

Facility Name
HHI Medical Record Review Date of Visit
Address
City, State Zip Code

Audit and Monitoring

Quality Measures (CASPER)

Beneficiary	OBRA	Assessment	ARD																																				
Patient _____																																							
Short-Stay (< 100 days)		Long-Stay (> 100 days)																																					
<input type="checkbox"/> 1. Newly Received Antipsychotic Medication <input type="checkbox"/> 2. Improvements in Function <input type="checkbox"/> 3. New or Worsened Pressure Ulcers <input type="checkbox"/> 4. Other _____	<input type="checkbox"/> 5. Falls with Major Injury <input type="checkbox"/> 6. High Risk Pressure Ulcers <input type="checkbox"/> 7. Urinary Tract Infection <input type="checkbox"/> 8. Catheter <input type="checkbox"/> 9. Residents Whose Ability to Move Independently Worsened	<input type="checkbox"/> 10. Antipsychotic Medications <input type="checkbox"/> 11. ADL Decline <input type="checkbox"/> 12. Other _____																																					
➤																																							
<p style="text-align: right;">_____ Assessment</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>ADLs:</td> <td>Bed Mobility</td> <td>MDS</td> <td>Score</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Transfer</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Eating</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Toilet Use</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Total</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										ADLs:	Bed Mobility	MDS	Score				Transfer						Eating						Toilet Use						Total				
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