

Mock Assisted Living Community One

13 Open Beds/Apartments:

- Thirteen (13) Open Beds/Apartments
 - *Note: No beds/mattresses available at this community to accommodate incoming residents*

Type of care given:

- | | | |
|---|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input checked="" type="checkbox"/> P - F1 - (Defend in Place) | <input 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 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 type="checkbox"/> S - Hospice | <input type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input type="checkbox"/> E - Chemotherapy (Oral) | <input type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input checked="" type="checkbox"/> V - M1 - (Facility Administers Medication) | <input checked="" type="checkbox"/> JJ - Smoking |
| <input type="checkbox"/> H - Dementia - Secured Unit | <input type="checkbox"/> W - M2 - (Residents Self Administers Medication) | <input 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 type="checkbox"/> Y - Ortho | <input type="checkbox"/> MM - Trach Care |
| <input checked="" type="checkbox"/> K - Diabetes - Insulin Dependent | <input type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input 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 type="checkbox"/> CC - PICC Line, Central Line | <input type="checkbox"/> QQ - Wound Vac |
| <input type="checkbox"/> O - Dressings (specialized supplies) | | |

Mock Assisted Living Community Two

12 Open Bed/Apartment:

- One (12) Open Bed/Apartment
 - *Note: One unit is demo apartment and is furnished*
 - *ALL other units are unfurnished*

Type of care given:

- | | | |
|---|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input checked="" type="checkbox"/> P - F1 - (Defend in Place) | <input type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input checked="" type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input 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 type="checkbox"/> S - Hospice | <input type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input type="checkbox"/> E - Chemotherapy (Oral) | <input type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input checked="" 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 type="checkbox"/> KK - Suctioning |
| <input type="checkbox"/> I - Developmental Disabilities | <input checked="" type="checkbox"/> X - Memory Care - Secured Unit | <input type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input type="checkbox"/> J - Diabetes - Insulin Pump | <input type="checkbox"/> Y - Ortho | <input type="checkbox"/> MM - Trach Care |
| <input type="checkbox"/> K - Diabetes - Insulin Dependent | <input type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input 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 checked="" type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cyder) | <input type="checkbox"/> CC - PICC Line, Central Line | <input type="checkbox"/> QQ - Wound Vac |
| <input type="checkbox"/> O - Dressings (specialized supplies) | | |

Mock Assisted Living Community Three

12 Open Bed/Apartment:

➤ One (12) Open Bed/Apartment

- *Note: One unit is demo apartment and is furnished*
- *ALL other units are unfurnished*

Type of care given:

- | | | |
|---|--|--|
| <input type="checkbox"/> A - Ambulatory Only | <input checked="" type="checkbox"/> P - F1 - (Defend in Place) | <input type="checkbox"/> DD - Post Traumatic Brain Injury |
| <input type="checkbox"/> B - Bariatric Residents | <input type="checkbox"/> Q - F2 - (Self Evacuate / Self-preservation) | <input checked="" type="checkbox"/> EE - Psychiatric (Non-secured) |
| <input 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 type="checkbox"/> S - Hospice | <input type="checkbox"/> GG - Rehab (PT/OT/Speech) |
| <input type="checkbox"/> E - Chemotherapy (Oral) | <input type="checkbox"/> T - Isolation | <input type="checkbox"/> HH - Rehab (Respiratory) |
| <input type="checkbox"/> F - Continuous Positive Airway Pressure (CPAP) | <input type="checkbox"/> U - IV Care, Peripheral | <input type="checkbox"/> II - Restraints |
| <input type="checkbox"/> G - Danger to Self or Others (to hospital) | <input checked="" 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 type="checkbox"/> KK - Suctioning |
| <input type="checkbox"/> I - Developmental Disabilities | <input checked="" type="checkbox"/> X - Memory Care - Secured Unit | <input type="checkbox"/> LL - Total Parenteral Nutrition (TPN) |
| <input type="checkbox"/> J - Diabetes - Insulin Pump | <input type="checkbox"/> Y - Ortho | <input type="checkbox"/> MM - Trach Care |
| <input type="checkbox"/> K - Diabetes - Insulin Dependent | <input type="checkbox"/> Z - Ostomy (i.e. colostomy, ileostomy) | <input 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 checked="" type="checkbox"/> PP - Wandering Residents |
| <input type="checkbox"/> N - Dialysis - Peritoneal (CCPD - Cycler) | <input type="checkbox"/> CC - PICC Line, Central Line | <input type="checkbox"/> QQ - Wound Vac |
| <input type="checkbox"/> O - Dressings (specialized supplies) | | |