

# Uniform Assessment System - New York Functional Supplement Assessment Report

Person, Any

Date of Birth: 01/01/1950

Medicaid ID: BB12345G

Assessment Date: 02/27/2013

## Section A: Identification Info

Functional Supplement Reference Date: **02/27/2013**

Living arrangement  
As compared to 90 days ago (or since last assessment), person now lives with someone new - e.g., moved in with another person, other moved in: **No**

Person or relative feels that the person would be better off living elsewhere: **Yes, other community residence**

Time since last hospital stay: **31 to 90 days ago**

Code for most recent instance in LAST 90 DAYS:

## Section B: Cognition

### Memory / Recall Ability

Note: Code for recall of what was learned or known

Situational memory OK - Both: recognizes caregivers' names/faces frequently encountered AND knows location of places regularly visited (bedroom, dining room, activity room, therapy room): **Yes, memory OK**

### Periodic disordered thinking or awareness

Note: accurate assessment requires conversations with staff, family, or others who have direct knowledge of the person's behavior over this time

Easily distracted - e.g., episodes of difficulty paying attention; gets sidetracked: **Behavior not present**

Episodes of disorganized speech - e.g., speech is nonsensical, irrelevant, or rambling from subject to subject; loses train of thought: **Behavior present, consistent with usual functioning**

Mental function varies over the course of the day - e.g., sometimes better, sometimes worse: **Behavior present, consistent with usual functioning**

Acute change in mental status from person's usual functioning - e.g., restlessness, lethargy, difficult to arouse, altered environmental perception: **No**

## Section C: Mood/Behavior

Indicators of possible depressed, anxious, or sad mood

Code for indicators observed in last 3 days, irrespective of the assumed cause.

Note: Whenever possible, ask person

Recurrent statements that something terrible is about to happen - e.g., believes he or she is about to die, have a heart attack: **Present but not exhibited in last 3 days**

Expressions, including non-verbal of a lack of pleasure in life (anhedonia) - e.g., I don't enjoy anything anymore: **Present but not exhibited in last 3 days**

## Section D: Functional Status

### Locomotion / Walking

Lay out a straight, unobstructed course. Have person stand in still position, feet just touching start line. Then say: "When I tell you begin to walk at a normal pace (with cane / walker is used). This is not a test of how fast you can walk. Stop when I tell you to stop. Is that clear?" Assessor may demonstrate test. Then say: "Begin to walk now." Start stopwatch (or can count seconds) when the first foot falls. End count when the foot falls beyond 4-meter mark. Then say: "You may stop now."

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Timed 4-meter (13 foot) walk :	<b>Refused to do test</b>
If timed walk completed, enter time in seconds, up to 30 seconds.:	<b>20</b>
Distance walked - Farthest distance walked at one time without sitting down in the LAST 3 DAYS (with support as needed):	<b>Less than 15 feet (under 5 meters)</b>
Distance wheeled self - Farthest distance wheeled self at one time in the LAST 3 DAYS (includes independent use of motorized wheelchair):	<b>Wheeled 150 - 299 feet (50 - 99 meters)</b>
<b>Physical Function Improvement Potential</b>	
Person believes he/she is capable of improved performance in physical function:	<b>No</b>
Care professional believes person is capable of improved performance in physical function:	<b>No</b>
<b>Section E: Continence</b>	
Urinary collection device (excludes pads/briefs):	<b>None</b>
Pads or briefs worn:	<b>No</b>
<b>Section F: Disease Diagnoses</b>	
<b>Neurological</b>	
Hemiplegia:	<b>Primary diagnosis/diagnosis for current stay</b>
Multiple sclerosis:	<b>Primary diagnosis/diagnosis for current stay</b>
Paraplegia:	<b>Primary diagnosis/diagnosis for current stay</b>
Quadriplegia:	<b>Primary diagnosis/diagnosis for current stay</b>
<b>Infections</b>	
Pneumonia:	<b>Not present</b>
<b>Section G: Health Conditions</b>	
<b>Balance</b>	
Difficult or unable to move self to standing position unassisted:	<b>Present but not exhibited in last 3 days</b>
Difficult or unable to turn self around and face the opposite direction when standing:	<b>Exhibited on 1 of last 3 days</b>
<b>Pulmonary</b>	
Difficulty clearing airway secretions:	<b>Present but not exhibited in last 3 days</b>
<b>Neurological</b>	
Aphasia:	<b>Exhibited on 1 of last 3 days</b>
<b>Other</b>	
Fever:	<b>Exhibited on 1 of last 3 days</b>
GI or GU bleeding:	<b>Present but not exhibited in last 3 days</b>
Hygiene - unusually poor hygiene, unkempt, disheveled:	<b>Present but not exhibited in last 3 days</b>
Peripheral edema:	<b>Exhibited on 1 of last 3 days</b>
<b>Instability of Conditions</b>	
End-stage disease, 6 or fewer months to live:	<b>No</b>
<b>Section H: Oral/Nutritional</b>	
<b>Height (feet/inches) and Weight (pounds)</b>	
<b>Base weight on most recent measure in LAST 30 DAYS</b>	
HT (ft.):	<b>5</b>
HT (in.):	<b>11</b>
Height in inches only:	<b>71</b>
WT (lb.):	<b>180</b>
<b>Dental or Oral</b>	
Wears a denture (removable prostheses):	<b>Yes</b>

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Has broken, fragmented, loose, or otherwise non-intact natural teeth:	<b>Yes</b>
Reports having dry mouth:	<b>No</b>
Reports difficulty chewing:	<b>Yes</b>
<b>Section I: Skin Condition</b>	
Most severe pressure ulcer:	<b>Any area of persistent skin redness</b>
Prior pressure ulcer:	<b>No</b>
Presence of skin ulcer other than pressure ulcer - e.g., venous ulcer, arterial ulcer, mixed venous-arterial ulcer, diabetic foot ulcer:	<b>Yes</b>
Major skin problems - e.g., lesions, 2nd or 3rd degree burns, healing surgical wounds:	<b>No</b>
Skin tears or cuts - other than surgery:	<b>Yes</b>
Other skin conditions or changes in skin condition - e.g., bruises, rashes, itching, mottling, herpes zoster, intertrigo, eczema:	<b>No</b>
Foot problems - e.g., bunions, hammer toes, overlapping toes, structural problems, infections, ulcers:	<b>Foot problems, no limitation in walking</b>
<b>Section J: Medications</b>	
Adherent with medications prescribed by physician:	<b>Adherent 80% of time or more</b>
<b>Section K: Treatments/Procedures</b>	
<b>Treatments</b>	
Chemotherapy:	<b>Ordered, not implemented</b>
Dialysis:	<b>1-2 days of last 3 days</b>
Infection control - e.g., isolation, quarantine:	<b>Daily in last 3 days</b>
IV medication:	<b>Ordered, not implemented</b>
Oxygen therapy:	<b>Not ordered AND did not occur</b>
Radiation:	<b>Ordered, not implemented</b>
Suctioning:	<b>Not ordered AND did not occur</b>
Tracheostomy care:	<b>Not ordered AND did not occur</b>
Transfusion:	<b>Not ordered AND did not occur</b>
Ventilator or respirator:	<b>Not ordered AND did not occur</b>
Wound care:	<b>Not ordered AND did not occur</b>
Ostomy care:	<b>Not ordered AND did not occur</b>
<b>Programs</b>	
Scheduled toileting program:	<b>Not ordered AND did not occur</b>
Palliative care program:	<b>Ordered, not implemented</b>
Turning/repositioning program:	<b>1-2 days of last 3 days</b>
Formal Care - Days and total minutes of care in last 7 days	
Extent of care/treatment in LAST 7 days (or since last assessment or admission, if less than 7 days) involving:	
Home Health Aides : # of days:	<b>4</b>
Home Health Aides : Total minutes in last week:	<b>120</b>
Home nurse : # of days:	<b>5</b>
Home nurse : Total minutes in last week:	<b>180</b>
Homemaking services (housekeeper) : # of days:	<b>2</b>
Homemaking services(housekeeper): Total minutes in last week:	<b>60</b>
Meals : # of days:	<b>5</b>
Congregate meals: # of days::	<b>4</b>
Physical therapy : # of days:	<b>0</b>
Physical therapy : Total minutes in last week:	<b>0</b>
Occupational therapy : # of days:	<b>0</b>

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Occupational therapy : Total minutes in last week:	0
Speech-language pathology and audiology services : # of days:	0
Speech-language pathology and audiology services : Total minutes in last week:	0
Psychological therapy (by any licensed mental health professional) : # of days:	1
Psychological therapy (by any licensed mental health professional) : Total minutes in last week:	15
Personal care aides : # of days:	4
Personal care aides : Total minutes in last week:	80
Respiratory therapy : # of days:	5
Respiratory therapy : Total minutes in last week:	100
Consumer directed personal assistant : # of days:	5
Consumer directed personal assistant: Total minutes in last week:	100
Adult day health care (list services in comments section) : # of days:	4
Adult day health care (list services in comments section) : Total minutes in last week:	90
Social day care (list services in comments section): # of days:	5
Social day care ( list services in comments section) : Total minutes in last week:	600
Physically restrained - limbs restrained, used bed rails, restrained to chair when sitting:	No

**Section L: Responsibility**

Responsibility / Legal Guardian	
Legal guardian:	No
Other legal oversight:	Yes
Health care proxy:	No
Durable power of attorney / financial:	Yes
Family member responsible:	Yes
Advance Directives	
Advance directives for not resuscitating:	Not in place
Advance directives for not intubating:	Not in place
Advance directives for not hospitalizing:	Not in place
Advance directives for not tube feeding:	Not in place
Advance directives for medication restriction:	In place

**Section M: Social Supports**

## Two Key Informal Helpers

Helper 1	
Relationship to person:	Spouse
Lives with person:	Yes, more than 6 months
Areas of informal help during LAST 3 DAYS	
IADL help:	Yes
ADL help:	Yes
Informal Helper Status	
Informal helper is unable to continue in caring activities - e.g., decline in health of helper makes it difficult to continue:	Yes
Person is unaccepting of the informal helper's involvement in her/his care:	No

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Informal helper is unwilling to assist with care:	<b>No</b>
Helper 2	
Relationship to person:	<b>Child or child-in-law</b>
Lives with person:	<b>No</b>
Areas of informal help during LAST 3 DAYS	
IADL help:	<b>No</b>
ADL help:	<b>Yes</b>
Informal Helper Status	
Informal helper is unable to continue in caring activities - e.g., decline in health of helper makes it difficult to continue:	<b>Yes</b>
Person is unaccepting of the informal helper's involvement in her/his care :	<b>Yes</b>
Informal helper is unwilling to assist with care:	<b>No</b>
Family and Friends	
Primary informal helper expresses feelings of distress, anger, or depression:	<b>Yes</b>
Family or close friends report feeling overwhelmed by person's illness:	<b>Yes</b>
Hours of informal care and active monitoring during LAST 3 days	
For instrumental and personal activities of daily living in the LAST 3 days, indicate the total number of hours of help received from all family, friends, and neighbors:	<b>20</b>

**Section N: Environmental Assessment**

## Home Environment

Code for any of the following that make home environment hazardous or uninhabitable (if temporarily in institution, base assessment on home visit)

Disrepair of the home - e.g., hazardous clutter; inadequate or no lighting in living rooms, sleeping room, kitchen, toilet, corridors; holes in floor; leaking pipes:	<b>Yes</b>
Squalid condition - e.g., extremely dirty, infestation by rats or bugs:	<b>No</b>
Inadequate heating or cooling - e.g., too hot in summer, too cold in winter:	<b>Yes</b>
Lack of personal safety - e.g., fear of violence, safety problem in going to mailbox or visiting neighbors, heavy traffic in street:	<b>Yes</b>
Limited access to home or rooms in house - e.g., difficulty entering or leaving home, unable to climb stairs, difficulty maneuvering within rooms, no railings although needed:	<b>Yes</b>
Lives in apartment or house re-engineered accessible for persons with disabilities:	<b>No</b>
Outside Environment	
Availability of emergency assistance - e.g., telephone, alarm response system:	<b>Yes</b>
Accessibility to grocery store without assistance:	<b>No</b>
Availability of home delivery of groceries:	<b>Yes</b>