

M2102

Patient Name _____

ID # _____

CARE MANAGEMENT

(M2102) Types and Sources of Assistance: Determine the ability and willingness of non-agency caregivers (such as family members, friends, or privately paid caregivers) to provide assistance for the following activities, if assistance is needed. Excludes all care by your agency staff. (Check only one box in each row.) [R] (PA)

Table with 6 columns: Type of Assistance, No assistance needed - patient is independent or does not have needs in this area, Non-agency caregiver(s) currently provide assistance, Non-agency caregiver(s) need training/supportive services to provide assistance, Non-agency caregiver(s) are not likely to provide assistance OR it is unclear if they will provide assistance, Assistance needed, but no non-agency caregiver(s) available. Rows include ADL assistance, IADL assistance, Medication administration, Medical procedures/treatments, Management of Equipment, Supervision and safety, and Advocacy or facilitation of patient's participation.

M2110

(M2110) How Often does the patient receive ADL or IADL assistance from any caregiver(s) (other than home health agency staff)? [R]

- 1 - At least daily, 2 - Three or more times per week, 3 - One to two times per week, 4 - Received, but less often than weekly, 5 - No assistance received, UK - Unknown

LIVING ARRANGEMENTS/SUPPORTIVE ASSISTANCE

Safety Measures: (Locator #15)

- 1 - Bleeding precautions, 2 - O2 precautions, 3 - Seizure precautions, 4 - Fall precautions, 5 - Aspiration precautions, 6 - Siderails up, 7 - Elevate head of bed, 8 - 24 hr. supervision, 9 - Clear pathways, 10 - Lock w/c with transfers, 11 - Infection control measures, 12 - Walker/cane, 13 - Other

HOME ENVIRONMENT SAFETY

Safety hazards in the home:

- Unsound structure, Inadequate heating/cooling/electricity, Inadequate sanitation/plumbing, Inadequate refrigeration, Unsafe gas/electrical appliances or outlets, Inadequate running water, Unsafe storage of supplies/equipment, No telephone available and/or unable to use phone, Insects/rodents, Medications stored safely, Grab bar(s) in bathroom / tub / shower

HOME ENVIRONMENT SAFETY (Cont'd.)

Emergency planning/fire safety:

- Fire extinguisher, Smoke detectors on all levels of home, Tested and functioning, More than one exit, Plan for exit, Plan for power failure, CO2 detector

Oxygen use:

- Signs posted, Handles smoking/flammables safely, Oxygen back-up: Available, Knows how to use, Electrical/fire safety

Is there a need for a Fall Risk Plan?

Summary: Safety plan(s) indicated?

(Plan/Comments)

Name of Emergency Preparedness Business/Registry (if applicable)

Contact information (e.g., phone #/email)