

Name: _____

Date: _____

Nursing

R E S I D E N T I D E N T I F I C A T I O N V A
K E R R Y U B Q L Y U K T H Z N T E H U N Q D Y
S C Y L V Q P P W E O P N P R P A F U Y X Z T X
P D X I M O X M P P C H E H A C R L M Y C A H N
I L T R H Y D Q M Q S E S U I Q C N P T R E G Z
T R E I V L A M V G S C N C N E U Q H E U R J P
P I N Z Q L H F F U H N O Z F R U A I F R G W G
E H S B H J C I B A A E C Z S A E H E Q C A M I
A O M Q B A C A R J E L A E R C J I T W Y R C G
X X O N D Z S G G B O O S B U M O H R V C Q M C
X V F Q T D E T A B L S N Q D R A C F J T Z L F
S K X Q F N K T R J T L B L Y E X H M L X C W B
T T C Q U C T A L A P R I S P T Q F S O E H A U
E V L R M E F J T C R G Q G G G P X V C Q S L J
Y S S T R V R I T F S W A I E N H H D K N A L M
G E F Y W C O F C H R O N I C O X T Y L L W I P
P S I M B N N M E D I C A R E L L O X S K H V G
Q P D P I B N H X O O H Z B T Z V K B U I P I K
W I G I L E G J V A Y P W H Q N A V Q S N C C D
S W L Y D N Z G A A C Y Q E Z N D C H C G T A V
P O M B U D S M A N H U S H O S P I C E O J D N
Z Q S F I F O L Y Y A P T S W U X R N X O X W B
J C A H O O T Y X D M I B E B Z F K T A M T C S
G F A Z B O A R D O F N U R S I N G K S Q W D M

Resident Identification
Nurses station
care plan
medicare
chronic
AHCCS
tips

Az board of nursing
Charge Nurse
civil law
Hospice
battery
Acute
OBRA

long term care
ombudsman
physican
consent
jcaho
Abuse