

Updating Your Categories of Care

(Log In at www.massmap.org – LTC Beds Tab)

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

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

i 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.

Facility Type	Total Beds	Surge @ 10%*	Ventilator Dependent Max Capacity (already included in Total Beds)	Dementia - Secured Unit Max Capacity (already included in Total Beds)
NH / AL / RH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Adult Day Care: Please provide the maximum # of Adult Day Care residents.

i 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.