button will navigate you temporarily away from the nursing assessment to complete a more in-depth Pain Evaluation.

Memory Assessment Section

Depression Assessment Section

Fall Assessment Section

Clicking the Add Fall Risk Assessment button will navigate you temporarily away from the nursing assessment to complete a more in-depth Fall Risk Assessment.

The screenshot shows the 'FALL ASSESSMENT' section on the left, with a red box highlighting the 'Add Fall Risk Assessment' button. A red arrow points from this button to an inset window titled 'Fall Risk Assessment'. The inset window contains the following fields and options:

- Required** (indicated by a red asterisk)
- Assessment Date:** A date input field with a calendar icon.
- DEVICES:** A section for recording device usage with radio buttons for 'Started' and 'Discontinued' for:
 - Pacemaker
 - Cane/Walker
 - Side Bed Rails at Night
 - Other
- HISTORY OF FALLS:** A section for recording falls with radio buttons for:
 - No Falls (0)
 - 1-2 Falls (0)
 - 3 or more falls (10)
- COGNITIVE STATUS/BEHAVIOR INDICATORS:** A section with a checkbox 'Does the resident display any of the following behaviors: (Check all that apply)'. Below are several checkboxes:
 - Early Disoriented
 - Periods of altered perception or awareness of surroundings
 - Episodes of disorganized speech
 - Periods of restlessness
 - Periods of lethargy
 - Mental function varies over the course of the day
 - Wanders
 - Abusive
 - Resists care
- Cognitive Status/Behavior Indicators Total:** A field at the bottom of the section.

Dietary Assessment Section

Clicking the Add Food and Beverage Preference button will navigate you temporarily away from the nursing assessment to complete a more in-depth Food & Beverage preference list.

The screenshot shows the 'DIETARY ASSESSMENT' section on the left, with a red box highlighting the 'Add Food and Beverage Preference' button. A red arrow points from this button to an inset window titled 'Food and Beverage Preference List'. The inset window contains the following fields and options:

- Required** (indicated by a red asterisk)
- Date:** A date input field with a calendar icon, showing '09/24/2018'.
- Diet:** A text input field.
- DAIRY:** Radio buttons for Cheese, Cottage Cheese, Milk - Low Fat, Milk - Non-Fat, Milk - Whole.
- MEAT:** Radio buttons for Bacon, Chicken - White Meat, Hamburger, Meatloaf, Roast Beef, Turkey - White Meat, Chicken - Dark Meat, Eggs, Hot Dogs, Pork Chops, Sausage, Meat, Ham, Lamb, Pork Roast, Turkey - Dark Meat, Liver.
- FISH:** Radio buttons for Cod, Haddock, Salmon, Shell fish, Tuna fish, White fish.
- SOUPS:** Radio buttons for Beef, Chicken, Cream, Tomato, Vegetable, Broth, Potato.

Smoking Assessment Section

The screenshot shows the 'SMOKING ASSESSMENT' section with a sidebar on the left containing options for 'Smoking', 'Type', 'Level of Assistance', 'History of unsafe use', and 'Notes'. A callout box points to the 'Add Smoking Safety Evaluation' button. A second callout box shows a detailed view of the 'Smoking Safety Evaluation' form, which includes an 'Evaluation Date' field, a 'RESIDENT STATUS' section with cognitive pattern questions, and a 'Last Modified' timestamp of 'Never'.

Clicking the Add Smoking Safety Evaluation button will navigate you temporarily away from the nursing assessment to complete a more in-depth Smoking Safety Evaluation.


Medication Use/Self-Medicare Assessment Section

The screenshot shows the 'MEDICATION USE/SELF-MEDICATE ASSESSMENT' section with a sidebar on the left containing options for 'Self-Medicare', 'Findings', 'Level of Assistance', and 'Notes'. A callout box points to the 'Add Self-Administration Medication Evaluation' button. A second callout box shows a detailed view of the 'Self-Administration of Medications Evaluation' form, which includes a 'Date of Evaluation' field, an 'Initial Evaluation' section, a 'Reason For Evaluation' field, a 'Self-Administered Medication Layout' table, and a 'Sub Total' field. The 'Last Modified' timestamp is 'Never'.

Clicking the Add Self-Administration Medication Evaluation button will navigate you temporarily away from the nursing assessment to complete a more in-depth Self-Admin Med Evaluation.

Activities/Hobbies & Interest

Bankhurst, Lu Summary View Full Nav Record Settings



Age: 85
Date of Birth: April 17, 1933
Room #: 38
Admission Date: January 25, 2018
Med Group: East Hall

ADL Group: (No Data)
Primary Physician: Peterson, David
Physician Phone: (555) 666-4444
Gender: Male
Spouse: (No Data)

Marital Status: Widowed
Chart #: (No Data)
Location: (No Data)
Facility: The Grove of Farmington
Resident Bio: [View](#)

Code Status: Do NOT Resuscitate (DNR) **Medication Alert:** Crush medications before administering, Cheeking pills, DO NOT ADMINISTER Codeine
Temporary Warnings: Suicide Watch with Winter Blues **Drug Allergies:** Codeine

Name and E-mail Record Profile Resident Information Medications Nursing Care Medical Billing Family Connect

- Name and E-mail
- Resident Bio
- Contact Information

Document a more in-depth bio of a resident through the Resident Record Profile > Resident Bio

MISCELLANEOUS COMMENTS

Specify any resident/family concerns noted regarding leisure/activities, and any observations that may help staff enable resident to enjoy his/her leisure/activities.

ACTIVITIES, HOBBIES, INTERESTS

No Entries Found

[Add Activity, Hobby, or Interest](#)

*** Required** [Save](#) [Save and Refresh](#) [Cancel](#)

At the bottom of the Resident Bio form there will be an "Add Activity, Hobby, or Interest" button.

Activities/Hobbies/Interests

Last Modified: Never

*** Required**

Category *

Item * [New Item](#)

Degree of Importance

Frequency

Assistance Needed * Yes No

Company With Others Alone

Comments
Include any resident/family concerns noted regarding leisure/activities, and any observations that may help staff enable resident to enjoy his/her leisure/activities.
Inactive True

*** Required** [Save](#) [Cancel](#)

Demo Unit

- Bowling
- Dancing
- Fishing
- Golf
- Jogging
- Lifting Weights
- Running
- Swimming
- Tai Chi
- Tennis
- Walking
- Yoga

Setup: Activity/Hobby/Interest Items

*** Required**

Category *

Item *

Inactive True

*** Required** [Save](#) [Cancel](#)

Select an item from the drop-down list (set up on page 2) or create a "New Item" to add to the list of drop down "Item" options.

Food and Beverage Preference List

Bankhurst, Lu Summary View Full Nav Record Settings

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Name and E-mail | Record Profile | Resident Information | Medications | Nursing | Care | Medical | Billing | Family Connect

- Resident Information
- Individual Worksheet
- Agreement Summary
- Primary Contacts
- Providers
- Insurance Information
- Prior Residence/Services
- Personal Belongings
- Admissions
- Discharge/Transfer
- Lead Information
- Food and Beverage Preference List**

Document a Food & Beverage Preference list by navigating to a resident record then go to Resident Information > Food and Beverage Preference List > New Entry

Food and Beverage Preference List

New Entry

Food and Beverage Preference List Last Modified: Never

*** Required**

Date:

Diet:

DAIRY

Dairy: Cheese Cottage Cheese Milk - Low Fat Milk - Non-Fat Milk - Whole

MEAT

Meat: Bacon Chicken - White Meat Hamburger Meatloaf Roast Beef Turkey - White Meat
 Chicken - Dark Meat Eggs Hot Dogs Pork Chops Sausage Veal
 Ham Lamb Pork Roast Turkey - Dark Meat Liver

FISH

Fish: Cod Haddock Salmon Shell fish Tuna fish White fish

SOUPS

Soups: Beef Chicken Cream Tomato Vegetable
 Broth Potato

Check any of the food or beverage buttons that the resident prefers. A report (under Resident Reports) will show all the community food and beverage preferences.

Summary: Access to all the detail reports from the resident navigation.

Bankhurst, Lu

Summary View Full Nav Record Settings

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Date of Birth: April 17, 1933
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Name and E-mail Record Profile Resident Information Medications Nursing Care Medical Billing Family Connect

Name and E-mail
Resident Bio
Contact Information

Resident Information
Individual Worksheet
Agreement Summary
Primary Contacts
Providers
Insurance Information
Prior Residence/Services
Personal Belongings
Admissions
Discharge/Transfer
Lead Information
Food and Beverage Preference List

Nursing
Nursing Assessment
Service Plan
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Smoking Safety Evaluation
Self-Administration of Medications Evaluation

Fall Interventions
Fall Risk Assessment

Pain Evaluation
Pain Evaluation Details

Reports

Reports for detailed resident forms are located under:

Resident Reports

- Geriatric Depression Scale (GDS)
- Fall Risk Assessment
- Pain Evaluation
- Short Portable Mental Status Questionnaire (SPMSQ)
- Smoking Safety Evaluation
- Activity/Hobby/Interest Search
- Food & Beverage Preferences
- Resident Event Search

Medication Reports

- Self-Administration of Medications Evaluation