

**XYZ HHA**  
**Unexpected Nursing Home Admission 2001**

Pt. Name \_\_\_\_\_ SOC/Resumption of Care \_\_\_\_\_ Date of Transfer/Discharge OASIS \_\_\_\_\_

MO270 <b>Rehabilitative Prognosis:</b> BEST description of patient's prognosis for <u>functional status</u>			
Start or Resumption of Care OASIS	Replies	Visit support changes in the patient's living environment between SOC and Discharge	Comments
	0 - Guarded: minimal improvement in functional status is expected; decline is possible	/_/ Yes /_/ No	
	1 - Good: marked improvement in functional status is expected	/_/ Yes /_/ No	
	UK - Unknown	/_/ Yes /_/ No	

Do the answers for MO270 indicate possible OASIS accuracy problems? /\_/ Yes /\_/ No

Reference Admission or Recert OASIS MO350, MO360, MO370 and MO380 for the following:

Does the patient have assistance (other than Agency staff) at least once per day? /\_/ Yes /\_/ No

What type of assistance does the patient receive?

Yes No

- ADL
- IADL
- Environmental support
- Pyschosocial support
- Advocates or facilitates pt's participation in appropriate medical care
- Financial agent, power of attorney or conservator, health care agent, conservator of person, or medical power of attorney

Reference Admission or Recert MO420, MO560, MO570, MO580, MO600, MO610, MO700, MO780 for the following:

Did the patient, on indicated admission OR recert date, have problems in any of the following areas?

<input type="checkbox"/> <input type="checkbox"/> Mental Status	<input type="checkbox"/> <input type="checkbox"/> Ambulation	<input type="checkbox"/> <input type="checkbox"/> Pain
<input type="checkbox"/> <input type="checkbox"/> Behavior Problems	<input type="checkbox"/> <input type="checkbox"/> Medication management	<input type="checkbox"/> <input type="checkbox"/> Other

What problem, at time of transfer or discharge, caused the patient to be placed in a nursing home or RCF?

<input type="checkbox"/> <input type="checkbox"/> Safety Issues	<input type="checkbox"/> <input type="checkbox"/> Mental status changes	<input type="checkbox"/> <input type="checkbox"/> Failure of caregiver set-up	<input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Medication problems	<input type="checkbox"/> <input type="checkbox"/> Need for more supervision/assistance	<input type="checkbox"/> <input type="checkbox"/> Pain	<input type="checkbox"/> <input type="checkbox"/>

Is there documentation of interventions being taken about identified problems in an effort to assist with problems identified?

- Yes
- No

Explanation \_\_\_\_\_

Comments \_\_\_\_\_

Reviewer \_\_\_\_\_

Date \_\_\_\_\_