

REHABILITATION DEPARTMENT
MONTHLY ACTIVITY SUMMARY

Month _____ Year _____

	PT	OT	SPEECH	TOTAL
TOTAL # RESIDENTS ON THERAPY				
TOTAL ON MEDICARE A				
UNITS				
VISITS				
TOTAL ON HMO (PRIMARY)				
UNITS				
VISITS				
TOTAL ON MEDICARE B / OTHER				
UNITS				
VISITS				
TOTAL # PROGRESS REPORTS COMPLETED				
TOTAL # OF RE-EVALUATIONS				
TOTAL # OF DC REPORTS				
NEW ADMIT SCREENS COMPLETED				
# OF EVALS (NO PROGRAM)				
# OF EVALS (PUT ON PROGRAM)				
TOTAL # EVALS FROM SCREEN:				
RE ADMIT SCREENS COMPLETED				
# OF EVALS (NO PROGRAM)				
# OF EVALS (PUT ON PROGRAM)				
TOTAL # EVALS FROM SCREEN:				
CONSULT SCREENS COMPLETED				
# OF EVALS (NO PROGRAM)				
# OF EVALS (PUT ON PROGRAM)				
TOTAL # EVALS FROM SCREEN:				
MDS SCREENS COMPLETED				
# OF EVALS (NO PROGRAM)				
# OF EVALS (PUT ON PROGRAM)				
TOTAL # EVALS FROM SCREEN:				

MEDICAID CASE MIX PROGRAM SUMMARY

# OBRA MDS' (NON PPS):	
OF TOTAL, # ON REHAB PROGRAM:	
OF TOTAL, # THAT SCORED IN REHAB RUG:	
OF # IN REHAB RUG, # MEDICAID PRIMARY:	

**% OF MEDICAID OBRA MDS THAT SCORED
IN REHAB RUG:**

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REHABILITATION DEPARTMENT
MONTHLY ACTIVITY SUMMARY

CENSUS SUMMARY

NEW ADMISSIONS	
RE-ADMISSIONS	
DISCHARGED TO HOSPITAL	
DISCHARGED TO HOME/OTHER	
EXPIRED	
AVERAGE # OF EMPTY BEDS	
AVERAGE # ON SHORT TERM REHAB	

ANALYSIS OF ACTIVITY:

SIGNIFICANT DEPARTMENT EVENTS (PT, OT AND SPEECH)

Respectfully submitted,

