



## 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 - 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)           |  |  |



## 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 - 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)           |  |   |



## 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)           |  |  |