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## FACILITY RECAP FORM

Insured/Applicant Name: \_\_\_\_\_

LOCATION ADDRESS	STAFF TO PATIENT RATIO DAY / NIGHT	TOTAL BED/UNITS	SKILLED CARE	INTERMEDIATE CARE	ASSISTED LIVING	UNASSISTED/ RETIREMENT

### Population Characteristics

Please indicate the average percent of patients in your facilities that falls within the following categories.

- Class 1: Individuals of retirement age without major physical or cognitive debilitations.
- Class 2: Individuals with a minor degree of physical debilitation. Requires assistance in movement in the form of a cane, a walker, or wheelchair. Individual is not prone to blackouts nor severe dizziness and demonstrates little to no cognitive impairment.
- Class 3: Individuals with cognitive impairments that affect memory, learning, and self-awareness. These individuals are prone to drastic changes in mood and may suffer from dementia. These individuals have no major physical impairments in that they are able to move about with little to no assistance.
- Class 4: These individuals have both physical and cognitive impairments. They are unable to move about without a great deal of assistance. They are also prone to drastic changes in mood and may suffer from dementia. They also have medical conditions that render them prone to blackout, seizures, or lack of balance.
- Class 5: These individuals have serious physical and mental impairments that require medication and constant supervision. These individuals are prone to drastic changes in mood. They have a low

degree of self-awareness and their perception of their environment is compromised. They also have little to no mobility and may or may not be bedridden.

Please indicate by percentage the population of your facilities that fall within each of the five categories:

<b>LOCATION #</b>	<b>CLASS 1</b>	<b>CLASS 2</b>	<b>CLASS 3</b>	<b>CLASS 4</b>	<b>CLASS 5</b>

Comments: \_\_\_\_\_  
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