



## 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

### 1 Open Bed / Apartment:

#### ➤ One (1) Open Bed / Apartment

○ *Note: This is a demo apartment and is furnished*

### 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)           |  |  |



# JENSEN HUGHES

## Mock Assisted Living Community Three

12 Open Bed / Apartment:

➤ One (12) Open Bed / Apartment

- *Note: One unit is a 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)           |  |  |