Updating Your Categories of Care
(Log In at www.massmap.org – LTC Beds Tab)

**INSTRUCTIONS:** Special Care Categories that Your Facility Can Accommodate (check all that apply).

- A - Ambulatory Only
- B - Bariatric Residents
- C - Bilevel Positive Airway Pressure (BiPAP)
- D - Chemotherapy (IV)
- E - Chemotherapy (Oral)
- F - Continuous Positive Airway Pressure (CPAP)
- G - Danger to Self or Others (to hospital)
- H - Dementia – Secured Unit (DPH CMR 150.022 - 105.029)
- I - Developmental Disabilities
- J - Diabetes - Insulin Dependent
- K - Diabetes - Insulin Pump
- L - Dialysis - Hemo (to hospital)
- M - Dialysis - Peritoneal (CAPD)
- N - Dialysis - Peritoneal (CCPD - Cycler)
- O - Dressings (specialized supplies)
- P - Hospice
- Q - IV Care, Central Line (PICC Line)
- R - IV Care, Midline Catheters
- S - IV Care, Peripheral
- T - IV Care, Subcutaneous Catheters (Hickman)
- U - Limited Medication Admin (LMA)
- V - Ortho
- W - Ostomy (e.g., colostomy, ileostomy)
- X - Oxygen Dependent
- Y - Pediatric
- Z - Post Traumatic Brain Injury
- AA - Psychiatric - Non-secured Unit
- BB - Psychiatric - Secured Unit
- CC - Rehab (PT/OT/Speech)
- DD - Rehab (Respiratory)
- EE - Restraints
- FF - Smoking
- GG - Special Use Precautions (Isolation)
- HH - Suctioning
- II - Total Parenteral Nutrition (TPN)
- JJ - Trach Care
- KK - Tube Feeders
- LL - Ventilator Care
- MM - Wandering Residents
- NN - Wound Vac (Negative Pressure Therapy)

**INSTRUCTIONS:** Please fill in the bed information for the facility types that are listed below. Each facility should accept 10% of their total licensed beds. The number of ventilator beds and Dementia Secured beds are included in the total number of nursing home beds. Please note the vent beds for the maximum number of vent patients you can have at a given time.

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Total Beds</th>
<th>Surge @ 10%*</th>
<th>Ventilator Dependent Max Capacity (already included in Total Beds)</th>
<th>Dementia - Secured Unit Max Capacity (already included in Total Beds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH / AL / RH</td>
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Adult Day Care: Please provide the maximum # of Adult Day Care residents.

**INSTRUCTIONS:** Surge Capacity – Please provide specifics on the rooms and/or areas (e.g. Activity Rooms) that you will use to expand bed capacity in a disaster and any details on how you will accomplish this.