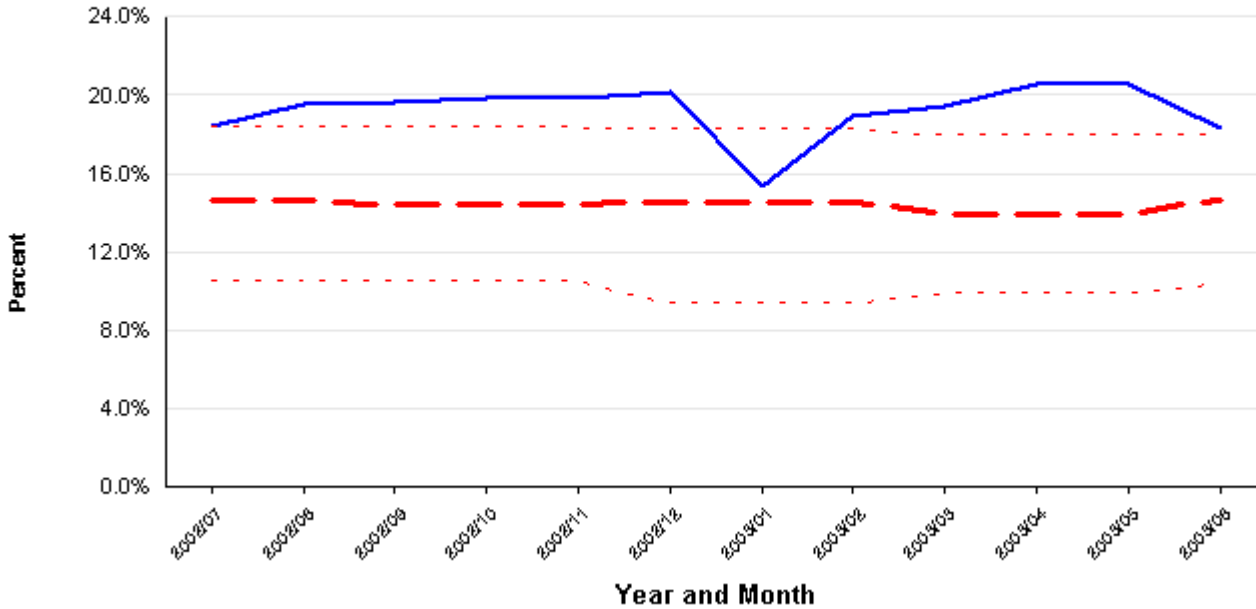
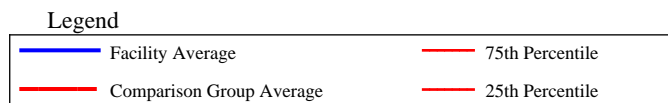
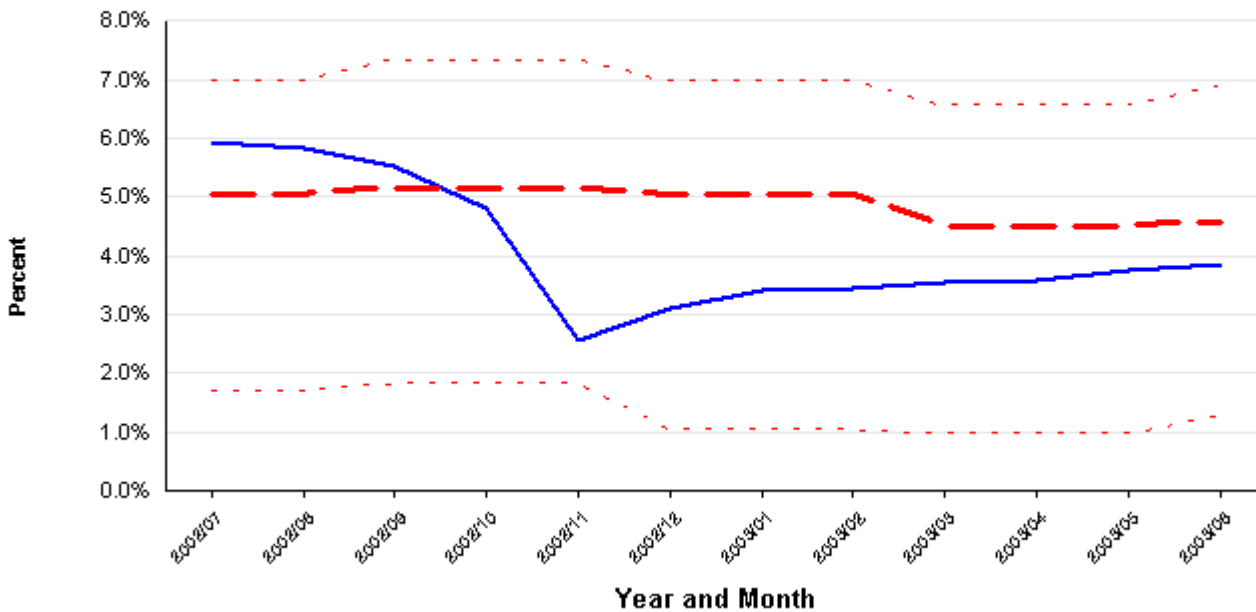


Facility QI / QM Graphs over 12 Months - Chronic Care

QI /QM #1.2 Prevalence of falls

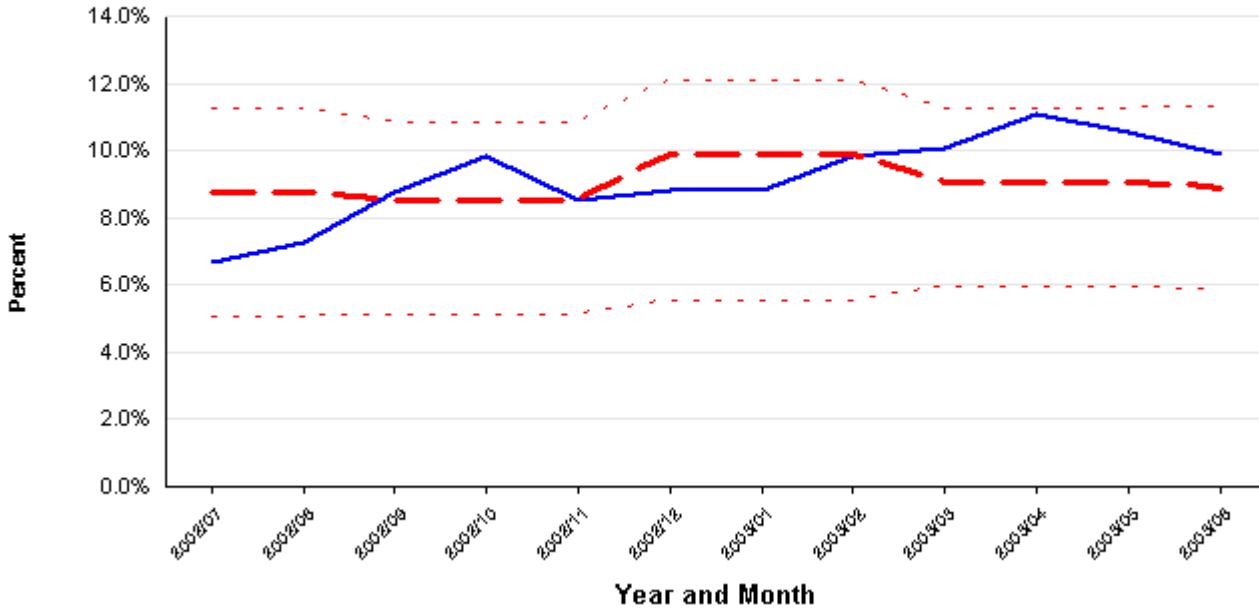


QI /QM #2.3 Prevalence of symptoms of depression without antidepressant therapy



Facility QI / QM Graphs over 12 Months - Chronic Care

QI /QM #7.1 Residents who lose too much weight



Legend

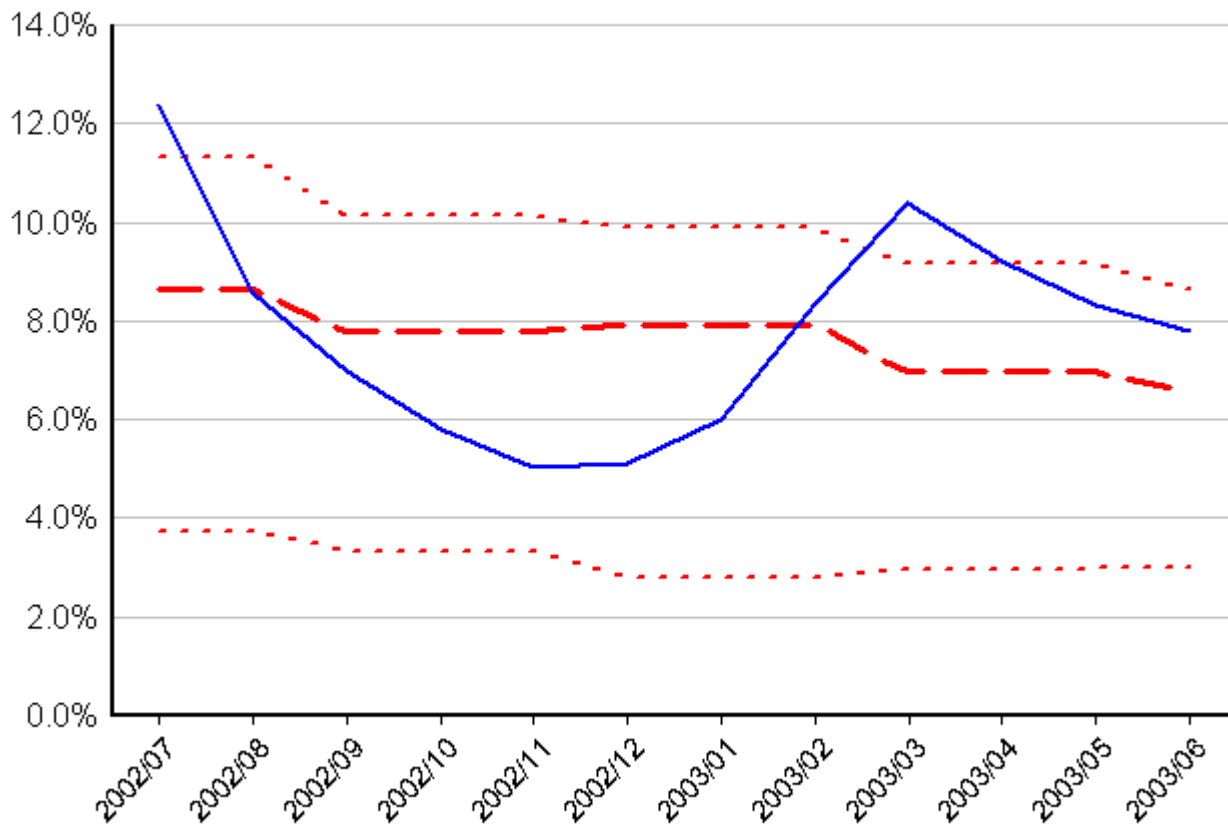
— Facility Average	- - - 75th Percentile
- - - Comparison Group Average	- - - 25th Percentile

Facility QI / QM Graphs over 12 Months - Chronic Care

REGRESSION ADJUSTED

QI / QM #8.1 Residents who have moderate to severe pain

Facility and comparison group numbers for the graph on this page have been adjusted using the same Regression Adjustment Process used for reports from CMS



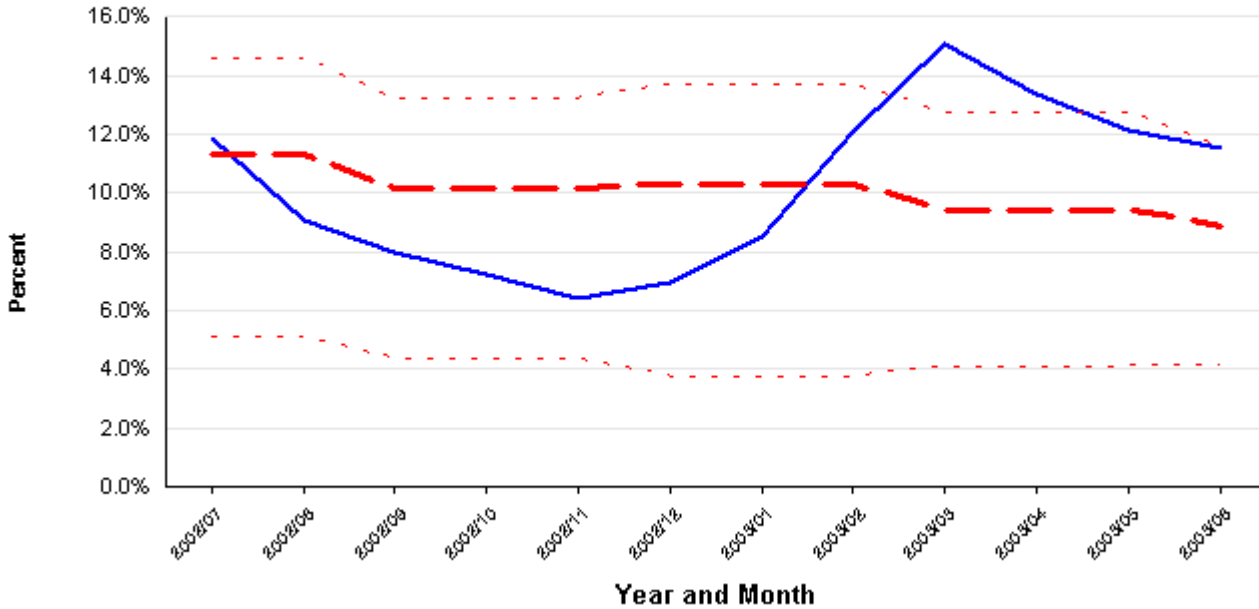
The graph on this page shows the overall facility average after adjusting for the risk factors specified by the Centers for Medicare and Medicaid Services (CMS). The comparison group average and percentile ranks are also adjusted for risk. Unadjusted QI / QM graphs for this indicator appear on adjacent pages

Legend

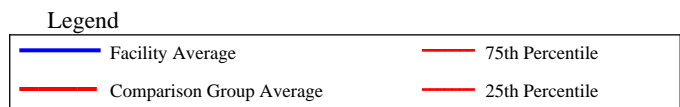
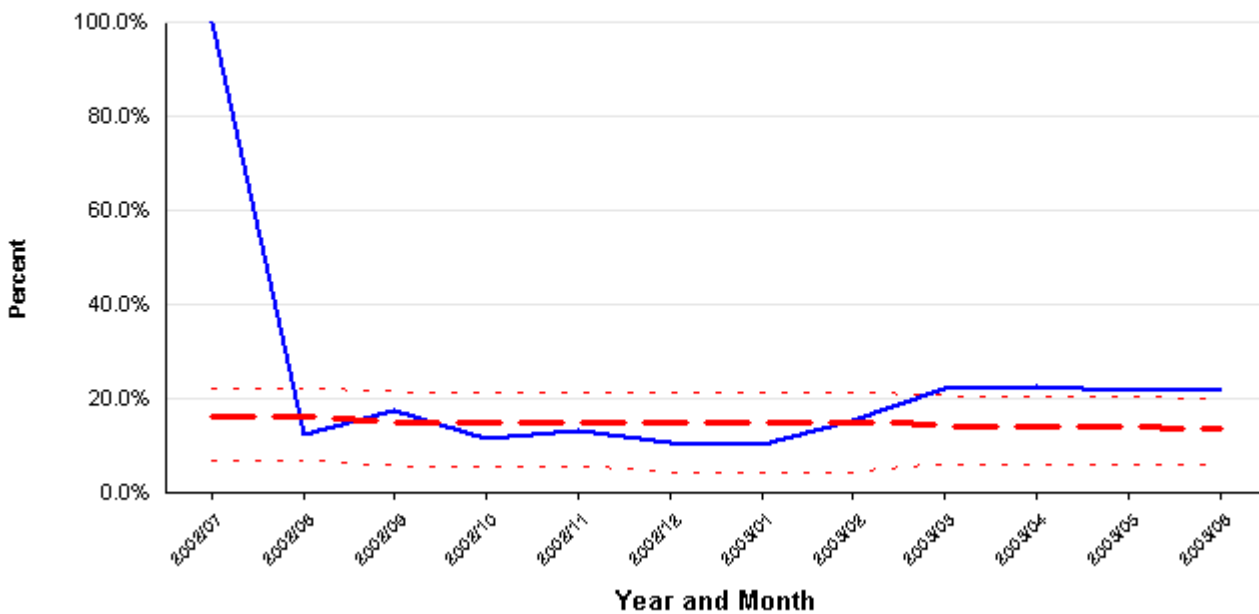
— Facility Average	— 75th Percentile
- - - Comparison Group Average	- . - 25th Percentile

Facility QI / QM Graphs over 12 Months - Chronic Care

QI /QM #8.1 Residents who have moderate to severe pain

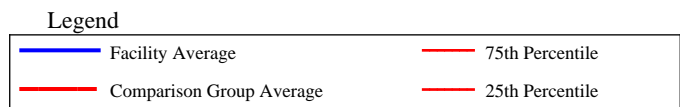
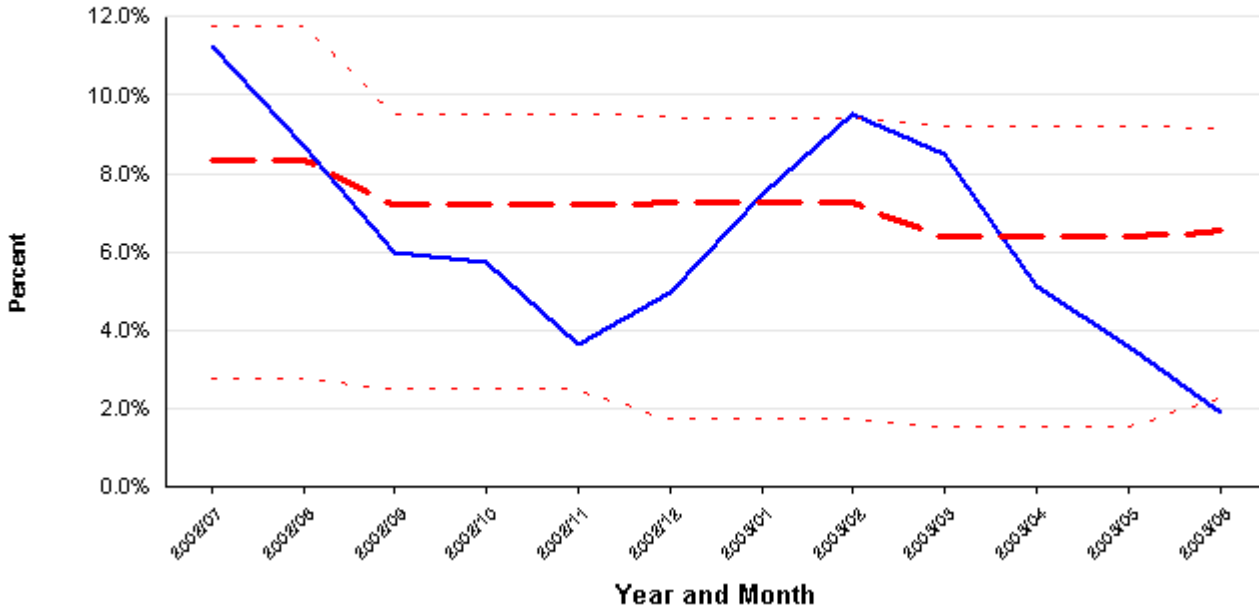


**QI /QM #8.1 Residents who have moderate to severe pain
 High risk**



Facility QI / QM Graphs over 12 Months - Chronic Care

**QI /QM #8.1 Residents who have moderate to severe pain
 Low risk**



Individual QI / QM Series - Chronic Care: Prevalence of falls

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment Date		Accidents		Behavioral		Clin	Cogn	Elimination/Continence			Infect	Nutrition		Pain Manag.		Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total				
	AA8a	AA8b	New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr		Little Active	Pressure Ulcer		
Current Residents																															
L10149, F10149	3/19/03	03		ü				ü						ü									ü	ü						5	
L10159, F10159	3/12/03	03		ü	ü			ü						ü							ü					ü				7	
L10160, F10160	2/12/03	05		ü																			ü							2	
L10163, F10163	2/ 3/03	02		ü	ü			ü						ü							ü					ü				7	
L10172, F10172	4/14/03	05		ü				ü													ü					ü		ü		5	
L10181, F10181	3/25/03	02		ü		ü		ü					ü								ü		ü			ü				8	
L10191, F10191	2/19/03	05		ü				ü	ü				ü								ü									5	
L10211, F10211	3/10/03	05		ü				ü													ü	ü	ü							5	
L10232, F10232	2/28/03	02		ü	ü			ü	ü									ü			ü									6	
L10287, F10287	4/ 5/03	02		ü	ü				ü																					3	
L27981, F27981	4/14/03	05		ü				ü	ü					ü							ü					ü				7	
L49261, F49261	4/11/03	03		ü	ü	ü		ü	ü												ü					ü				8	
L66375, F66375	3/27/03	03		ü	ü				ü		ü							ü			ü					ü				7	
L66396, F66396	2/13/03	03		ü		ü		ü	ü												ü									5	
L66399, F66399	3/31/03	05	ü	ü				ü			ü															ü				6	
L66401, F66401	4/ 7/03	05		ü																						ü				2	
L66403, F66403	4/ 7/03	05		ü				ü											ü							ü				4	
L88976, F88976	4/28/03	05		ü				ü	ü												ü									4	
L88998, F88998	4/ 4/03	01		ü						ü			ü	ü												ü				5	
L88999, F88999	4/ 8/03	01		ü																										1	
L89003, F89003	4/13/03	01		ü		ü		ü			ü	ü	ü													ü				7	
L89004, F89004	4/13/03	01		ü																										1	
L89005, F89005	4/15/03	01		ü				ü															ü	ü						5	
L89007, F89007	4/18/03	01		ü																						ü				3	
L89009, F89009	4/26/03	01		ü		ü		ü			ü																		ü	5	
Discharged Residents																															
L49273, F49273	1/11/03	03		ü	ü			ü													ü						ü				5
L66402, F66402	1/18/03	01		ü		ü																									3
L66404, F66404	1/28/03	01		ü				ü															ü								3

Individual QI / QM Series - Chronic Care: Prevalence of falls

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment Date		Accidents		Behavioral			Clin	Cogn	Elimination/Continence			Infect	Nutrition			Pain Manag.		Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total	
	Date	AA8a	AA8b	New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr	Little Active		Pressure Ulcer
Discharged Residents																														
L88972, F88972	1/31/03	01		ü				ü						ü															ü	4
L88973, F88973	1/31/03	01		ü																			ü					ü	3	
L88974, F88974	2/ 4/03	01		ü											ü														ü	3
L88975, F88975	2/ 6/03	01		ü				ü						ü															ü	4
L88977, F88977	2/10/03	01		ü						ü		ü															ü		ü	5
L88978, F88978	2/11/03	01		ü																									ü	1
L88980, F88980	2/18/03	01		ü				ü																			ü		ü	4
L88990, F88990	3/14/03	01		ü						ü		ü																	ü	4

Individual QI / QM Series - Chronic Care: Prevalence of symptoms of depression without antidepressant therapy

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment		Accidents		Behavioral			Clin	Cogn	Elimination/Continence			Infect	Nutrition			Pain		Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total		
	Date	AA8a AA8b	New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr	Little Active	Pressure Ulcer			
Current Residents																															
L10130, F10130	3/ 3/03	05				Hi	Lo																								2
L10181, F10181	3/25/03	02		ü		ü				ü				ü								ü					ü			8	
L49261, F49261	4/11/03	03		ü	ü	ü			ü	ü												ü					ü			8	
Discharged Residents																															
L66365, F66365	1/22/03	05							ü	ü				ü	ü												ü	ü		8	
L88993, F88993	4/ 9/03	01				ü			ü					ü				ü							ü	ü				7	

Individual QI / QM Series - Chronic Care: Residents who lose too much weight

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment Date		Accidents		Behavioral			Clin	Cogn	Elimination/Continence			Infect	Nutrition			Pain Manag.		Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total		
	Date	AA8a	AA8b	New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr	Little Active		Pressure Ulcer	
Current Residents																															
L10127, F10127	4/28/03	05				ü			ü					ü	ü								ü				ü				6
L10145, F10145	3/24/03	05				ü									ü															2	
L10149, F10149	3/19/03	03		ü					ü						ü									ü	ü					5	
L10159, F10159	3/12/03	03		ü	ü				ü						ü							ü				ü				7	
L10163, F10163	2/ 3/03	02		ü	ü				ü						ü							ü				ü				7	
L10164, F10164	2/19/03	02			ü				ü	ü					ü	ü										ü				6	
L23075, F23075	3/19/03	01							ü						ü	ü								ü			ü			4	
L27981, F27981	4/14/03	05		ü					ü	ü					ü				ü			ü				ü				7	
L42302, F42302	3/ 7/03	02			ü	ü			ü						ü							ü	ü			ü				7	
L42315, F42315	3/27/03	03							ü			ü			ü															4	
L66384, F66384	4/11/03	01			ü				ü						ü									ü						4	
L88991, F88991	4/ 5/03	01							ü	ü					ü	ü										ü	ü			6	
L88996, F88996	3/29/03	01							ü						ü									ü	ü					5	
L88998, F88998	4/ 4/03	01		ü							ü				ü	ü										ü				5	
Discharged Residents																															
L35324, F35324	1/ 6/03	01							ü						ü										ü					4	
L66362, F66362	1/13/03	01							ü						ü	ü								ü	ü		ü			7	
L66365, F66365	1/22/03	05					ü	ü	ü	ü	ü				ü	ü										ü	ü			8	
L66395, F66395	1/ 8/03	01					ü			ü		ü			ü											ü				5	
L66398, F66398	1/11/03	01							ü						ü															2	
L88974, F88974	2/ 4/03	01		ü											ü															3	
L88981, F88981	2/22/03	01													ü								ü	ü		ü				5	
L88990, F88990	3/14/03	01		ü						ü		ü			ü															4	
L89002, F89002	4/12/03	01								ü					ü				ü								ü				6
L89008, F89008	4/20/03	01							ü						ü				ü								ü				6

Individual QI / QM Series - Chronic Care: Residents who have moderate to severe pain

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment Date		Accidents		Behavioral			Clin	Cogn	Elimination/Continence			Infect	Nutrition			Pain Manag.		Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total		
	AA8a	AA8b	New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr	Little Active	Pressure Ulcer			
Current Residents																															
L10159, F10159	3/12/03	03		ü	ü			ü						ü			ü				ü					ü				7	
L10163, F10163	2/ 3/03	02		ü	ü			ü						ü			ü				ü					ü				7	
L10166, F10166	2/28/03	02			ü			ü		ü				ü			ü				ü							ü		7	
L10224, F10224	3/17/03	05						ü									ü						ü							3	
L10295, F10295	2/12/03	05						ü			ü	ü					ü	ü			ü					ü				7	
L42315, F42315	3/27/03	03						ü				ü					ü													4	
L49254, F49254	2/19/03	05						ü									ü													1	
L66385, F66385	2/26/03	05						ü						ü			ü				ü	ü	ü	ü		ü				8	
L66388, F66388	3/10/03	05						ü			ü						ü				ü					ü	ü			6	
L66399, F66399	3/31/03	05	ü	ü				ü			ü						ü									ü				6	
L88995, F88995	3/28/03	01						ü			ü						ü						ü	ü		ü				7	
L88996, F88996	3/29/03	01						ü									ü						ü	ü						5	
L89005, F89005	4/15/03	01		ü				ü									ü						ü	ü						5	
L89007, F89007	4/18/03	01		ü													ü									ü				3	
Discharged Residents																															
L35317, F35317	3/17/03	05						ü									ü	ü			ü	ü									5
L35324, F35324	1/ 6/03	01						ü									ü						ü								4
L42328, F42328	1/29/03	01	ü					ü									ü				ü										4
L66362, F66362	1/13/03	01						ü						ü	ü		ü						ü	ü		ü					7
L66368, F66368	1/22/03	05						ü		ü							ü				ü					ü	ü				6
L66402, F66402	1/18/03	01		ü			ü										ü														3
L88974, F88974	2/ 4/03	01		ü													ü														3
L88975, F88975	2/ 6/03	01		ü				ü									ü														4
L88977, F88977	2/10/03	01		ü						ü	ü						ü									ü					5
L88980, F88980	2/18/03	01		ü				ü									ü									ü					4
L88981, F88981	2/22/03	01															ü					ü	ü			ü					5
L88986, F88986	3/ 5/03	01						ü									ü														2
L88993, F88993	4/ 9/03	01				ü	ü	ü						ü			ü									ü	ü				7
L89002, F89002	4/12/03	01								ü							ü		ü							ü					6

Individual QI / QM Series - Chronic Care: Residents who have moderate to severe pain

(Only includes residents flagging on 1 or more QI/QMs ordered by resident name)

Resident Name	Most Recent Assessment Date	AA8a	AA8b	Accidents		Behavioral			Clin	Cogn	Elimination/Continence			Infect	Nutrition			Pain Manag.	Phys Function			Psych Drug Use			Q. of Life		Skin Care		Total		
				New Fract	Falls	More Deprs	Problem Behavior	Deprs No Tx	9+ Meds	Cog Impar	Incont	Indw Cath	Incont No TP	Fecal Impet	UTIs	Wt. Loss	Feed Tube	Dehyd	Pain	Decl ADLs	Bedfast	Decl Locomotion	Decl ROM	AntiP No Dx	Anti-Anxty	Hypn 2x wk	Daily Restr	Little Active		Pressure Ulcer	
Discharged Residents																															
L89008, F89008	4/20/03	01					Hi	Lo				Hi	Lo					Hi	Lo		Hi	Lo					Hi	Lo			6