Admission Sample Record Review

Resident _____ Room _____

Reviewer _____ Review Date _____

A. Screening

1. **Did the resident have an explicit terminal prognosis?**

   Refer to other data sources such as the physician order, MDS data in the chart, and/or progress notes. 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.

   Comments:

   ○ No
   ○ Yes *(skip B and E)*

2. **Was the resident's length of stay at this facility at least 15 days?**

   Comments:

   ○ No *(skip E)*
   ○ Yes

B. Death

ⓘ *If you answered Yes to Screening #1 (resident has terminal prognosis), skip to section C.*

1. **Did the resident die within 30 days of the nursing home admission?**

   Comments:

   ○ No
   ○ Yes

C. Hospitalization

1. **Was the resident hospitalized (admission greater than 24 hours) for other than a planned elective surgery, within 30 days after the NH admission?**

   Comments:

   ○ No
   ○ Yes

D. Pressure Ulcers

ⓘ *If Screening #2 is No (length of stay is/was less than 15 days) and Hospitalization #1 is No (no hospitalization within 30 days of admission), this review is complete.*

Review the admission skin assessment and all subsequent skin assessments, treatment records, nursing progress notes, and MDS. The MDS should be the last source type reviewed.

1. **Did the resident develop a pressure ulcer in the first 30 days following admission to the nursing home?**

   ○ No
   ○ Yes
   ○ Unknown

   Comments:

2. **Was the resident admitted with one or more pressure ulcers?**

   ○ No (*skip to E*)
   ○ Yes

   Comments:

   a. **Was there an increase in the stage of the ulcer(s)?**

      ○ No
      ○ Yes

      Comments:

If a skin ulcer is repaired with a flap graft, it should be coded as a surgical wound and not as a skin ulcer. If the graft fails, continue to code it as a surgical wound until healed.

Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only, it may appear with persistent blue or purple hues.

Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible, but bone, tendon, or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Stage 4: Full thickness tissue loss with exposed bone, tendon, or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

Unstageable: Pressure ulcer is known but not stageable due to non-removable dressing/device or due to the coverage of the wound bed by slough or eschar.

Suspected Deep Tissue Injury (sDTI): Suspected deep tissue injury in evolution. Localized area of discolored (darker than surrounding tissue) intact skin or blood-filled blister related to damage of underlying soft tissue from pressure and/or shear. Area of discoloration may be preceded by tissue that is painful, firm, mushy, boggy, warmer, or cooler as compared to adjacent tissue.

E. Weight Loss

ⓘ *If Screening #1 is Yes (resident has terminal prognosis) or Screening #2 is No (length of stay is/was less than 15 days), this review is complete.*

1. **Is the resident on a planned weight loss program?**
   - ○ No
   - ○ Yes *(review is complete)*

   a. **Provide the resident's height and weight:**

   Height (in.): _____

   Date and weight closest to date of admission (required for this QCLI)

   Date _____ Weight (lbs) _____ ○ Unavailable

   Date and weight closest to 15 days after the date above

   Date _____ Weight (lbs) _____ ○ Unavailable

   Date and weight closest to 30 days after the first date

   Date _____ Weight (lbs) _____ ○ Unavailable

   Date and weight closest to 60 days after the first date

   Date _____ Weight (lbs) _____ ○ Unavailable

Comments: