

### CENSUS SAMPLE RECORD REVIEW

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Resident Room: \_\_\_\_\_

<b>A MDS Items</b>	
<b>If the ASE-Q has MDS data for the resident, do not answer these questions (the MDS Items will be italicized and gray [inapplicable]). If the ASE-Q does not have MDS data for the resident, obtain the information from the MDS in the chart or other data sources as instructed for each item.</b>	
1) Stability of Conditions (MDS – J1400): Does the resident have an end-stage disease, 6 or fewer months to live (terminal illness means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course)? (If the MDS is not completed, reference other data sources such as the physician orders and/or progress notes.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Information not available

<b>B Pressure Ulcers QP262 QP263</b>	
1) Does the resident currently have one or more pressure ulcers? If yes, indicate the stage of the most advanced pressure ulcer.	
<input type="checkbox"/> No pressure ulcer	
<input type="checkbox"/> Stage 1: A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved	
<input type="checkbox"/> Stage 2: A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater	
<input type="checkbox"/> Stage 3: A full thickness of skin is lost, exposing the subcutaneous tissues – presents as a deep crater with or without undermining adjacent tissue	
<input type="checkbox"/> Stage 4: A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone	

<b>C Psychotropic Medications QP063 QP066</b>	
1) Is this resident currently receiving an antipsychotic or benzodiazepine drug? (Record if given at least one time in the past seven days.)	<input type="checkbox"/> No (skip to Weight Loss) <input type="checkbox"/> Yes

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2) Select the benzodiazepine and/or antipsychotic drug the resident is receiving: (Select the drug(s) from the list on the ASE-Q screen, and click the Add Drug button.)	<b>If resident is receiving only benzodiazepine(s), skip #3. If resident is receiving antipsychotic(s), answer #3.</b>
3) What is the diagnosis supporting the use of the antipsychotic? (Select the diagnosis from the list on the ASE-Q screen for each antipsychotic being used.)	<input type="checkbox"/> Acute psychotic episodes <input type="checkbox"/> Atypical psychosis <input type="checkbox"/> Brief reactive psychosis <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Huntington's disease <input type="checkbox"/> Psychotic mood disorder (including mania and depression with psychotic features) <input type="checkbox"/> Schizo-affective disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizophreniform disorder <input type="checkbox"/> Tourette's disorder <input type="checkbox"/> Other, appropriate diagnoses (i.e., short-term nausea, hiccups) <input type="checkbox"/> None of the above diagnoses

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<b>D Weight Loss QP081 QP084</b>	
<b>Do <u>not</u> complete this section if the resident has an explicit terminal prognosis.</b>	
1) Is the resident on a planned weight loss program?	<input type="checkbox"/> No <input type="checkbox"/> Yes (review is complete)
2) Height and Weights:	
<b>Height:</b> _____ (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.	
<b>Date and weight closest to <u>today's date</u>:</b>	_____/_____/_____ <b>Weight:</b> _____ lbs. <input type="checkbox"/> Unavailable (review is complete)
<b>Date and weight closest to <u>30 days prior to today's date</u>:</b>	_____/_____/_____ <b>Weight:</b> _____ lbs. <input type="checkbox"/> Unavailable
<b>Date and weight closest to <u>90 days prior to today's date</u>:</b>	_____/_____/_____ <b>Weight:</b> _____ lbs. <input type="checkbox"/> Unavailable
<b>Date and weight closest to <u>180 days prior to today's date</u>:</b>	_____/_____/_____ <b>Weight:</b> _____ lbs. <input type="checkbox"/> Unavailable
<b>Note: The ASE-Q calculates the requested dates and percentage weight loss. Weight loss QCLIs are included in ASE-Q QCLI Results.</b>	