

**Ohio Living  
Matrix System  
Creating the Face Sheet**

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# Ohio Living Matrix System Creating the Face Sheet

## Resident Face Sheet:

The Face Sheet contains all the Resident Demographic, Advance Directives, Contact, Allergies, Diagnosis and Insurance Information.

**View Resident**

Shaw, Cooper C DNRCC Hospice

Physician:	JOHN PHYSICIAN MD	Photo:		<a href="#">Update</a>   <a href="#">Delete</a>
Unit/Room/Bed:	Skilled Nursing East/149/A			
Status:	In House			

Report
Census

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### Demographics

Name:	Cooper C Shaw	Race:	Unknown
Preferred Name:	Coop	Religion:	Disciples of Christ
Sex:	M	Marital Status:	Never Married
D.O.B.:	05/02/1930	Language:	
Age:	84	Is Responsible for Self:	No

### Census Summary

Facility:	SNF OPRS Training Facility	Last Qualifying Hospital Stay:	
Admit Date:	02/18/2010 10:49 PM (current)	Admitted From:	
		Referral Source:	
Discharged:		Discharged To:	
Primary Discharge Diagnosis:		Discharge Reason:	
		Condition on Discharge:	

# Ohio Living Matrix System Creating the Face Sheet

## History

Previous Address:	121 Pine Drive Findlay, OH 45218	Military Service:	
		Veteran Elig (10-5588):	No
		Service Connected Disability & Percentage:	No 0.0 %
County:		Last Branch of Military Service:	
Previous Occupation:		Last Military Service From Date:	
Mother's Maiden Name:		Last Military Service To Date:	
		VA Claim Number:	
		Service Number:	

## Payer Information

Primary Payer:	Medicare A	SSN:	050301930
Medical Record #:	1501648-03	Medicare A #:	050301930A
Medicare B #:		Medicaid #:	

## Insurance Information

Insurance	Group Name	Group #	Insured's ID #	Payer Address	Payer Phone
No Insurance Information.					

## Additional Fields

Previous Phone Number :		Entrance Fee Type :	
Long Term Care Ins Name :		Respite Care (Y/N) :	
Fincl Disc Updated (MM/DD/YY) :		Direct Depst/Credit Card (Y/N) :	
Primary Care Physician :	Dr. Scott Riggs		

## Advanced Directives

Check all that apply:	Notes:	Copy on file?	Check all that apply:	Notes:	Copy on file?
<input type="checkbox"/> *Living Will			<input checked="" type="checkbox"/> *Do Not Resuscitate (DNRCC)		
<input type="checkbox"/> Full Code			<input type="checkbox"/> Do Not Intubate (DNI)		
<input type="checkbox"/> *Organ Donation			<input type="checkbox"/> *Do Not Hospitalize		
<input type="checkbox"/> *Autopsy Request			<input type="checkbox"/> *Feeding Restrictions		
<input checked="" type="checkbox"/> Hospice			<input type="checkbox"/> *Medication Restrictions		
<input type="checkbox"/> Other			<input type="checkbox"/> *Other Treatment Restrictions		

\*Items pull to MDS 2.0 question A10

## Alerts

Alerts:	None Specified
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## Face Sheet Notes

Notes:	Wears bilateral hearing aids. Allergy Alert - Celebrex causes rash
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**Update**

## Providers ?

**Add Provider**

Type	Provider	Phone	
Physician	<a href="#">JOHN PHYSICIAN MD - Attending</a>	(111) 111-1111	
	<a href="#">AYSER HAMOUDI MD - Alternate</a>	(614) 486-9461	<a href="#">Delete</a>
Funeral Home	<a href="#">Behm Family Funeral Homes Inc</a>	(440) 428-4401	<a href="#">Delete</a>
	<a href="#">Bolin Funeral Home</a>	(740) 452-4551	<a href="#">Delete</a>
Hospice	<a href="#">Senior Independence</a>	(614) 433-0031	<a href="#">Delete</a>

# Ohio Living Matrix System Creating the Face Sheet

Lab	<a href="#">MedLab</a>	(800) 522-7556 (800) 750-6720 Fax	<a href="#">Delete</a>
NP/PA	<a href="#">Nancy Nursepractitioner</a>	(111) 233-5555	<a href="#">Delete</a>
Pharmacy	<a href="#">Skilled Care</a>	(513) 459-8484 (513) 459-8278 Fax	<a href="#">Delete</a>
Radiology	<a href="#">Mobilex USA</a>	(800) 932-2222 (866) 250-2872 Fax	<a href="#">Delete</a>

## Contacts ?

[Add Contact](#)

Relationship	Name	Responsibilities	Call Order	Phone	Notes
Brother	<a href="#">Ian Shaw</a>	Legal Guardian Responsible Guardian	1	(555) 555-6700 Primary	Notes here

## Allergies

[Add Allergy](#)

Category	Allergy	Start Date	Screen		
Drugs	Celebrex	02/18/2010		<a href="#">Edit</a>	<a href="#">Delete</a>
	Celebrex (rash)	02/18/2010		<a href="#">Edit</a>	<a href="#">Delete</a>
	Penicillin	08/28/2009		<a href="#">Edit</a>	<a href="#">Delete</a>

[View allergies history](#)

## Current ICD-9 Diagnoses

[Add Diagnosis](#)

ICD-9	Description	Prelim?	Date Diagnosed	
733.96	<a href="#">Stress fracture, femoral neck</a>	Primary/Admission	01/25/2009	<a href="#">Remove</a>

Not most descriptive code available

Facility customized

Obsolete diagnosis

[View diagnosis history](#) | [AR claims sequencing](#) | [Clinical sequencing](#)

Session will expire in approximately 24 minutes.

1. Click on the Update button to modify the demographic portion of the Face sheet. The data fields will turn into boxes allowing you to enter different information.

Corporate | Messages | **Resident** | Reports | Facility | RAI

### Edit Resident

[Angerton, Joan](#) **DNRC**

#### Demographics

<b>Nursing Facility:</b>	OPRS Training Facility		
<b>Resident Name:</b>	First: <input type="text" value="Joan"/>	Middle: <input type="text"/>	Last: <input type="text" value="Angerton"/>
Preferred Name:	<input type="text"/>	<b>Admit Date:</b>	01/02/2007 09:10 AM
<b>Sex:</b>	<input type="text" value="Female"/>	Unit:	Skilled Nursing East
<b>D.O.B.:</b>	<input type="text" value="10/20/1926"/>	Room/Bed:	133/A
Language:	<input type="text" value="english"/>	Race:	<input type="text" value="White, not of Hispanic origin"/>
Responsible for Self:	<input type="checkbox"/>	Religion:	<input type="text" value="Non-Denominational"/>
Marital Status:	<input type="text" value="Married"/>		

#### History

Previous Address:	<input type="text" value="1428 Brookside Rd"/>	Previous Occupation:	<input type="text" value="Secretary"/>
	<input type="text"/>	Mother's Maiden Name:	<input type="text" value="Smith"/>
City:	<input type="text" value="Westerville"/>	Military Service:	<input type="text" value="None"/>
State:	<input type="text" value="OH"/>		
Zip:	<input type="text" value="43081"/>		

# Ohio Living Matrix System Creating the Face Sheet

## Add Provider:

Providers are physicians, lab, pharmacy, radiology, hospice, funeral home, etc.

1. Click on Add Provider to add one to the list.

Providers <span style="float: right;">Add Provider</span>		
Type	Provider	Phone
Lab	<a href="#">Kilbourne Medical Laboratory</a>	(888) 522-7565 (866) 255-7601 Fax <a href="#">Delete</a>
Pharmacy	<a href="#">Skilled Care</a>	(513) 459-8484 (513) 459-8278 Fax <a href="#">Delete</a>
Physician	<a href="#">PATRICK CHALLENGER MD</a> - Alternate	(614) 257-5800 <a href="#">Delete</a>
	<a href="#">JOHN PHYSICIAN MD</a> - Attending	(111) 111-1111
Radiology	<a href="#">Mobilex</a>	(800) 888-2226 (800) 288-1059 Fax <a href="#">Delete</a>

2. Select the Provider Role.

Messages Resident Facility RAI Menu

Search Facility Provider

[+ Angerton, Joan DNRCC](#)

Provider Role:

- Select One --
- Agency
- Ambulance Service
- Attorney
- Bank / Credit Union
- Beauty / Barber
- Cardiologist
- Church / Temple
- Clinic
- Clinical Nurse Specialist
- Consultant

[Search](#) [Cancel](#)

3. Select the Provider name and in the case of physicians, whether they are the attending, alternate or consulting and click on Save. Click on Cancel to not save

Messages Resident Facility RAI Menu

Search Facility Provider

[+ Angerton, Joan DNRCC](#)

Provider Role:

[Search](#)

Physician Search Results

Physician:

Responsibility:

[Cancel](#) [Save](#) [Save & New](#)

To delete a provider, click on the [delete](#) link on the line for that provider. To change the attending physician, add the new one as the attending which will move the current attending to alternate; then delete the alternate.

# Ohio Living Matrix System Creating the Face Sheet

## Add/Update Contact

Contacts are Family, Friends, Significant Others, etc.

1. Click on Add Contact to Add a new contact.

Contacts <span style="float: right;">Add Contact</span>					
Relationship	Name	Responsibilities	Call Order	Phone	Notes
Brother	<a href="#">milton.smith</a>	Legal Guardian Responsible	1	(614) 228-8888 Primary (614) 555-5555 Cell	vacation
Spouse	<a href="#">John Agerton</a>	Durable POA - Financial Durable POA - Health care Legal Guardian Responsible Family Member Responsible	2	(614) 525-8900 Primary	

2. The bolded field names indicate required fields. Click on Save, if you are adding only one Contact. Click on Save & New to add another Contact.

Messages **Resident** Facility RAI Menu

Add Contact

[Angerton, Joan](#) DNRC

**Contact Information**

Relationship: <span style="border: 1px solid #ccc; padding: 2px;">-- Select One --</span>	
Contact Name: <span style="border: 1px solid #ccc; padding: 2px;">--</span> First: <span style="border: 1px solid #ccc; padding: 2px;"></span> M.I.: <input type="checkbox"/> Last: <span style="border: 1px solid #ccc; padding: 2px;"></span> Title: <span style="border: 1px solid #ccc; padding: 2px;"></span>	
Address: <span style="border: 1px solid #ccc; padding: 2px;"></span>	Primary Phone: <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
<span style="border: 1px solid #ccc; padding: 2px;"></span>	<span style="border: 1px solid #ccc; padding: 2px;">-- None --</span> <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
City: <span style="border: 1px solid #ccc; padding: 2px;"></span>	<span style="border: 1px solid #ccc; padding: 2px;">-- None --</span> <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
State: <span style="border: 1px solid #ccc; padding: 2px;">OH</span>	<span style="border: 1px solid #ccc; padding: 2px;">-- None --</span> <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
Zip: <span style="border: 1px solid #ccc; padding: 2px;"></span>	<span style="border: 1px solid #ccc; padding: 2px;">-- None --</span> <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
Email: <span style="border: 1px solid #ccc; padding: 2px;"></span>	<span style="border: 1px solid #ccc; padding: 2px;">-- None --</span> <span style="border: 1px solid #ccc; padding: 2px;"></span> Ext. <span style="border: 1px solid #ccc; padding: 2px;"></span>
Call Order: <span style="border: 1px solid #ccc; padding: 2px;">--Select one--</span>	
Notes: <div style="border: 1px solid #ccc; height: 20px;"></div>	

**Responsibilities**

Responsibilities: <input type="checkbox"/> Legal Guardian responsible * <input type="checkbox"/> Other Legal Oversight * <input type="checkbox"/> Durable power of attorney/health care * <input type="checkbox"/> Durable power of attorney/financial * <input type="checkbox"/> Family member responsible * <input type="checkbox"/> Emergency Contact	<input type="checkbox"/> Responsible Party <input type="checkbox"/> Power of attorney/health care <input type="checkbox"/> Power of attorney/financial <input type="checkbox"/> Guardian <input type="checkbox"/> Primary Financial Contact <input type="checkbox"/> Receive AR Statement
---	--

\* Items pull to MDS question A9

Cancel
Save
Save & New

**Tip:** The Asterisks beside Responsibilities indicate information that is pulled to the MDS Assessment.

3. Click on the Blue underlined name to make changes to the Contact information.

# Ohio Living Matrix System Creating the Face Sheet

Contacts <span style="float: right;">Add Contact</span>					
Relationship	Name	Responsibilities	Call Order	Phone	Notes
Brother	<a href="#">milton smith</a>	Legal Guardian Responsible	1	(614) 228-8888 Primary (614) 555-5555 Cell	vacation
Spouse	<a href="#">John Agerton</a>	Durable POA - Financial Durable POA - Health care Legal Guardian Responsible Family Member Responsible	2	(614) 525-8900 Primary	

## Allergies:

Allergies can be edited or deleted, the start date changed or added. There are extensive lists of Drugs, Environment and Food Allergies that can be selected.

Allergies <span style="float: right;">Add Allergy</span>					
Category	Allergy	Start Date			
Drugs	Penicillin V Potassium	01/01/1900	<a href="#">Edit</a>	<a href="#">Delete</a>	
	Sulfamethoxazole	01/01/1900	<a href="#">Edit</a>	<a href="#">Delete</a>	
	Sulfonamides	01/01/1900	<a href="#">Edit</a>	<a href="#">Delete</a>	
Environment	Dust	01/02/2007	<a href="#">Edit</a>	<a href="#">Delete</a>	
	Mold	01/02/2007	<a href="#">Edit</a>	<a href="#">Delete</a>	
	to work	01/02/2007	<a href="#">Edit</a>	<a href="#">Delete</a>	
Food	Additives	01/02/2007	<a href="#">Edit</a>	<a href="#">Delete</a>	

1. Click on Add Allergy to add.

2. If you do not find an allergen in the list, you can add a new allergen. This should be a very rare occurrence, nearly all allergens should be in the system. Be sure that you are not adding a duplicate allergen.
3. Click on Save after changes made.

**Tip:** The system does not check for drug or drug food interactions.

# Ohio Living Matrix System Creating the Face Sheet

## Diagnosis

Diagnosis codes are normally maintained by the MDS Nurse(s). You do not need to complete this section unless it's an AL patient.

1. Click on Add Diagnosis noting the footnote symbols:

[Current ICD-9 Diagnoses](#) **Add Diagnosis**

ICD-9	Description	Prelim?	Date Diagnosed
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2. Select the most appropriate diagnosis:

[Search For Diagnosis](#)

ICD-9 Code:	<input type="text"/>	ex: 315.09	<input type="checkbox"/> Include Obsolete Codes
Description:	<input type="text" value="Diabetes"/>	ex: CVA, Thrombosis	

**Cancel** **Search**

[Search Results](#) 1 - 25 of 96 [Next >](#)

ICD-9	Description	Keywords
249	<a href="#">Secondary diabetes mellitus</a>	
249.0	<a href="#">Sec DM w/o mention of comp</a>	<b>Diabetes</b> , DM

3. Click on Save

## Census

1. Selecting the Census button toward the top of the View Resident screen will permit you to view all the census activity for a resident. This includes transfers to hospitals, discharges and admissions.

Messages Resident **Facility** RAI Menu

**Resident Census** Teach Me

**Angerton, Joan** DNRCC

[Census Records](#)

Date/Time	Census Type	Level of Care	Payer	Unit/Room/Bed
03/22/2007 03:47 PM	Return	None	Medicare A - Training Sys Medicare Part A	Skilled Nursing East / 133-A SNF Semi-Private
03/13/2007 02:41 PM	Discharge - Return Expected	None	Medicare A - Training Sys Medicare Part A	
02/08/2007 05:20 PM	Information Change	None	Medicare A - Training Sys Medicare Part A	Skilled Nursing East / 140-A SNF Semi-Private
02/08/2007 05:17 PM	Information Change	None	Medicare A - Training Sys Medicare Part A	Skilled Nursing East / 131-A SNF Semi-Private
01/02/2007 09:10 AM	Admission	None	Medicare A - Training Sys Medicare Part A	Skilled Nursing East / 131-A SNF Semi-Private