

Mock Nursing Home One

10 Open Beds:

- Five (5) Male
- Five (5) Female

Type of care given:

- | | | |
|--|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input type="checkbox"/> P - F1 - (Defend in Place) | <input checked="" type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input checked="" type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input checked="" type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input checked="" type="checkbox"/> C - Bilevel Positive Airway Pressure (BIPAP) | <input type="checkbox"/> R - Hickman Catheters | <input type="checkbox"/> FF - Psychiatric (Secured Unit) |
| <input checked="" type="checkbox"/> D - Chemotherapy (IV) | <input checked="" type="checkbox"/> S - Hospice | <input checked="" type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input checked="" type="checkbox"/> E - Chemotherapy (Oral) | <input checked="" type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input checked="" type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input checked="" type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input type="checkbox"/> V - M1 - (Facility Administers Medication) | <input checked="" type="checkbox"/> JJ - Smoking |
| <input checked="" type="checkbox"/> H - Dementia - Secured Unit | <input type="checkbox"/> W - M2 - (Residents Self Administers Medication) | <input checked="" type="checkbox"/> KK - Suctioning |
| <input checked="" type="checkbox"/> I - Developmental Disabilities | <input type="checkbox"/> X - Memory Care - Secured Unit | <input type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input checked="" type="checkbox"/> J - Diabetes - Insulin Pump | <input type="checkbox"/> Y - Ortho | <input type="checkbox"/> MM - Trach Care |
| <input checked="" type="checkbox"/> K - Diabetes - Insulin Dependent | <input checked="" type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input checked="" type="checkbox"/> NN - Tube Feeders |
| <input type="checkbox"/> L - Dialysis - Hemo (to hospital) | <input type="checkbox"/> AA - Oxygen Dependent | <input type="checkbox"/> OO - Ventilator Care |
| <input type="checkbox"/> M - Dialysis - Peritoneal (CAPD) | <input type="checkbox"/> BB - Pediatric | <input checked="" type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cycler) | <input type="checkbox"/> CC - PICC Line, Central Line | <input checked="" type="checkbox"/> QQ - Wound Vac |
| <input checked="" type="checkbox"/> O - Dressings (specialized supplies) | | |

Mock Nursing Home Two

4 Open Beds:

- One (1) Male
- Two (2) Female
- One (1) Either

Type of care given:

- | | | |
|--|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input type="checkbox"/> P - F1 - (Defend in Place) | <input checked="" type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input checked="" type="checkbox"/> C - Bilevel Positive Airway Pressure (BiPAP) | <input type="checkbox"/> R - Hickman Catheters | <input type="checkbox"/> FF - Psychiatric (Secured Unit) |
| <input type="checkbox"/> D - Chemotherapy (IV) | <input checked="" type="checkbox"/> S - Hospice | <input type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input type="checkbox"/> E - Chemotherapy (Oral) | <input checked="" type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input checked="" type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input checked="" type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input type="checkbox"/> V - M1 - (Facility Administers Medication) | <input type="checkbox"/> JJ - Smoking |
| <input type="checkbox"/> H - Dementia - Secured Unit | <input type="checkbox"/> W - M2 - (Residents Self Administers Medication) | <input checked="" type="checkbox"/> KK - Suctioning |
| <input type="checkbox"/> I - Developmental Disabilities | <input type="checkbox"/> X - Memory Care - Secured Unit | <input type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input type="checkbox"/> J - Diabetes - Insulin Pump | <input checked="" type="checkbox"/> Y - Ortho | <input checked="" type="checkbox"/> MM - Trach Care |
| <input checked="" type="checkbox"/> K - Diabetes - Insulin Dependent | <input checked="" type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input checked="" type="checkbox"/> NN - Tube Feeders |
| <input type="checkbox"/> L - Dialysis - Hemo (to hospital) | <input checked="" type="checkbox"/> AA - Oxygen Dependent | <input type="checkbox"/> OO - Ventilator Care |
| <input type="checkbox"/> M - Dialysis - Peritoneal (CAPD) | <input type="checkbox"/> BB - Pediatric | <input type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cyder) | <input checked="" type="checkbox"/> CC - PICC Line, Central Line | <input checked="" type="checkbox"/> QQ - Wound Vac |
| <input checked="" type="checkbox"/> O - Dressings (specialized supplies) | | |

Mock Nursing Home Three

3 Open Beds:

➤ Three (3) Either

Type of care given:

- | | | |
|--|--|---|
| <input type="checkbox"/> A - Ambulatory Only | <input type="checkbox"/> P - F1 - (Defend in Place) | <input checked="" type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input checked="" type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input checked="" type="checkbox"/> C - Bilevel Positive Airway Pressure (BiPAP) | <input checked="" type="checkbox"/> R - Hickman Catheters | <input type="checkbox"/> FF - Psychiatric (Secured Unit) |
| <input type="checkbox"/> D - Chemotherapy (IV) | <input checked="" type="checkbox"/> S - Hospice | <input checked="" type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input checked="" type="checkbox"/> E - Chemotherapy (Oral) | <input checked="" type="checkbox"/> T - Isolation | <input checked="" type="checkbox"/> HH - Rehab (Respiratory) |
| <input checked="" type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input checked="" type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input type="checkbox"/> V - M1 - (Facility Administers Medication) | <input type="checkbox"/> JJ - Smoking |
| <input checked="" type="checkbox"/> H - Dementia - Secured Unit | <input type="checkbox"/> W - M2 - (Residents Self Administers Medication) | <input checked="" type="checkbox"/> KK - Suctioning |
| <input type="checkbox"/> I - Developmental Disabilities | <input type="checkbox"/> X - Memory Care - Secured Unit | <input checked="" type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input checked="" type="checkbox"/> J - Diabetes - Insulin Pump | <input checked="" type="checkbox"/> Y - Ortho | <input checked="" type="checkbox"/> MM - Trach Care |
| <input checked="" type="checkbox"/> K - Diabetes - Insulin Dependent | <input checked="" type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input checked="" type="checkbox"/> NN - Tube Feeders |
| <input type="checkbox"/> L - Dialysis - Hemo (to hospital) | <input checked="" type="checkbox"/> AA - Oxygen Dependent | <input checked="" type="checkbox"/> OO - Ventilator Care |
| <input type="checkbox"/> M - Dialysis - Peritoneal (CAPD) | <input type="checkbox"/> BB - Pediatric | <input checked="" type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cyder) | <input checked="" type="checkbox"/> CC - PICC Line, Central Line | <input checked="" type="checkbox"/> QQ - Wound Vac |
| <input checked="" type="checkbox"/> O - Dressings (specialized supplies) | | |

Mock Nursing Home Four

7 Open Beds:

- Three (3) Male
- Four (4) Female

Type of care given:

- | | | |
|--|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input type="checkbox"/> P - F1 - (Defend in Place) | <input checked="" type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input checked="" type="checkbox"/> C - Bilevel Positive Airway Pressure (BiPAP) | <input type="checkbox"/> R - Hickman Catheters | <input type="checkbox"/> FF - Psychiatric (Secured Unit) |
| <input type="checkbox"/> D - Chemotherapy (IV) | <input checked="" type="checkbox"/> S - Hospice | <input type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input type="checkbox"/> E - Chemotherapy (Oral) | <input checked="" type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input checked="" type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input checked="" type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input type="checkbox"/> V - M1 - (Facility Administers Medication) | <input type="checkbox"/> JJ - Smoking |
| <input type="checkbox"/> H - Dementia - Secured Unit | <input type="checkbox"/> W - M2 - (Residents Self Administers Medication) | <input checked="" type="checkbox"/> KK - Suctioning |
| <input type="checkbox"/> I - Developmental Disabilities | <input type="checkbox"/> X - Memory Care - Secured Unit | <input type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input type="checkbox"/> J - Diabetes - Insulin Pump | <input checked="" type="checkbox"/> Y - Ortho | <input checked="" type="checkbox"/> MM - Trach Care |
| <input checked="" type="checkbox"/> K - Diabetes - Insulin Dependent | <input checked="" type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input checked="" type="checkbox"/> NN - Tube Feeders |
| <input type="checkbox"/> L - Dialysis - Hemo (to hospital) | <input checked="" type="checkbox"/> AA - Oxygen Dependent | <input type="checkbox"/> OO - Ventilator Care |
| <input type="checkbox"/> M - Dialysis - Peritoneal (CAPD) | <input type="checkbox"/> BB - Pediatric | <input type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cycler) | <input checked="" type="checkbox"/> CC - PICC Line, Central Line | <input checked="" type="checkbox"/> QQ - Wound Vac |
| <input checked="" type="checkbox"/> O - Dressings (specialized supplies) | | |