



Thank you for participating in the Golden Strength & mindfulness Training Program! This program is fully funded by CMS and NCDHHS as they believe it will enhance the quality of life for your residents. Evidence based research on programs such as this show a significant reduction in depression, social isolation, anxiety and falls.

As with any CMS grant, we are required to track participation and measure outcomes to show the program works, but we wanted to make this as simple as possible. Along the number of residents that participate, we will only be measuring 2 outcomes for just up to 10 residents, that is we track Resident Satisfaction with the program and Falls.

You simply sign up the residents participating and get baseline satisfaction and MDS scores for falls on up to 10 of those residents. You submit this data within the first 3 months and then the average daily total participation along with satisfaction and falls data for up to 10 residents every 6 months. It may be best to track the residents you believe will be on the program long term.

You will need to designate “Champions” to assist in the data collection:

- Who will maintain a log of program participants?
- Who will collect Satisfaction surveys?
- Who will collect MDS data?
- Who will document data onto the outcomes measures log and submit data log to the Program Director?

The first requirement is documenting participating residents. Simply track participants using whatever tool you typically use for activities or use the log we provide so you can assign the residents a unique HIPPA compliant identifier which will be used to submit data to us.



FOR FACILITY USE ONLY:

Resident Identifier Log for Golden Years Program

Resident	Identifier Number	Start Date	Inactive Date

Next is outcomes measures and there are only two, ***Satisfaction with Activities*** and ***Falls***.

Outcome 1: We will measure resident satisfaction with the program and their overall perception of quality of life using a Quality of Life survey tool.

The survey tool is available as a fillable PDF, so it's easy to use, edit as needed and stored on your computer or facility shared drive.

Program goals are a 20% relative increase in satisfaction and perceptions of Quality of Life at your home. This survey will evaluate resident satisfaction and engagement in using the program and is comprised of just three questions:

1. Are there enough scheduled activities here?
2. Are there things to do on weekends that you enjoy?
3. Are you satisfied with the exercise programs?

Resident/Representative Satisfaction Survey

This survey collects anonymous feedback of your satisfaction residing in this nursing home. Your responses will help improve our culture and overall satisfaction with care and services. Thanking for taking the time to complete the survey!

Your survey responses will...

- **Help** your opinions be heard.
- **Help** make leadership aware of areas that need improvement.
- **All responses are confidential and anonymous.**

Please note: Family members may complete the surveys for the residents they represent. Champions can assist residents as needed to complete the survey. We suggest the resident must have a BIMS score above 8 to complete the survey.

PLEASE CHECK BOX FOR RESIDENT OR FAMILY THEN CIRCLE YOUR RESPONSES TO EACH QUESTION

		poor	fair	good	excellent
<input type="checkbox"/> Resident <input type="checkbox"/> Representative					
1	Are there enough scheduled activities here?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are there things to do on weekends that you enjoy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you/resident satisfied with the exercise programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Score: _____

Date: _____

Thank you for taking this survey!

MDS Falls Data

Outcome 2: We expect the participating residents will experience at least a 10% reduction in falls and falls with injury. This improvement will correlate to a 10% reduction in score for MDS items J1800 and J1900.

To establish baseline data for expected outcome, quarterly MDS scores for up to 10 participating residents will be obtained from facilities for the first quarter preceding the start date of the program.


Throughout the duration of this program, MDS scores for falls and falls with injury will be obtained every 6 months and aggregate scores will be compared to baseline data to determine if we are achieving the expected outcome.

Resident _____		Identifier _____		Date _____	
Section J		Health Conditions			
Other Health Conditions					
J1100. Shortness of Breath (dyspnea)					
↓ Check all that apply					
<input type="checkbox"/>	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)				
<input type="checkbox"/>	B. Shortness of breath or trouble breathing when sitting at rest				
<input type="checkbox"/>	C. Shortness of breath or trouble breathing when lying flat				
<input type="checkbox"/>	Z. None of the above				
J1400. Prognosis					
Enter Code	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)				
<input type="checkbox"/>	0. No				
	1. Yes				
J1550. Problem Conditions					
↓ Check all that apply					
<input type="checkbox"/>	A. Fever				
<input type="checkbox"/>	B. Vomiting				
<input type="checkbox"/>	C. Dehydrated				
<input type="checkbox"/>	D. Internal bleeding				
<input type="checkbox"/>	Z. None of the above				
J1700. Fall History on Admission/Entry or Reentry					
Complete only if A0310A = 01 or A0310E = 1					
Enter Code	A. Did the resident have a fall any time in the last month prior to admission/entry or reentry?				
<input type="checkbox"/>	0. No				
	1. Yes				
	9. Unable to determine				
Enter Code	B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry?				
<input type="checkbox"/>	0. No				
	1. Yes				
	9. Unable to determine				
Enter Code	C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry?				
<input type="checkbox"/>	0. No				
	1. Yes				
	9. Unable to determine				
J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent					
Enter Code	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?				
<input type="checkbox"/>	0. No → Skip to J2000, Prior Surgery				
	1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)				

Section J		Health Conditions	
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent			
		↓ Enter Codes in Boxes	
Coding: 0. None 1. One 2. Two or more	<input type="checkbox"/>	A. No injury - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall	
	<input type="checkbox"/>	B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain	
	<input type="checkbox"/>	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	

Data Collection & submission spreadsheet

Last is the submission spreadsheet. This is the only data sheet you send to us. You will use this simple tool to collect data and submit to us at the beginning of the program and every 6 months. That's it! The email address for submitting data is rickkral@2nomi.com

	A	B	C	D	E	F	G	H	I	J	K	L
1		Nursing Home Name:										
2		Project Duration:			02/01/2025 - 01/31/2028							
3												
4	Resident ID #	Start Date	Active Y/N	Initial J1800 Code	Initial J1900 Code	Initial Sat Survey Score	Month 6 J1800 Code	Month 6 J1900 Code	Month 6 Sat Survey Score	Month 12 J1800 Code	Month 12 J1900 Code	Month 12 Sat Survey Score
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The forms are attached in the email sent with these instructions. If you have any questions or comments, please call or email the Program Director - Rick Kral at (828) 507-2366 or rickkral@2nomi.com

Thanks again for allowing us to enhance the quality of life for your residents!