



NEXT Internal Release Notes 2025.11

Release Overview

This release delivers meaningful enhancements across Clinical and Risk Management—each designed to improve clarity, streamline workflows, and support more consistent, compliant resident care. Whether your teams are printing Facesheets or documenting investigations, this update introduces stronger controls, smarter automation, and more intuitive tools for day-to-day operations.

From customizable Facesheet configurations to integrated investigation-to-service-plan workflows, these updates help communities work more efficiently while maintaining accuracy and alignment with regulatory expectations.

Highlights

Facesheet Configuration & Layout Enhancements – Configure exactly which fields appear on the resident Facesheet and benefit from a refreshed, more readable printed layout with improved spacing, larger text, and a more prominent resident photo.

Investigation Interventions & Plan of Care Linking – Add services directly from an investigation, link Areas of Focus to Services, and control intervention availability through new configuration settings—ensuring follow-up care is documented clearly and tied to the resident’s broader care plan.

Configuration Enhancements for Investigation Interventions – Community-level controls allow teams to enable or disable Service Plan and Plan of Care integration within investigations, keeping forms streamlined and aligned with local workflows.

These enhancements work together to strengthen documentation accuracy, simplify coordination, and support efficient, compliant care throughout your communities.

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Facesheet Configuration

Facesheet Configuration – Flexible Resident Forms

Clinical Managers and above can now configure which fields appear on resident facesheet forms. This gives your teams the control they need to meet state-specific regulations, honor community preferences, and ensure the most relevant information prints every time.

Facesheets will always include core resident details like Name, Preferred Name and Pronouns, Admission Date, Unit, Gender, Date of Birth, Age, Religion, Marital Status, and Hospital Preference to maintain consistency. Beyond that, you decide exactly what to show, section by section—from demographics and contacts to medical information, and custom community fields.

Using a simple checkbox-based layout, you can quickly turn fields on or off, rename the facesheet title, and include optional details such as allergies (with the option to highlight them in red), diagnosis information, emergency contacts, billing identifiers, and more. Each change is saved as your community’s default facesheet configuration and automatically applied when the facesheet is printed.

This update helps you:

- Align facesheets with state regulatory requirements
- Standardize what staff see and print across communities
- Adapt quickly to operational or policy changes
- Reduce manual workarounds and one-off templates

Access & Navigation

- Available to: Clinical Managers, Community Managers, and Org Admin (when the Facesheet feature is enabled for your organization).
- Path: **Clinical** → **Configuration** → **Forms** → **Facesheet**
From there, you can edit the facesheet title, select which fields to include in each section, and save your configuration for use across the system.

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The screenshot displays the 'Facesheet' form interface. At the top left, there is a back arrow and the text 'Forms'. Below that, 'Facesheet' is written with a pencil icon, and a 'Save' button is in the top right corner. The form is divided into three main sections: 'Resident Demographic Section', 'Contacts', and 'Billing'. The 'Resident Demographic Section' contains a grid of checkboxes for various fields: Medical Record Number, Referral Source, Veteran Status, Resident Photo, Identifying Marks, Admitted from home, Previous Occupation, Previous Address, Prior County, Primary Language, Home Phone, Other Phone, Email, Race, Start of Care, Faith: Affiliation, Organization, Notes, Birthplace, Spouse's name, Maiden Name, and Date of current readmission. Below this grid are 'Admit Date' options (Print first, Print current) and a 'Print first' field with the value '5' and the text 'personal contacts'. The 'Contacts' section includes checkboxes for Funeral Home, Transportation preference, Ambulance preference, and Pharmacy Fax Number, followed by 'Which medical professional contacts should be printed?' options (Primary only, Print all) and an NPI Number checkbox. The 'Billing' section has checkboxes for Responsible party, Dental Plan, Health Plan, Medicare Number, and Medicaid Number, and an 'SSN' field with options (Show all, Show none, Mask).

Facesheet Layout Enhancements

We've refreshed the Facesheet layout to make it more readable, more polished, and more helpful for staff who rely on it every day. This update improves how information appears on the printed Facesheet, reduces unnecessary white space, increases font sizes, and makes the resident photo more prominent—resulting in a cleaner, more professional document that's easier to use in fast-paced care environments.

Each printed page now includes a consistent header with resident information, community details, the print date, and page number, ensuring every page is clearly labeled and audit-ready. The redesigned layout keeps information grouped logically, maintains consistent spacing, and adjusts the height of sections, so data flows naturally across pages without cutting lines mid-section.

These upgrades ensure your Facesheets remain both regulation-ready and staff-friendly, especially when printing multi-page records.

What's Improved

Larger Resident Photo

The resident photo now prints at a larger size for easier visual identification while maintaining clarity and correct proportions.

Cleaner, Condensed Spacing

White space has been reduced across the page with tightened line spacing, smarter margins, and consistent padding—improving readability without clutter.

Larger, More Legible Font Sizes

Face sheets now use slightly larger text and a clear hierarchy between titles, subtitles, and body content to improve readability for printed documents.



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Facesheet

Donna Anderson

Unit: 04 Birthday: 07/24/1933 Sex: Female

Red-Door House
123 Sunset Ave
Willmar, MN89653
Phone: (612) 351-5711
Fax: (612) 986-3654

Code Status: **Resuscitate**

Advance Directives: Full code - call 911, Living will on file

Demographics

Veteran Status: Army
Admitted from home: No
Previous Occupation: Accountant
Email: mkern@eldermark.com
Race: White
Start of Care: 05/08/2025
Birthplace: Fargo
Maiden Name: Hoven
Date of current readmission: 02/01/2024

Billing

Responsible party: Kern
MyriahBement Sarah
Medicare #: mce564321
Medicaid #: mdd468546
SSN: 321-56-5123

Health Insurance: BCBS
Policy #: p65413
Group #: g4798465

Dental Insurance: Delta
Policy #: 25132
Group #: 5161

Personal Contacts

Myriah Kern: Daughter, Conservator of Estate (CE), Responsible Party / Bill to (RP)
apt 12, 158 e shore, Jamestown, NY, 87456, Becker
Personal Email: myriah.kern@gmail.com
Mobile Phone: (701) 896-6532 **Preferred** Home Phone: (701) 842-6396 Work Phone: (701) 425-9636

Sarah Bement: Son, Responsible Party / Bill to (RP)
Personal Email: sbement@eldermark.com
Mobile Phone: (701) 111-2222

Medical Contacts

Hospital: Sanford • 30717 University Rd, Vermillion, SD, 57069, United States • (605) 670-9753
Transportation preference: Uber • (605) 670-9753
Ambulance preference: Fargo Ambulance • (612) 351-5711
Funeral Home: Sunset Funeral Homes • 606 Gilead Ave, Vermillion, SD, 57069, United States • (605) 670-9753

Medical Information

Diet: No Added Sugar
TB Test: Test type: Chest Xray - Test date: 2024-06-04 - Test result: Negative on 06/06/2024
Test type: Chest Xray - Test date: 2025-08-28 - Test result: tbTestResults.undefined on
Durable Medical Equipment: Cane
Care Level: Care Level 1
Height: 98 inch. (248.92 cm)
Weight: 223 lb. (101.15 kg)
Evacuation Status: Evacuate Pet
Allergies: **Milk (Unknown)**; **Ace Inhibitors (Unknown)**
Immunizations: AVA (1//2025)
Diagnoses: Abdominal actinomycosis (A42.1),

Other

Why It Matters

These design improvements help teams quickly locate information, reduce visual strain, and improve accuracy when reading or sharing a Facesheet. The layout is now more aligned with clinical documentation standards and supports readability across printed pages.

Risk Management Intervention Entry

Add Services to a Resident's Service Plan Directly from an Investigation

We've streamlined the Risk Management workflow by allowing investigators and above to add follow-up services directly from within an investigation. This enhancement helps teams

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document actions, close loops quickly, and meet regulatory expectations for incident follow-up and service tracking. By connecting investigations to the resident's active service plan, communities can ensure continuity, accuracy, and proactive care interventions.

Why It Matters

- **Stronger compliance:** Many states require documented follow-up services after incidents—now you can complete this step without leaving the investigation.
- **Streamlined workflow:** Add interventions in one place instead of navigating back to the Clinical app.
- **Better visibility:** Services added during an investigation automatically appear in the resident's active service plan for easy monitoring.
- **Reduced gaps in documentation:** Ensures follow-up actions are recorded consistently and clearly.

What's New

Interventions Section in Investigations

A new optional **Intervention section** now appears within both Incident/Accident and Medication Incident investigations.

Add Service Button

A new **Add Service** button opens the New Service screen, allowing users to:

- Select a service from the Clinical Service Catalog or from Existing Resident Service Plan
- Use populated defaults or edit details as needed
- Save the service back to the investigation and directly into the resident's active service plan

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← Incidents

 **Bonita Bennett** ✓ Autosaved Actions

Resident 12 Female Birthdate: Jan 1, 1956

INITIAL REPORT **INVESTIGATION** ACTIVITY ⌵ Collapse All

Investigation ⌵

Risk Reduction Strategies ⌵

Intervention ⌵ + New

Service Name ↑	Start Date	Instructions	Enabled	Area of Focus	Actions
Ambulation: Hoyer	12/04/202...	When resident is feeling weak, Bonita will request to use hoyer for transfers from Bed to chair.	New	Falls Fall: Bonita and staff will implement strategies to increase safety and prevent falls. Bonita will be free from falls Bonita will receive two well balanced meals per day.	⋮
Ambulation: Physical Assist 1	12/04/202...	Resident is weak on right side and requires gait belt with assistance of 1 and walker when transferring without hoyer.	New		⋮

New Service

Service Existing ✓ Library

Instructions 0 / 500 Remaining

Role Minutes

Health Monitoring

Equipment Location

Schedule

Repeat every Frequency

Use Intervals Use Times

Times

Starting On Date Starting On Time

12/08/2025 03:55 PM

Cancel Save

Ambulation: Hoyer

Instructions 97 / 500 Remaining

Role Minutes

Caregiver 30

Health Monitoring

Equipment Location

Schedule

Repeat every Frequency

as needed

Starting On Date End Date

12/04/2025

Area of Focus

Falls

Stop View Status History Cancel Save

Editable Until Final Signature

Users can edit added services until the second signature is obtained.

- After the second signature, the form locks automatically

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- Org Admins may unlock the form if further updates are required

Printed Form Enhancements

If interventions were added, the printed investigation now includes:

- An intervention header
- List of services added
- Instructions, role, frequency, and time provided

Intervention

Service Name	Role	Schedule
Ambulation: Physical Assist 1	Caregiver	Daily 03:00 AM, 05:00 AM, 07:00 AM, 09:00 AM, 11:00 AM, 01:00 PM, 03:00 PM, 05:00 PM, 07:00 PM, 09:00 PM, 11:00 PM, 01:00 AM
Resident is weak on right side and requires gait belt with assistance of 1 and walker when transferring without hoyer.		
Ambulation: Hoyer	Caregiver	Daily AM, Bedtime, PM
When resident is feeling weak, Bonita will request to use hoyer for transfers from Bed to chair.		

Key Capabilities

- Add services directly from Risk Management > Investigation
- Services flow automatically into the resident's active service plan in the Clinical app
- Cares generate based on the service provider's configuration
- Interventions remain editable until the investigation receives its second signature

Navigation

Risk Management → **Incident/Accident or Medication Incident** → **Investigation** → **Interventions** → **Add Service**

[Linked Plan of Care to Services in Investigations](#)

We've enhanced the Investigation workflow to make documenting resident interventions more accurate, efficient, and aligned with your care planning process. When the Plan of Care is enabled, investigators and above can now link an **Area of Focus** directly to a **Service** within the Investigation area. This creates a clear, actionable connection between what was identified during the investigation and the services added to a resident's care plan.

This improvement streamlines your workflow by reducing manual steps, ensuring interventions are consistently tied to investigation findings, and supporting more complete and compliant

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resident documentation. Teams can now update the plan of care with confidence knowing that each service is intentionally linked to the underlying Area of Focus.

What's New

- Ability to link an **Area of Focus** to a **Service** directly within an Investigation, when the Plan of Care feature is enabled.
- Ensures added services are clearly tied to the investigative findings that prompted them.
- Supports efficient, accurate updates to the resident's care plan without leaving the Investigation workflow.

Ambulation: Hoyer

Equipment Location

Schedule

Repeat every Frequency

Use Intervals Use Times

Times

Starting On Date Starting On Time

End Date End Time

Area of Focus

Falls

Fall: Bonita and staff will implement strategies to increase safety and prevent falls.
Bonita will be free from falls
Bonita will receive two well balanced meals per day.

+ New Area of Focus

Stop View Status History Cancel Save

This enhancement helps communities maintain stronger alignment between incident follow-up and resident care planning—making documentation clearer, faster, and easier for your team.

Configuration Enhancements for Investigation Interventions

This release introduces new configuration controls that let each community decide whether Investigation forms in Risk Management should connect directly to Clinical Service Plans and/or the Plan of Care. These settings keep forms streamlined and relevant—only showing

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intervention options when they support your workflow. With this flexibility, organizations can tailor the Resident Incident and Medication Incident forms to match their documentation practices while still enabling quick clinical follow-up when needed.

What's New

A new **Investigation Intervention** configuration card is now available for both the **Resident Incident** and **Medication Incident** forms. This card allows Risk Manager users to enable or disable access to:

- **Service Plan**
- **Plan of Care**

These options are off by default, giving communities full control over when clinical follow-up tools appear in their incident workflows.

How It Works

- When *neither* option is selected, the Investigation form stays clean and focused—no Intervention section is shown.
- When *one or both* options are enabled, an Intervention section becomes available during the investigation, allowing users to quickly add a Service or Plan of Care entry to the resident record without leaving Risk Management.

Investigation Intervention

Service Plan

Plan of Care

[Cancel](#) [Save](#)

Configuration Experience

- A new **Investigation Intervention** card appears under:
Risk Management → **Configuration** → **Resident Incident Form**
Risk Management → **Configuration** → **Medication Incident Form**

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- Selecting the card opens a modal where users can choose which intervention options to enable.
- The card displays **None** when no options are active, or the selected items when enabled.

Why It Matters

- **Cleaner forms:** Communities that don't use integrated clinical tools won't see unnecessary sections.
- **Better workflow efficiency:** When enabled, staff can add Service Plans or Plan of Care items directly from the investigation—no switching applications.
- **Flexibility for diverse community practices:** Each location can tailor its Investigations forms to fit its clinical documentation approach.

Clinical Fixes

This release includes several important refinements across CRM, Clinical, and printing workflows to improve reliability and reduce friction for frontline teams.

Lease End Dates Now Remain Accurate When Residents Move Out Early

Previously, if a future **lease end date** was set in CRM for billing purposes and the resident was later discharged with an earlier **move out date**, the lease end date could unintentionally change to match the earlier move out.

With this release:

- When a resident is discharged and the move out date is *earlier* than an already-entered lease end date, the **lease end date now remains at the original future date**.
- If the move out date is set **after** the existing lease end date, the lease end date will correctly update to the later date.

This ensures billing-related lease dates remain accurate when residents move out before their planned lease end.

Evaluation Printing – Configuration and Access Alignment

Some users were unable to open or print evaluations and would see a “Please wait...” message indefinitely, while others with different access could eventually print after a delay. This behavior was traced to missing or mismatched organization and community identifiers in the underlying print configuration records.

We have:

- Ensured **org and community IDs are correctly set** when evaluation print settings are created.
- Updated the way **security context** is stored so that users with valid organizational access can reliably use the evaluation print feature.

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- Aligned configuration behavior so that whether the initial setup is done by brand, organization, or community users, the system consistently applies the correct identifiers.

As a result, evaluation printing is now more reliable and consistently available to authorized users.

Responsible Employee List – Full Results and Sorting

When selecting a responsible employee on the **Mark As Complete** workflow, only the first 100 employees were being returned, and the list was not sorted, making it difficult to locate certain staff—especially in larger teams.

This release updates that behavior:

- The list now **supports loading beyond the initial 100 employees**, allowing all eligible staff to be surfaced.
- Additional pages of employees load as users scroll, so the full staff list is accessible.
- The employee list is **sorted alphabetically by first name**, making it faster to locate the correct person.

These changes ensure all appropriate employees can be selected as responsible staff when closing out services