Assisted Living Resident Assessment

(To be used when "yes" is indicated for skin issues under Section 5 of Assisted Living Resident Assessment)

Resident's Name _____

Skin Assessment

Current open skin areas:

☐ Yes

☐ No

Current pressure ulcer:

☐ Yes

☐ No

A. Stage 1 Ulcers

Report based on highest stage of existing ulcers at its worst; do not reverse stage.

☐ Number of existing pressure ulcers at **Stage 1**—Observable pressure-related alteration of an area of intact skin whose indicators may include change in: skin temperature (warm or cool), tissue consistency (firm or boggy feel), or sensation (pain, itching). In lightly pigmented skin, appears as an area of persistent redness. In darker skin tones, may appear with persistent red, blue, or purple hues.

B. Stage 2 Ulcers

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage.

☐ Number of existing pressure ulcers at **Stage** 2 – Partial thickness skin loss involving epidermis, dermis, or both. The ulcer presents clinically as an abrasion, blister, or shallow crater.

☐ Number of these **Stage 2** pressure ulcers that were present on admission.

☐ Of the pressure ulcers listed above, how many were first noted at **Stage 2** within 48 hours of admission and not acquired in the facility?

Current dimensions of largest **Stage 2** pressure ulcer.

☐☐☐ Length (cm) ☐☐☐ Width (cm) ☐☐☐

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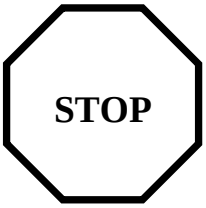
Resident's Name_____



*****IF INITIAL ASSESSMENT AND RESIDENT HAS A STAGE 3,4 OR UNSTAGEABLE ULCER, THEY ARE NOT APPROPRIATE FOR ASSISTED LIVING ADMISSION. PROCEED TO PAGE 3 LETTER F. *****

C. Stage 3 Ulcers

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage. Number of existing pressure ulcers at **Stage 3** – Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.

☐ Number of these **Stage 3** pressure ulcers that were present on admission. Of the pressure ulcers listed above, how many were first noted at **Stage 3** within 48 hours of admission and not acquired in the facility?

Current dimensions of largest **Stage 3** pressure ulcer.

☐☐☐ Length (cm) ☐☐☐ Width (cm) ☐☐☐ Depth (cm)

D. Stage 4 Ulcers

Report based on highest stage of existing ulcer(s) at its worst; do not reverse stage. Number of existing pressure ulcers at **Stage 4** – Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, join, capsule). Undermining and sinus tracts also maybe associated with **Stage 4** pressure ulcers.

☐ Number of these **Stage** 4 pressure ulcers that were present on admission.

☐ Of the pressure ulcers listed above, how many were first noted at **Stage 4** within 48 hours of admission and not acquired in the facility?

Current dimensions of largest **Stage** 4 pressure ulcer:

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☐☐☐ Length (cm) ☐☐☐ Width (cm) ☐☐☐ Depth (cm)

E. Nonstageable Ulcers

Non Stageable – Cannot be observed due to presence of eschar that is intact and fully adherent to the edges of wound or wound covered with non-removable dressing/cast and no prior staging known.

☐ Number of these Nonstageable pressure ulcers that were present on admission.

☐ Of the pressure ulcers listed above, how many were first noted as Nonstageable within 48 hours of admission and not acquired in the facility?

F. Exudate Amount for Most Advanced Stage

Select the item that best describes the amount of exudate in the largest pressure ulcer at the most advanced stage.

☐None

☐Light

☐Moderate

☐Heavy

☐Not Observable/not documented

G. Tissue Type for Most Advanced Stage

Select the item that best describes the type of tissue present in the ulcer bed of the largest pressure ulcer at the most advanced stage.

☐Closed/resurfaced –completely covered with epithelium

☐Epithelial Tissue – new skin growing in superficial ulcer

☐Granulation Tissue – pink or red tissue with shiny, moist, granular appearance

Assisted Living Resident Assessment

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Resident's Name_____

☐ Slough – yellow or white tissue that Adheres to the ulcer bed in strings or thick clumps, or is mucinous

☐ Necrotic Tissue (Eschar) – black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.

☐ Not observable/not documented

H. Select the data source used for information on pressure ulcers

1. ☐ Direct observation
2. ☐ Home Health assessment
3. ☐ Chart review

Location_____

Length (cm) ☐☐☐

Width (cm) ☐☐☐

Depth (cm) ☐☐☐

Exudate present: ☐ yes no

Description of tissue _____

I. Worsening in Pressure Ulcer Status Since Last Assessment

Worsening since last assessment: ☐ yes no

Indicate the number of current pressure ulcers that were not present or were at a lesser stage on last assessment.

Assisted Living Resident Assessment

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Resident's Name _____

☐ Check here if N/A (no prior assessment)

☐ Stage 2

☐ Stage 3

☐ Stage 4

J. Healed Pressure Ulcers

Indicate the number of pressure ulcers that were noted on the last assessment that have completely healed.

☐ Check here if N/A (no prior assessment or no pressure ulcers on prior assessment)

☐ Stage 2

☐ Stage 3

☐ Stage 4

K. Other Ulcers, Wounds, and Skin Problems

Check all that apply in past 5 days:

☐ Venous or arterial ulcer(s)

☐ Diabetic foot ulcer(s)

☐ Other foot or lower extremity infection (cellulitis)

☐ Surgical wound(s)

☐ Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)

☐ Burn(s)

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☐ Skin tears

☐ None of the above were present

L. Skin Treatments

Check all that apply in the past 5 days:

☐ Pressure reducing device for chair

☐ Pressure reducing device for bed

☐ Turning/repositioning program

☐ Nutrition or hydration intervention to manage skin problems

☐ Ulcer care

☐ Surgical wound care

☐ Application of dressings (with or without topical medications) other than to feet

☐ Application of ointments/medications other than to feet

☐ None of the above were provided

☐ Other_____

_____

RN Signature:_____Date_____