

# MINIMUM DATA SET (MDS) - Version 3.0

## RESIDENT ASSESSMENT AND CARE SCREENING

2018, Quarter 3

Source: MDS 3.0 Frequency Report

NAT - National Data

OK - Oklahoma Data

\*Indicates a missing response or less than 10 responses

Section A		Identification Information	
<b>A0050. Type of Record</b>			
Enter Code <input type="checkbox"/>	<ol style="list-style-type: none"> <li>1. <b>Add new record</b> → Continue to A0100, Facility Provider Numbers</li> <li>2. <b>Modify existing record</b> → Continue to A0100, Facility Provider Numbers</li> <li>3. <b>Inactivate existing record</b> → Skip to X0150, Type of Provider</li> </ol>		
<b>A0100. Facility Provider Numbers</b>			
A. <b>National Provider Identifier (NPI):</b>		<input type="text"/>	
B. <b>CMS Certification Number (CCN):</b>		<input type="text"/>	
C. <b>State Provider Number:</b>		<input type="text"/>	
<b>A0200. Type of Provider</b>			
Enter Code <input type="checkbox"/>	<b>Type of provider</b> <ol style="list-style-type: none"> <li>1. <b>Nursing Home (SNF/NF)</b></li> <li>2. <b>Swing Bed</b></li> </ol>		
<b>A0310. Type of Assessment</b>			
Enter Code <input type="checkbox"/>	<b>A. Federal OBRA Reason for Assessment</b> <ol style="list-style-type: none"> <li>01. <b>Admission</b> assessment (required by day 14)</li> <li>02. <b>Quarterly</b> review assessment</li> <li>03. <b>Annual</b> assessment</li> <li>04. <b>Significant change in status</b> assessment</li> <li>05. <b>Significant correction to prior comprehensive</b> assessment</li> <li>06. <b>Significant correction to prior quarterly</b> assessment</li> <li>99. <b>None of the above</b></li> </ol>		
Enter Code <input type="checkbox"/>	<b>B. PPS Assessment</b> <p><b><u>PPS Scheduled Assessments for a Medicare Part A Stay</u></b></p> <ol style="list-style-type: none"> <li>01. <b>5-day</b> scheduled assessment</li> <li>02. <b>14-day</b> scheduled assessment</li> <li>03. <b>30-day</b> scheduled assessment</li> <li>04. <b>60-day</b> scheduled assessment</li> <li>05. <b>90-day</b> scheduled assessment</li> <li>06. <b>Readmission/return</b> assessment</li> </ol> <p><b><u>PPS Unscheduled Assessments for a Medicare Part A Stay</u></b></p> <ol style="list-style-type: none"> <li>07. <b>Unscheduled assessment used for PPS</b> (OMRA, significant or clinical change, or significant correction assessment)</li> </ol> <p><b><u>Not PPS Assessment</u></b></p> <ol style="list-style-type: none"> <li>99. <b>None of the above</b></li> </ol>		
Enter Code <input type="checkbox"/>	<b>C. PPS Other Medicare Required Assessment - OMRA</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Start of therapy</b> assessment</li> <li>2. <b>End of therapy</b> assessment</li> <li>3. <b>Both Start and End of therapy</b> assessment</li> <li>4. <b>Change of therapy</b> assessment</li> </ol>		
Enter Code <input type="checkbox"/>	<b>D. Is this a Swing Bed clinical change assessment?</b> Complete only if A0200 = 2 <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol>		
Enter Code <input type="checkbox"/>	<b>E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</b> <ol style="list-style-type: none"> <li>0. <b>No</b></li> <li>1. <b>Yes</b></li> </ol>		

**Section A Identification Information**

**A0310. Type of Assessment - Continued**

Enter Code <input type="text"/> <input type="text"/>	<b>F. Entry/discharge reporting</b>  01. <b>Entry</b> tracking record 10. <b>Discharge</b> assessment-return not anticipated 11. <b>Discharge</b> assessment-return anticipated 12. <b>Death in facility</b> tracking record 99. <b>None of the above</b>
Enter Code <input type="text"/>	<b>G. Type of discharge</b> - Complete only if A0310F = 10 or 11  1. <b>Planned</b> 2. <b>Unplanned</b>

**A0410. Submission Requirement**

Enter Code <input type="text"/>	1. <b>Neither federal nor state required submission</b> 2. <b>State but not federal required submission (FOR NURSING HOMES ONLY)</b> 3. <b>Federal required submission</b>
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**A0500. Legal Name of Resident**

	<b>A. First name:</b> <input type="text"/> <input type="text"/>		<b>B. Middle initial:</b> <input type="text"/>
	<b>C. Last name:</b> <input type="text"/> <input type="text"/>		<b>D. Suffix:</b> <input type="text"/> <input type="text"/>

**A0600. Social Security and Medicare Numbers**

	<b>A. Social Security Number:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>B. Medicare Number (or comparable railroad insurance number):</b> <input type="text"/> <input type="text"/>

**A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient**

	<input type="text"/>
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**A0800. Gender**

NAT	OK	
36.74	33.80	1. Male
63.26	66.20	2. Female

**A0900. Birth Date**

	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Month                  Day                  Year

	<b>Age of Residents</b>  Residents 0-30 years of age Residents 31-64 years of age Residents 65-74 years of age Residents 75-84 years of age Residents 85-95 years of age Residents > 95 years of age
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**A1000. Race/Ethnicity**

NAT	OK	↓ Check all that apply
0.47	4.77	A. American Indian or Alaska Native
2.12	0.40	B. Asian
14.96	7.58	C. Black or African American
5.68	1.15	D. Hispanic or Latino
0.36	0.16	E. Native Hawaiian or Other Pacific Islander
73.95	83.69	F. White



<b>Section A</b>	<b>Identification Information</b>
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<b>A1700. Type of Entry</b>		
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<b>NAT</b>	<b>OK</b>	
60.33	55.22	1. Admission
39.67	44.78	2. Reentry

<b>A1800. Entered From</b>		
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<b>NAT</b>	<b>OK</b>	
9.85	14.30	01. Community (private home/apt., board/care, assisted living, group home)
7.26	9.76	02. Another nursing home or swing bed
79.23	67.96	03. Acute hospital
1.99	5.87	04. Psychiatric hospital
0.55	0.69	05. Inpatient rehabilitation facility
*	0.09	06. ID/DD facility
0.28	0.14	07. Hospice
0.25	0.50	09. Long Term Care Hospital (LTCH)
0.56	0.69	99. Other

<b>A2000. Discharge Date</b>		
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Complete only if A0310F = 10, 11, or 12

	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Month	Day	Year

<b>A2100. Discharge Status</b>		
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Complete only if A0310F = 10, 11, or 12

		01. Community (private home/apt., board/care, assisted living, group home) 02. Another nursing home or swing bed 03. Acute hospital 04. Psychiatric hospital 05. Inpatient rehabilitation facility 06. ID/DD facility 07. Hospice 08. Deceased 09. Long Term Care Hospital (LTCH) 99. Other
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<b>A2200. Previous Assessment Reference Date for Significant Correction</b>		
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Complete only if A0310F = 05 or 06

	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
	Month	Day	Year

<b>A2300. Assessment Reference Date</b>		
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		<b>Observation end date:</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
		<input type="text"/> - <input type="text"/> - <input type="text"/>
		Month      Day      Year

<b>A2400. Medicare Stay</b>		
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<b>NAT</b>	<b>OK</b>	<b>A. Has the resident had a Medicare-covered stay since the most recent entry?</b> 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
63.97	69.94	
36.03	30.06	
		<b>B. Start date of most recent Medicare stay:</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
		<input type="text"/> - <input type="text"/> - <input type="text"/>
		Month      Day      Year
		<b>C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:</b> <input type="text"/> - <input type="text"/> - <input type="text"/>
		<input type="text"/> - <input type="text"/> - <input type="text"/>
		Month      Day      Year

**Look back period for all items is 7 days unless another time frame is indicated**

Section B		Hearing, Speech, and Vision
<b>B0100. Comatose</b>		
<b>NAT</b>	<b>OK</b>	<b>Persistent vegetative state/no discernible consciousness</b> 0. <b>No</b> → Continue to B0200, Hearing 1. <b>Yes</b> → Skip to G0110, Activities of Daily Living (ADL) Assistance
99.74	99.86	
0.26	0.14	
<b>B0200. Hearing</b>		
<b>NAT</b>	<b>OK</b>	<b>Ability to hear</b> (with hearing aid or hearing appliances if normally used) 0. <b>Adequate</b> - no difficulty in normal conversation, social interaction, listening to TV 1. <b>Minimal difficulty</b> - difficulty in some environments (e.g., when person speaks softly or setting is noisy) 2. <b>Moderate difficulty</b> - speaker has to increase volume and speak distinctly 3. <b>Highly impaired</b> - absence of useful hearing
75.94	73.49	
16.07	17.47	
6.77	7.55	
1.21	1.49	
<b>B0300. Hearing Aid</b>		
<b>NAT</b>	<b>OK</b>	<b>Hearing aid or other hearing appliance used</b> in completing B0200, Hearing 0. <b>No</b> 1. <b>Yes</b>
92.49	94.18	
7.51	5.82	
<b>B0600. Speech Clarity</b>		
<b>NAT</b>	<b>OK</b>	<b>Select best description of speech pattern</b> 0. <b>Clear speech</b> - distinct intelligible words 1. <b>Unclear speech</b> - slurred or mumbled words 2. <b>No speech</b> - absence of spoken words
84.19	86.75	
11.99	10.68	
3.82	2.57	
<b>B0700. Makes Self Understood</b>		
<b>NAT</b>	<b>OK</b>	<b>Ability to express ideas and wants</b> , consider both verbal and non-verbal expression 0. <b>Understood</b> 1. <b>Usually understood</b> - difficulty communicating some words or finishing thoughts <b>but</b> is able if prompted or given time 2. <b>Sometimes understood</b> - ability is limited to making concrete requests 3. <b>Rarely/never understood</b>
64.44	74.99	
18.42	13.61	
10.14	6.35	
7.00	5.05	
<b>B0800. Ability to Understand Others</b>		
<b>NAT</b>	<b>OK</b>	<b>Understanding verbal content, however able</b> (with hearing aid or device if used) 0. <b>Understands</b> - clear comprehension 1. <b>Usually understands</b> - misses some part/intent of message <b>but</b> comprehends most conversation 2. <b>Sometimes understands</b> - responds adequately to simple, direct communication only 3. <b>Rarely/never understands</b>
60.96	71.52	
21.62	17.73	
11.58	7.09	
5.84	3.66	
<b>B1000. Vision</b>		
<b>NAT</b>	<b>OK</b>	<b>Ability to see in adequate light</b> (with glasses or other visual appliances) 0. <b>Adequate</b> - sees fine detail, such as regular print in newspapers/books 1. <b>Impaired</b> - sees large print, but not regular print in newspapers/books 2. <b>Moderately impaired</b> - limited vision; not able to see newspaper headlines but can identify objects 3. <b>Highly impaired</b> - object identification in question, but eyes appear to follow objects 4. <b>Severely impaired</b> - no vision or sees only light, colors or shapes; eyes do not appear to follow objects
71.71	76.11	
17.00	16.36	
4.66	3.16	
4.98	2.76	
1.65	1.62	
<b>B1200. Corrective Lens</b>		
<b>NAT</b>	<b>OK</b>	<b>Corrective lenses (contacts, glasses, or magnifying glass) used</b> in completing B1000, Vision 0. <b>No</b> 1. <b>Yes</b>
49.16	47.40	
50.84	52.60	

Section C		Cognitive Patterns
<b>C0100. Should Brief Interview for Mental Status (C0200 - C0500) be Conducted?</b>		
Attempt to conduct interview with all residents		
<b>NAT</b>	<b>OK</b>	
10.22	8.31	0. <b>No</b> (resident is rarely/never understood) → Skip to and complete C0700 - C1000, Staff Assessment for Mental Status
89.78	91.69	1. <b>Yes</b> → Continue to C0200, Repetition of Three Words
<b>Brief Interview for Mental Status (BIMS)</b>		
<b>C0200. Repetition of Three Words</b>		
Ask resident: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: <b>sock, blue, and bed</b>. Now tell me the three words."</i>		
<b>NAT</b>	<b>OK</b>	<b>Number of words repeated after first attempt</b>
7.35	7.54	0. <b>None</b>
2.42	2.52	1. <b>One</b>
4.97	4.81	2. <b>Two</b>
85.26	85.14	3. <b>Three</b>
After the resident's first attempt, repeat the words using cues ( <i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i> ). You may repeat the words up to two more times.		
<b>C0300. Temporal Orientation (orientation to year, month, and day)</b>		
Ask resident: <i>"Please tell me what year it is right now."</i>		
<b>NAT</b>	<b>OK</b>	<b>A. Able to report correct year</b>
38.82	34.39	0. <b>Missed by &gt; 5 years</b> or no answer
4.01	4.90	1. <b>Missed by 2-5 years</b>
3.90	4.98	2. <b>Missed by 1 year</b>
53.27	55.72	3. <b>Correct</b>
Ask resident: <i>"What month are we in right now?"</i>		
<b>NAT</b>	<b>OK</b>	<b>B. Able to report correct month</b>
36.03	33.04	0. <b>Missed by &gt; 1 month</b> or no answer
7.27	6.89	1. <b>Missed by 6 days to 1 month</b>
56.70	60.07	2. <b>Accurate within 5 days</b>
Ask resident: <i>"What day of the week is today?"</i>		
<b>NAT</b>	<b>OK</b>	<b>C. Able to report correct day of the week</b>
49.97	45.59	0. <b>Incorrect</b> or no answer
50.03	54.41	1. <b>Correct</b>
<b>C0400. Recall</b>		
Ask resident: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.		
<b>NAT</b>	<b>OK</b>	<b>A. Able to recall "sock"</b>
32.14	28.67	0. <b>No</b> - could not recall
17.98	19.25	1. <b>Yes, after cueing</b> ("something to wear")
49.89	52.08	2. <b>Yes, no cue required</b>
<b>NAT</b>	<b>OK</b>	<b>B. Able to recall "blue"</b>
25.79	25.31	0. <b>No</b> - could not recall
21.90	21.12	1. <b>Yes, after cueing</b> ("a color")
52.31	53.58	2. <b>Yes, no cue required</b>
<b>NAT</b>	<b>OK</b>	<b>C. Able to recall "bed"</b>
35.12	32.98	0. <b>No</b> - could not recall
21.30	20.68	1. <b>Yes, after cueing</b> ("a piece of furniture")
43.58	46.35	2. <b>Yes, no cue required</b>
<b>C0500. Summary Score</b>		
<b>NAT</b>	<b>OK</b>	<b>Add scores</b> for questions C0200 - C0400 and fill in total score (00 - 15)
17.75	17.57	<b>Severe impairment</b> (high subcategory)
12.29	10.71	<b>Severe impairment</b> (low subcategory)
9.04	8.09	<b>Moderate impairment</b> (high subcategory)
14.74	14.72	<b>Moderate impairment</b> (low subcategory)
40.93	44.74	<b>Intact or borderline impairment</b>
5.24	4.17	<b>Unable to complete interview</b>

<b>Section C</b>	<b>Cognitive Patterns</b>
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C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?		
<b>NAT</b>	<b>OK</b>	
93.49	94.83	0. <b>No</b> (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
6.51	5.17	1. <b>Yes</b> (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

Staff Assessment for Mental Status
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Do not conduct if Brief Interview for Mental Status (C0200 - C0500) was completed

C0700. Short-term Memory OK
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<b>NAT</b>	<b>OK</b>	Seems or appears to recall after 5 minutes
12.85	17.98	0. <b>Memory OK</b>
87.15	82.02	1. <b>Memory problem</b>

C0800. Long-term Memory OK
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<b>NAT</b>	<b>OK</b>	Seems or appears to recall long past
7.60	10.85	0. <b>Memory OK</b>
92.40	89.15	1. <b>Memory problem</b>

C0900. Memory/Recall Ability
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↓ Check all that the resident was normally able to recall

<b>NAT</b>	<b>OK</b>	<b>A. Current season</b>
92.94	90.83	No
7.06	9.17	Yes
<b>NAT</b>	<b>OK</b>	<b>B. Location of own room</b>
78.90	71.97	No
21.10	28.03	Yes
<b>NAT</b>	<b>OK</b>	<b>C. Staff names and faces</b>
74.96	71.76	No
25.04	28.24	Yes
<b>NAT</b>	<b>OK</b>	<b>D. That he or she is in a nursing home</b>
81.53	75.45	No
18.47	24.55	Yes
<b>NAT</b>	<b>OK</b>	<b>Z. None of the above</b> were recalled
35.59	42.46	No
64.41	57.54	Yes

C1000. Cognitive Skills for Daily Decision Making
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<b>NAT</b>	<b>OK</b>	Made decisions regarding tasks of daily life
6.85	8.20	0. <b>Independent</b> - decisions consistent/reasonable
8.68	14.92	1. <b>Modified independence</b> - some difficulty in new situations only
27.20	28.14	2. <b>Moderately impaired</b> - decisions poor; cues/supervision required
57.27	48.75	3. <b>Severely impaired</b> - never/rarely made decisions

Delirium
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C1300. Signs and Symptoms of Delirium (from CAM©)
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Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

<b>NAT</b>	<b>OK</b>	<b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
*	*	0. <b>Behavior not present</b>
*	*	1. <b>Behavior continuously present, does not fluctuate</b>
*	*	2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)
<b>NAT</b>	<b>OK</b>	<b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
*	*	0. <b>Behavior not present</b>
*	*	1. <b>Behavior continuously present, does not fluctuate</b>
*	*	2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)
<b>NAT</b>	<b>OK</b>	<b>C. Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?
*	*	0. <b>Behavior not present</b>
*	*	1. <b>Behavior continuously present, does not fluctuate</b>
*	*	2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)

Section C		Cognitive Patterns	
<b>C1300. Signs and Symptoms of Delirium (from CAM©) - Continued</b>			
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
*	*		0. <b>Behavior not present</b>
*	*		1. <b>Behavior continuously present, does not fluctuate</b>
*	*		2. <b>Behavior present, fluctuates</b> (comes and goes, changes in severity)
<b>C1600. Acute Onset Mental Status Change</b>			
<b>NAT</b>	<b>OK</b>	Is there evidence of an acute change in mental status from the resident's baseline?	
*	*	0. <b>No</b>	
*	*	1. <b>Yes</b>	

Section D		Mood	
<b>D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents</b>			
<b>NAT</b>	<b>OK</b>		
11.34	8.90	0. <b>No</b> (resident is rarely/never understood) → Skip to D0500 - D0600, Staff Assessment of Resident Mood (PHQ-9-OV)	
88.66	91.10	1. <b>Yes</b> → Continue to D0200, Resident Mood Interview (PHQ-9©)	

<b>D0200. Resident Mood Interview (PHQ-9©)</b>					
<b>Say to resident: "Over the last 2 weeks, have you been bothered by any of the following problems?"</b>					
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. If yes in column 1, ask the resident: "About <b>how often</b> have you been bothered by this?"					
Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.					
<b>A. Little interest or pleasure in doing things</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
86.24	83.85	0. No	91.28	88.69	0. Never or 1 day
8.58	11.27	1. Yes	4.02	5.42	1. 2 - 6 days (several days)
5.18	4.88	9. No response	2.27	2.97	2. 7 - 11 days (half or more of the days)
			2.44	2.92	3. 12 - 14 days (nearly every day)
<b>B. Feeling down, depressed, or hopeless</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
73.29	77.08	0. No	78.14	81.77	0. Never or 1 day
21.73	18.13	1. Yes	12.82	10.61	1. 2 - 6 days (several days)
4.98	4.79	9. No response	4.96	4.31	2. 7 - 11 days (half or more of the days)
			4.08	3.31	3. 12 - 14 days (nearly every day)
<b>C. Trouble falling or staying asleep, or sleeping too much</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
78.06	79.05	0. No	82.75	83.68	0. Never or 1 day
16.99	16.03	1. Yes	8.75	8.32	1. 2 - 6 days (several days)
4.95	4.92	9. No response	4.23	4.03	2. 7 - 11 days (half or more of the days)
			4.27	3.97	3. 12 - 14 days (nearly every day)
<b>D. Feeling tired or having little energy</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
67.20	66.48	0. No	71.35	70.23	0. Never or 1 day
28.10	28.98	1. Yes	14.58	14.43	1. 2 - 6 days (several days)
4.70	4.54	9. No response	6.98	7.65	2. 7 - 11 days (half or more of the days)
			7.09	7.70	3. 12 - 14 days (nearly every day)
<b>E. Poor appetite or overeating</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
84.38	85.26	0. No	88.83	89.50	0. Never or 1 day
11.03	10.27	1. Yes	6.10	4.95	1. 2 - 6 days (several days)
4.59	4.47	9. No response	2.64	2.66	2. 7 - 11 days (half or more of the days)
			2.43	2.89	3. 12 - 14 days (nearly every day)

<b>Section D</b>	<b>Mood</b>
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**D0200. Resident Mood Interview (PHQ-9©) - Continued**

**F. Feeling bad about yourself - or that you are a failure or have let yourself or your family down**

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
88.66	90.66	0. No	93.53	95.40	0. Never or 1 day
6.44	4.67	1. Yes	3.67	2.51	1. 2 - 6 days (several days)
4.90	4.66	9. No response	1.41	0.87	2. 7 - 11 days (half or more of the days)
			1.39	1.23	3. 12 - 14 days (nearly every day)

**G. Trouble concentrating on things, such as reading the newspaper or watching television**

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
83.52	85.22	0. No	88.27	89.80	0. Never or 1 day
11.58	10.12	1. Yes	6.26	5.42	1. 2 - 6 days (several days)
4.90	4.66	9. No response	2.75	2.00	2. 7 - 11 days (half or more of the days)
			2.72	2.78	3. 12 - 14 days (nearly every day)

**H. Moving or speaking so slowly that other people could have noticed. Or the opposite--being so fidgety or restless that you have been moving around a lot more than usual**

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
88.59	91.71	0. No	93.52	96.44	0. Never or 1 day
6.41	3.60	1. Yes	3.51	1.98	1. 2 - 6 days (several days)
5.00	4.69	9. No response	1.39	0.73	2. 7 - 11 days (half or more of the days)
			1.58	0.85	3. 12 - 14 days (nearly every day)

**I. Thoughts that you would be better off dead, or of hurting yourself in some way**

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
94.58	95.14	0. No	99.30	99.62	0. Never or 1 day
0.74	0.42	1. Yes	0.40	0.15	1. 2 - 6 days (several days)
4.68	4.44	9. No response	0.11	0.11	2. 7 - 11 days (half or more of the days)
			0.19	0.12	3. 12 - 14 days (nearly every day)

**D0300. Total Severity Score**

NAT	OK	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).
80.37	81.33	<b>Not Depressed</b>
9.62	10.20	<b>Mild Depression</b>
3.54	2.40	<b>Moderate Depression</b>
0.69	0.61	<b>Moderate to Severe Depression</b>
0.13	0.09	<b>Severe Depression</b>
5.65	5.37	<b>Unable to complete interview</b>

**D0350. Safety Notification - Complete only if D0200I1 = 1 indicating possibility of resident self harm**

NAT	OK	Was responsible staff or provider informed that there is a potential for resident self harm?
3.08	1.59	0. No
96.92	98.41	1. Yes

**D0500. Staff Assessment of Resident Mood (PHQ-9-OV\*)**

Do not conduct if Resident Mood Interview (D0200 - D0300) was completed.

**Over the last 2 weeks, did the resident have any of the following problems or behaviors?**  
If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency.

**A. Little interest or pleasure in doing things**

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
84.73	77.31	0. No	85.29	77.60	0. Never or 1 day
15.27	22.69	1. Yes	4.34	5.30	1. 2 - 6 days (several days)
			3.76	4.96	2. 7 - 11 days (half or more of the days)
			6.61	12.15	3. 12 - 14 days (nearly every day)

Section D			Mood		
D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) - Continued					
<b>B. Feeling or appearing down, depressed, or hopeless</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
86.85	89.14	0. No	87.40	89.43	0. Never or 1 day
13.15	10.86	1. Yes	6.19	4.83	1. 2 - 6 days (several days)
			3.44	2.48	2. 7 - 11 days (half or more of the days)
			2.97	3.27	3. 12 - 14 days (nearly every day)
<b>C. Trouble falling or staying asleep, or sleeping too much</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
85.02	84.77	0. No	85.62	85.01	0. Never or 1 day
14.98	15.23	1. Yes	5.61	5.26	1. 2 - 6 days (several days)
			4.42	4.18	2. 7 - 11 days (half or more of the days)
			4.34	5.55	3. 12 - 14 days (nearly every day)
<b>D. Feeling tired or having little energy</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
77.61	74.63	0. No	78.18	74.87	0. Never or 1 day
22.39	25.37	1. Yes	8.17	7.91	1. 2 - 6 days (several days)
			6.30	7.07	2. 7 - 11 days (half or more of the days)
			7.35	10.14	3. 12 - 14 days (nearly every day)
<b>E. Poor appetite or overeating</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
82.34	79.59	0. No	83.02	79.88	0. Never or 1 day
17.66	20.41	1. Yes	7.99	7.84	1. 2 - 6 days (several days)
			4.67	5.42	2. 7 - 11 days (half or more of the days)
			4.32	6.86	3. 12 - 14 days (nearly every day)
<b>F. Indicating that s/he feels bad about self, is a failure, or has let self or family down</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
98.88	99.07	0. No	98.99	99.16	0. Never or 1 day
1.12	0.93	1. Yes	0.53	0.38	1. 2 - 6 days (several days)
			0.27	0.08	2. 7 - 11 days (half or more of the days)
			0.21	0.38	3. 12 - 14 days (nearly every day)
<b>G. Trouble concentrating on things, such as reading the newspaper or watching television</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
68.67	64.81	0. No	69.10	65.01	0. Never or 1 day
31.33	35.19	1. Yes	4.81	4.26	1. 2 - 6 days (several days)
			5.60	5.90	2. 7 - 11 days (half or more of the days)
			20.49	24.83	3. 12 - 14 days (nearly every day)
<b>H. Moving or speaking so slowly that other people have noticed. Or the opposite--being so fidgety or restless that s/he has been moving around a lot more than usual</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
90.66	92.01	0. No	91.06	92.08	0. Never or 1 day
9.34	7.99	1. Yes	3.31	2.43	1. 2 - 6 days (several days)
			2.23	1.55	2. 7 - 11 days (half or more of the days)
			3.40	3.94	3. 12 - 14 days (nearly every day)
<b>I. States that life isn't worth living, wishes for death, or attempts to harm self</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
99.78	99.87	0. No	99.83	99.92	0. Never or 1 day
0.22	0.13	1. Yes	0.11	0.08	1. 2 - 6 days (several days)
			*	*	2. 7 - 11 days (half or more of the days)
			*	*	3. 12 - 14 days (nearly every day)

<b>Section D</b>	<b>Mood</b>
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<b>D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) - Continued</b>
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<b>J. Being short-tempered, easily annoyed</b>					
<b>NAT</b>	<b>OK</b>	<b>Symptom Presence</b>	<b>NAT</b>	<b>OK</b>	<b>Symptom Frequency</b>
83.56	82.39	0. No	84.47	83.18	0. Never or 1 day
16.44	17.61	1. Yes	8.30	7.74	1. 2 - 6 days (several days)
			3.80	3.97	2. 7 - 11 days (half or more of the days)
			3.42	5.10	3. 12 - 14 days (nearly every day)

<b>D0600. Total Severity Score</b>					
<b>NAT</b>	<b>OK</b>	<b>Not Depressed</b>			
76.17	69.48	<b>Mild Depression</b>			
15.35	21.73	<b>Moderate Depression</b>			
6.49	6.22	<b>Moderate-Severe Depression</b>			
1.72	2.23	<b>Severe Depression</b>			
0.27	0.34				

<b>D0650. Safety Notification - Complete only if D05001 = 1 indicating possibility of resident self harm</b>					
<b>NAT</b>	<b>OK</b>	<b>Was responsible staff or provider informed that there is a potential for resident self harm?</b>			
5.29	*	0. No			
94.71	100.00	1. Yes			

<b>Section E</b>	<b>Behavior</b>
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<b>E0100. Potential Indicators of Psychosis</b>
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↓ Check all that apply					
<b>NAT</b>	<b>OK</b>	<b>A. Hallucinations</b> (perceptual experiences in the absence of real external sensory stimuli)			
97.90	98.03	No			
2.10	1.97	Yes			
<b>NAT</b>	<b>OK</b>	<b>B. Delusions</b> (misconceptions or beliefs that are firmly held, contrary to reality)			
95.37	94.74	No			
4.63	5.26	Yes			
<b>NAT</b>	<b>OK</b>	<b>Z. None of the above</b>			
5.38	5.93	No			
94.62	94.07	Yes			

<b>E0200. Behavioral Symptom - Presence &amp; Frequency</b>
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<b>Note presence of symptoms and their frequency</b>					
<b>NAT</b>	<b>OK</b>	<b>A. Physical behavioral symptoms directed toward others</b> (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)			
96.31	97.18	<b>0. Behavior not exhibited</b>			
2.95	2.34	<b>1. Behavior of this type occurred 1 to 3 days</b>			
0.54	0.33	<b>2. Behavior of this type occurred 4 to 6 days, but less than daily</b>			
0.21	0.15	<b>3. Behavior of this type occurred daily</b>			
<b>NAT</b>	<b>OK</b>	<b>B. Verbal behavioral symptoms directed toward others</b> (e.g., threatening others, screaming at others, cursing at others)			
93.47	94.96	<b>0. Behavior not exhibited</b>			
4.97	3.90	<b>1. Behavior of this type occurred 1 to 3 days</b>			
1.11	0.77	<b>2. Behavior of this type occurred 4 to 6 days, but less than daily</b>			
0.45	0.38	<b>3. Behavior of this type occurred daily</b>			
<b>NAT</b>	<b>OK</b>	<b>C. Other behavioral symptoms not directed toward others</b> (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)			
94.99	96.84	<b>0. Behavior not exhibited</b>			
3.22	2.15	<b>1. Behavior of this type occurred 1 to 3 days</b>			
0.94	0.44	<b>2. Behavior of this type occurred 4 to 6 days, but less than daily</b>			
0.85	0.57	<b>3. Behavior of this type occurred daily</b>			

Section E		Behavior	
<b>E0300. Overall Presence of Behavioral Symptoms</b>			
Enter Code <input type="text"/>	Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?  0. No → Skip to E0800, Rejection of Care 1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below		
<b>E0500. Impact on Resident</b>			
Did any of the identified symptom(s):			
<b>NAT</b>	<b>OK</b>	A.	<b>Put the resident at significant risk for physical illness or injury?</b> 0. No 1. Yes
88.60	88.73		
11.40	11.27		
<b>NAT</b>	<b>OK</b>	B.	<b>Significantly interfere with the resident's care?</b> 0. No 1. Yes
79.05	78.80		
20.95	21.20		
<b>NAT</b>	<b>OK</b>	C.	<b>Significantly interfere with the resident's participation in activities or social interactions?</b> 0. No 1. Yes
82.12	82.79		
17.88	17.21		
<b>E0600. Impact on Others</b>			
Did any of the identified symptom(s):			
<b>NAT</b>	<b>OK</b>	A.	<b>Put others at significant risk for physical injury?</b> 0. No 1. Yes
88.47	88.95		
11.53	11.05		
<b>NAT</b>	<b>OK</b>	B.	<b>Significantly intrude on the privacy or activity of others?</b> 0. No 1. Yes
87.90	88.46		
12.10	11.54		
<b>NAT</b>	<b>OK</b>	C.	<b>Significantly disrupt care or living environment?</b> 0. No 1. Yes
79.30	79.78		
20.70	20.22		
<b>E0800. Rejection of Care - Presence &amp; Frequency</b>			
<b>NAT</b>	<b>OK</b>	Did the resident reject evaluation or care (e.g., blood work, taking medications, ADL assistance) that is necessary to achieve the resident's goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with the resident values, preferences, or goals. 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	
92.33	92.76		
5.65	5.22		
1.33	1.27		
0.70	0.75		
<b>E0900. Wandering - Presence &amp; Frequency</b>			
<b>NAT</b>	<b>OK</b>	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily	
95.88	96.13		
2.31	1.96		
0.72	0.53		
1.09	1.39		
<b>E1000. Wandering - Impact</b>			
<b>NAT</b>	<b>OK</b>	A.	<b>Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?</b> 0. No 1. Yes
79.18	81.11		
20.82	18.89		
<b>NAT</b>	<b>OK</b>	B.	<b>Does the wandering significantly intrude on the privacy or activities of others?</b> 0. No 1. Yes
80.78	82.28		
19.22	17.72		
<b>E1100. Change in Behavior or Other Symptoms</b>			
Consider all of the symptoms assessed in items E0100 through E1000			
How does resident's current behavior status, care rejection or wandering compare to prior assessment (OBRA or Scheduled PPS)? 0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment			

**Section F**

**Preferences for Customary Routine and Activities**

**F0300. Should Interview for Daily and Activity Preferences be Conducted?** - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences  
 1. **Yes** → Continue to F0400, Interview for Daily Preferences

**F0400. Interview for Daily Preferences**

Show the resident the response options and say: "**While you are in this facility...**"

<b>NAT</b>	<b>OK</b>	
		<b>A.</b> <i>how important is it to you to <b>choose what clothes to wear?</b></i>
54.80	57.11	1. <b>Very important</b>
27.15	24.88	2. <b>Somewhat important</b>
12.80	11.29	3. <b>Not very important</b>
2.86	3.25	4. <b>Not important at all</b>
0.63	0.36	5. <b>Important, but can't do or no choice</b>
1.77	3.11	9. <b>No response or non-responsive</b>
		<b>B.</b> <i>how important is it to you to <b>take care of your personal belongings or things?</b></i>
66.21	71.53	1. <b>Very important</b>
21.42	18.77	2. <b>Somewhat important</b>
7.49	4.58	3. <b>Not very important</b>
1.75	1.35	4. <b>Not important at all</b>
1.29	0.55	5. <b>Important, but can't do or no choice</b>
1.84	3.22	9. <b>No response or non-responsive</b>
		<b>C.</b> <i>how important is it to you to <b>choose between a tub bath, shower, bed bath, or sponge bath?</b></i>
63.50	62.19	1. <b>Very important</b>
23.76	22.67	2. <b>Somewhat important</b>
8.39	9.07	3. <b>Not very important</b>
1.65	2.23	4. <b>Not important at all</b>
0.82	0.57	5. <b>Important, but can't do or no choice</b>
1.88	3.27	9. <b>No response or non-responsive</b>
		<b>D.</b> <i>how important is it to you to <b>have snacks available between meals?</b></i>
45.91	46.31	1. <b>Very important</b>
31.77	30.57	2. <b>Somewhat important</b>
15.85	15.40	3. <b>Not very important</b>
4.06	4.18	4. <b>Not important at all</b>
0.72	0.50	5. <b>Important, but can't do or no choice</b>
1.68	3.05	9. <b>No response or non-responsive</b>
		<b>E.</b> <i>how important is it to you to <b>choose your own bedtime?</b></i>
69.31	72.17	1. <b>Very important</b>
19.78	17.74	2. <b>Somewhat important</b>
7.26	5.50	3. <b>Not very important</b>
1.58	1.38	4. <b>Not important at all</b>
0.37	0.27	5. <b>Important, but can't do or no choice</b>
1.70	2.94	9. <b>No response or non-responsive</b>
		<b>F.</b> <i>how important is it to you to <b>have your family or a close friend involved in discussions about your care?</b></i>
75.48	69.79	1. <b>Very important</b>
13.91	15.73	2. <b>Somewhat important</b>
6.18	7.47	3. <b>Not very important</b>
2.33	3.59	4. <b>Not important at all</b>
0.37	0.52	5. <b>Important, but can't do or no choice</b>
1.73	2.90	9. <b>No response or non-responsive</b>

**Section F**

**Preferences for Customary Routine and Activities**

**F0400. Interview for Daily Preferences - Continued**

NAT	OK	G.	<i>how important is it to you to be able to use the phone in private?</i>
34.45	40.82		1. Very important
22.96	22.59		2. Somewhat important
27.73	22.35		3. Not very important
12.03	10.39		4. Not important at all
1.03	0.77		5. Important, but can't do or no choice
1.80	3.09		9. No response or non-responsive
NAT	OK	H.	<i>how important is it to you to have a place to lock your things to keep them safe?</i>
38.64	44.84		1. Very important
20.00	20.70		2. Somewhat important
25.50	19.93		3. Not very important
13.51	10.84		4. Not important at all
0.53	0.58		5. Important, but can't do or no choice
1.82	3.10		9. No response or non-responsive

**F0500. Interview for Activity Preferences**

Show resident the response options and say: "While you are in this facility..."

NAT	OK	A.	<i>how important is it to you to have books, newspapers, and magazines to read?</i>
38.50	36.97		1. Very important
29.52	26.98		2. Somewhat important
21.63	22.72		3. Not very important
7.34	9.35		4. Not important at all
1.34	1.04		5. Important, but can't do or no choice
1.67	2.93		9. No response or non-responsive
NAT	OK	B.	<i>how important is it to you to listen to music you like?</i>
54.22	47.91		1. Very important
31.43	32.31		2. Somewhat important
10.28	12.54		3. Not very important
2.31	4.26		4. Not important at all
0.18	0.17		5. Important, but can't do or no choice
1.59	2.81		9. No response or non-responsive
NAT	OK	C.	<i>how important is it to you to be around animals such as pets?</i>
34.73	31.74		1. Very important
28.45	26.12		2. Somewhat important
25.31	27.40		3. Not very important
9.56	11.43		4. Not important at all
0.28	0.42		5. Important, but can't do or no choice
1.68	2.89		9. No response or non-responsive
NAT	OK	D.	<i>how important is it to you to keep up with the news?</i>
46.70	41.03		1. Very important
30.91	31.54		2. Somewhat important
15.64	17.69		3. Not very important
4.76	6.67		4. Not important at all
0.31	0.10		5. Important, but can't do or no choice
1.68	2.97		9. No response or non-responsive
NAT	OK	E.	<i>how important is it to you to do things with groups of people?</i>
34.72	33.80		1. Very important
38.37	34.67		2. Somewhat important
19.38	20.85		3. Not very important
5.55	7.56		4. Not important at all
0.33	0.22		5. Important, but can't do or no choice
1.66	2.91		9. No response or non-responsive

<b>Section F</b>	<b>Preferences for Customary Routine and Activities</b>
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<b>F0500. Interview for Activity Preferences - Continued</b>		
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NAT	OK	
62.94	62.53	F. <i>how important is it to you to do your favorite activities?</i> 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive
28.41	26.03	
4.60	5.94	
1.26	1.88	
1.06	0.67	
1.73	2.96	
57.09	53.79	
28.16	27.95	
10.42	11.48	
2.31	3.68	
0.39	0.24	
1.63	2.87	
46.85	45.99	H. <i>how important is it to you to participate in religious services or practices?</i> 1. Very important 2. Somewhat important 3. Not very important 4. Not important at all 5. Important, but can't do or no choice 9. No response or non-responsive
27.57	29.61	
17.12	15.45	
6.45	5.81	
0.30	0.23	
1.71	2.91	

<b>F0600. Daily and Activity Preferences Primary Respondent</b>		
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NAT	OK	
87.97	91.65	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500) 1. Resident 2. Family or significant other (close friend or other representative)
10.08	4.98	

<b>F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?</b>		
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NAT	OK	
97.30	95.56	0. No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete G0110, Activities of Daily Living (ADL) Assistance
2.70	4.44	1. Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other → Continue to F0800, Staff Assessment of Daily and Activity Preferences

<b>F0800. Staff Assessment of Daily and Activity Preferences</b>		
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Do not conduct if Interview for Daily and Activity Preferences (F0400 - F0500) was completed

<b>Resident Prefers:</b>		
↓ Check all that apply		
NAT	OK	
73.89	72.36	A. <b>Choosing clothes to wear</b> No Yes
26.11	27.64	
74.97	73.59	B. <b>Caring for personal belongings</b> No Yes
25.03	26.41	
89.38	89.51	C. <b>Receiving tub bath</b> No Yes
10.62	10.49	
34.59	36.47	D. <b>Receiving shower</b> No Yes
65.41	63.53	
65.61	88.04	E. <b>Receiving bed bath</b> No Yes
34.39	11.96	

## Section F

## Preferences for Customary Routine and Activities

## F0800. Staff Assessment of Daily and Activity Preferences - Continued

NAT	OK		
72.54	90.93	F.	Receiving sponge bath
27.46	9.07		No Yes
41.39	45.84	G.	Snacks between meals
58.61	54.16		No Yes
78.43	79.10	H.	Staying up past 8:00 p.m.
21.57	20.90		No Yes
24.39	34.73	I.	Family or significant other involvement in care discussions
75.61	65.27		No Yes
93.16	94.27	J.	Use of phone in private
6.84	5.73		No Yes
86.21	91.09	K.	Place to lock personal belongings
13.79	8.91		No Yes
75.04	86.64	L.	Reading books, newspapers, or magazines
24.96	13.36		No Yes
19.65	37.26	M.	Listening to music
80.35	62.74		No Yes
63.15	77.98	N.	Being around animals such as pets
36.85	22.02		No Yes
83.57	90.87	O.	Keeping up with the news
16.43	9.13		No Yes
45.40	60.61	P.	Doing things with groups of people
54.60	39.39		No Yes
37.13	49.01	Q.	Participating in favorite activities
62.87	50.99		No Yes
90.48	91.86	R.	Spending time away from the nursing home
9.52	8.14		No Yes
56.66	69.17	S.	Spending time outdoors
43.34	30.83		No Yes
51.36	60.45	T.	Participating in religious activities or practices
48.64	39.55		No Yes
95.87	91.87	Z.	None of the above
4.13	8.13		No Yes

**Section G**

**Functional Status**

**G0110. Activities of Daily Living (ADL) Assistance**

Refer to the ADL flow chart in the RAI manual to facilitate accurate coding

**Instructions for Rule of 3**

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
  - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
  - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance, code limited assistance (2).

**If none of the above are met, code supervision.**

**1. ADL Self-Performance**

Code for **resident's performance** over all shifts-not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time.

**Coding:**

**Activity Occurred 3 or More Times**

- 0. **Independent** - no help or staff oversight at any time
- 1. **Supervision** - oversight, encouragement or cueing
- 2. **Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight bearing assistance
- 3. **Extensive assistance** - resident involved in activity, staff provide weight-bearing support
- 4. **Total dependence** - full staff performance every time during entire 7-day period

**Activity Occurred 2 or Fewer Times**

- 7. **Activity occurred only once or twice** - activity did occur but only once or twice
- 8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

**2. ADL Support Provided**

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

**Coding:**

- 0. **No** setup or physical help from staff
- 1. **Setup** help only
- 2. **One** person physical assist
- 3. **Two+** persons physical assist
- 8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the

**A. Bed mobility** - how resident moves to and from lying position turns side to side, and positions body while in bed or alternate sleep furniture

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
8.52	18.05	0. Independent	7.71	19.34	0. No setup or physical help from staff
11.71	17.73	1. Supervision	7.48	12.79	1. Setup help only
11.77	14.66	2. Limited assistance	46.60	41.05	2. One person physical assist
60.66	42.05	3. Extensive assistance	38.19	26.77	3. Two+ persons physical assist
7.24	7.37	4. Total dependence	*	0.05	8. Activity did not occur
0.08	0.11	7. Activity occurred only once or twice			
*	0.05	8. Activity did not occur			

**B. Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
7.61	15.20	0. Independent	7.30	16.96	0. No setup or physical help from staff
12.18	17.68	1. Supervision	7.70	12.53	1. Setup help only
12.70	14.61	2. Limited assistance	40.94	35.55	2. One person physical assist
49.73	39.00	3. Extensive assistance	42.64	34.00	3. Two+ persons physical assist
14.78	11.97	4. Total dependence	1.42	0.96	8. Activity did not occur
1.58	0.58	7. Activity occurred only once or twice			
1.42	0.96	8. Activity did not occur			

Section G		Functional Status			
<b>G0110. Activities of Daily Living (ADL) Assistance - Continued</b>					
<b>C. Walk in room</b> - how resident walks between locations in his/her room					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
7.93	13.97	0. Independent	8.75	16.85	0. No setup or physical help from staff
13.93	17.17	1. Supervision	9.41	12.43	1. Setup help only
11.79	10.99	2. Limited assistance	28.89	21.02	2. One person physical assist
11.27	7.49	3. Extensive assistance	3.17	3.28	3. Two+ persons physical assist
0.21	0.25	4. Total dependence	49.77	46.42	8. Activity did not occur
5.15	3.73	7. Activity occurred only once or twice			
49.73	46.40	8. Activity did not occur			
<b>D. Walk in corridor</b> - how resident walks in corridor on unit					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
6.49	11.70	0. Independent	8.19	15.35	0. No setup or physical help from staff
13.70	16.73	1. Supervision	9.08	11.59	1. Setup help only
11.04	9.03	2. Limited assistance	27.44	18.44	2. One person physical assist
10.01	6.08	3. Extensive assistance	2.89	2.55	3. Two+ persons physical assist
0.22	0.24	4. Total dependence	52.40	52.08	8. Activity did not occur
6.15	4.17	7. Activity occurred only once or twice			
52.38	52.04	8. Activity did not occur			
<b>E. Locomotion on unit</b> - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
11.39	19.27	0. Independent	10.60	21.18	0. No setup or physical help from staff
21.65	26.85	1. Supervision	14.19	20.14	1. Setup help only
12.63	15.11	2. Limited assistance	68.34	52.69	2. One person physical assist
32.97	23.90	3. Extensive assistance	3.62	3.77	3. Two+ persons physical assist
15.17	11.38	4. Total dependence	3.24	2.21	8. Activity did not occur
2.93	1.23	7. Activity occurred only once or twice			
3.25	2.27	8. Activity did not occur			
<b>F. Locomotion off unit</b> - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
9.78	17.19	0. Independent	9.89	19.86	0. No setup or physical help from staff
19.59	26.42	1. Supervision	12.79	19.24	1. Setup help only
11.10	14.79	2. Limited assistance	66.84	53.08	2. One person physical assist
28.49	23.33	3. Extensive assistance	2.68	3.59	3. Two+ persons physical assist
16.44	11.62	4. Total dependence	7.80	4.22	8. Activity did not occur
6.81	2.42	7. Activity occurred only once or twice			
7.79	4.23	8. Activity did not occur			
<b>G. Dressing</b> - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
4.36	10.27	0. Independent	3.64	10.68	0. No setup or physical help from staff
8.88	14.74	1. Supervision	5.47	10.94	1. Setup help only
12.96	20.65	2. Limited assistance	74.46	59.75	2. One person physical assist
63.71	46.10	3. Extensive assistance	16.36	18.59	3. Two+ persons physical assist
9.79	8.05	4. Total dependence	0.07	*	8. Activity did not occur
0.23	0.16	7. Activity occurred only once or twice			
0.07	*	8. Activity did not occur			

Section G		Functional Status			
<b>G0110. Activities of Daily Living (ADL) Assistance - Continued</b>					
<b>H. Eating</b> - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
22.72	25.44	0. Independent	3.32	11.71	0. No setup or physical help from staff
46.49	51.86	1. Supervision	54.20	59.66	1. Setup help only
9.27	8.35	2. Limited assistance	41.90	28.17	2. One person physical assist
14.02	8.49	3. Extensive assistance	0.53	0.39	3. Two+ persons physical assist
7.31	5.67	4. Total dependence	0.05	0.07	8. Activity did not occur
0.12	0.12	7. Activity occurred only once or twice			
0.06	0.06	8. Activity did not occur			
<b>I. Toilet use</b> - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
5.79	12.50	0. Independent	5.21	13.80	0. No setup or physical help from staff
9.61	16.14	1. Supervision	5.95	11.38	1. Setup help only
10.55	15.02	2. Limited assistance	56.97	46.42	2. One person physical assist
59.09	43.06	3. Extensive assistance	31.72	27.26	3. Two+ persons physical assist
14.65	11.92	4. Total dependence	0.15	1.13	8. Activity did not occur
0.15	0.23	7. Activity occurred only once or twice			
0.15	1.13	8. Activity did not occur			
<b>J. Personal hygiene</b> - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers)					
<b>NAT</b>	<b>OK</b>	<b>ADL Self-Performance</b>	<b>NAT</b>	<b>OK</b>	<b>ADL Support Provided</b>
4.69	9.59	0. Independent	3.26	9.66	0. No setup or physical help from staff
11.23	18.10	1. Supervision	7.44	13.60	1. Setup help only
14.94	22.43	2. Limited assistance	78.54	67.37	2. One person physical assist
57.32	39.69	3. Extensive assistance	10.71	9.34	3. Two+ persons physical assist
11.59	10.03	4. Total dependence	*	*	8. Activity did not occur
0.18	0.14	7. Activity occurred only once or twice			
*	*	8. Activity did not occur			
<b>G0120. Bathing</b>					
How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (excludes washing of back and hair). Code for <b>most dependent</b> in self-performance and support.					
<b>NAT</b>	<b>OK</b>	<b>A. Self-performance</b>			
2.00	2.59	0. <b>Independent</b> - no help provided			
4.18	9.45	1. <b>Supervision</b> - oversight help only			
4.18	7.34	2. <b>Physical help limited to transfer only</b>			
42.94	50.60	3. <b>Physical help in part of bathing activity</b>			
42.30	25.00	4. <b>Total dependence</b>			
4.40	5.02	8. <b>Activity itself did not occur</b> or family and/or non-facility staff provided care 100% of the time for that activity over the			
<b>NAT</b>	<b>OK</b>	<b>B. Support provided</b>			
1.24	2.09	0. <b>No setup or physical help from staff</b>			
4.39	8.85	1. <b>Setup help only</b>			
73.85	71.73	2. <b>One person physical assist</b>			
16.20	12.39	3. <b>Two+ persons physical assist</b>			
4.32	4.94	8. <b>Activity did not occur</b>			
<b>G0300. Balance During Transitions and Walking</b>					
After observing the resident, code the following walking and transition items for most dependent					
<b>NAT</b>	<b>OK</b>	<b>A. Moving from seated to standing position</b>			
9.56	13.64	0. <b>Steady at all times</b>			
18.45	26.18	1. <b>Not steady, but able to stabilize without staff assistance</b>			
50.96	44.79	2. <b>Not steady, only able to stabilize with staff assistance</b>			
21.03	15.40	8. <b>Activity did not occur</b>			

Section G		Functional Status	
<b>G0300. Balance During Transitions and Walking - Continued</b>			
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Walking</b> (with assistive device if used)
9.44	13.07		0. <b>Steady at all times</b>
18.43	23.25		1. <b>Not steady, but able to stabilize without staff assistance</b>
25.85	18.77		2. <b>Not steady, only able to stabilize with staff assistance</b>
46.28	44.91		8. <b>Activity did not occur</b>
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Turning around</b> and facing the opposite direction while walking
8.82	12.16		0. <b>Steady at all times</b>
17.95	23.25		1. <b>Not steady, but able to stabilize without staff assistance</b>
23.02	17.24		2. <b>Not steady, only able to stabilize with staff assistance</b>
50.21	47.34		8. <b>Activity did not occur</b>
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Moving on and off toilet</b>
9.30	13.85		0. <b>Steady at all times</b>
17.29	25.43		1. <b>Not steady, but able to stabilize without staff assistance</b>
48.85	43.63		2. <b>Not steady, only able to stabilize with staff assistance</b>
24.57	17.09		8. <b>Activity did not occur</b>
<b>NAT</b>	<b>OK</b>	<b>E.</b>	<b>Surface-to-surface transfer</b> (transfer between bed and chair or wheelchair)
9.44	14.02		0. <b>Steady at all times</b>
18.00	25.91		1. <b>Not steady, but able to stabilize without staff assistance</b>
68.01	54.89		2. <b>Not steady, only able to stabilize with staff assistance</b>
4.55	5.18		8. <b>Activity did not occur</b>
<b>G0400. Functional Limitation in Range of Motion</b>			
Code for limitation that interfered with daily functions or placed resident at risk of injury			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Upper extremity</b> (shoulder, elbow, wrist, hand)
77.06	80.38		0. <b>No impairment</b>
13.92	13.03		1. <b>Impairment on one side</b>
9.02	6.59		2. <b>Impairment on both sides</b>
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Lower extremity</b> (hip, knee, ankle, foot)
66.91	68.85		0. <b>No impairment</b>
15.89	16.08		1. <b>Impairment on one side</b>
17.20	15.07		2. <b>Impairment on both sides</b>
<b>G0600. Mobility Devices</b>			
↓ Check all that were normally used			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Cane/crutch</b>
98.11	97.92		No
1.89	2.08		Yes
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Walker</b>
63.18	70.21		No
36.82	29.79		Yes
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Wheelchair</b> (manual or electric)
23.37	29.84		No
76.63	70.16		Yes
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Limb prosthesis</b>
99.58	99.66		No
0.42	0.34		Yes
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b> were used
85.93	82.51		No
14.07	17.49		Yes

Section G		Functional Status	
<b>G0900. Functional Rehabilitation Potential</b>			
Complete only if A0310A = 01			
Enter Code <input type="checkbox"/>	<b>A. Resident believes he or she is capable of increased independence</b> in at least some ADLs  <b>0. No</b> <b>1. Yes</b> <b>9. Unable to determine</b>		
<b>G0900. Functional Rehabilitation Potential - Continued</b>			
Enter Code <input type="checkbox"/>	<b>B. Direct care staff believe resident is capable of increased independence</b> in at least some ADLs  <b>0. No</b> <b>1. Yes</b>		
Section H		Bladder and Bowel	
<b>H0100. Appliances</b>			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Indwelling catheter</b> (including suprapubic catheter and nephrostomy tube)
93.81	94.04		0. No
6.19	5.96		1. Yes
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>External catheter</b>
99.70	99.84		0. No
0.30	0.16		1. Yes
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Ostomy</b> (including urostomy, ileostomy, and colostomy)
97.97	97.90		0. No
2.03	2.10		1. Yes
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Intermittent catheterization</b>
99.63	99.68		0. No
0.37	0.32		1. Yes
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b>
8.19	7.67		0. No
91.81	92.33		1. Yes
<b>H0200. Urinary Toileting Program</b>			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on</b>
90.58	90.19		0. <b>No</b> → Skip to H0300, Urinary Continence
9.07	9.53		1. <b>Yes</b> → Continue to H0200B, Response
0.35	0.28		9. <b>Unable to determine</b> → Skip to H0200C, Current toileting program or trial
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Response - What was the resident's response to the trial program?</b>
54.35	54.08		0. <b>No Improvement</b>
21.59	20.33		1. <b>Decreased wetness</b>
8.36	11.37		2. <b>Completely dry</b> (continent)
15.70	14.22		9. <b>Unable to determine</b> or trial in progress
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)</b>
42.81	35.82		0. <b>No</b> → Skip to H0300, Urinary Continence
57.19	64.18		1. <b>Yes</b> → Continue to H0200B, Response
<b>H0300. Urinary Continence</b>			
<b>NAT</b>	<b>OK</b>	<b>Urinary continence</b> - Select the one category that best describes the resident	
19.10	25.46		0. <b>Always continent</b>
18.42	22.30		1. <b>Occasionally incontinent</b> (less than 7 episodes of incontinence)
27.26	23.14		2. <b>Frequently incontinent</b> (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
29.36	23.66		3. <b>Always incontinent</b> (no episodes of continent voiding)
5.86	5.44		9. <b>Not rated</b> , resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days
<b>H0400. Bowel Continence</b>			
<b>NAT</b>	<b>OK</b>	<b>Bowel continence</b> - Select the one category that best describes the resident	
34.28	42.03		0. <b>Always continent</b>
10.83	12.57		1. <b>Occasionally incontinent</b> (one episode of bowel incontinence)
22.60	19.63		2. <b>Frequently incontinent</b> (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
30.40	23.82		3. <b>Always incontinent</b> (no episodes of continent bowel movements)
1.89	1.96		9. <b>Not rated</b> , resident had an ostomy or did not have a bowel movement for the entire 7 days

Section H		Bladder and Bowel
<b>H0500. Bowel Toileting Program</b>		
<b>NAT</b>	<b>OK</b>	Is a toileting program currently being used to manage the resident's bowel continence?
97.10	95.17	0. No
2.90	4.83	1. Yes
<b>H0600. Bowel Patterns</b>		
<b>NAT</b>	<b>OK</b>	Constipation present?
96.45	95.54	0. No
3.55	4.46	1. Yes
<b>Section I</b>		
<b>Active Diagnoses</b>		
<b>Active Diagnoses in the last 7 days - Check all that apply</b>		
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists		
<b>Cancer</b>		
<b>NAT</b>	<b>OK</b>	<b>I0100. Cancer (with or without metastasis)</b>
93.48	94.84	No
6.52	5.16	Yes
<b>Heart/Circulation</b>		
<b>NAT</b>	<b>OK</b>	<b>I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)</b>
70.37	75.92	No
29.63	24.08	Yes
<b>NAT</b>	<b>OK</b>	<b>I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)</b>
79.85	82.21	No
20.15	17.79	Yes
<b>NAT</b>	<b>OK</b>	<b>I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))</b>
79.86	81.36	No
20.14	18.64	Yes
<b>NAT</b>	<b>OK</b>	<b>I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)</b>
96.39	97.05	No
3.61	2.95	Yes
<b>NAT</b>	<b>OK</b>	<b>I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)</b>
79.05	77.91	No
20.95	22.09	Yes
<b>NAT</b>	<b>OK</b>	<b>I0700. Hypertension</b>
23.12	22.20	No
76.88	77.80	Yes
<b>NAT</b>	<b>OK</b>	<b>I0800. Orthostatic Hypotension</b>
98.05	98.13	No
1.95	1.87	Yes
<b>NAT</b>	<b>OK</b>	<b>I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)</b>
88.41	94.64	No
11.59	5.36	Yes
<b>Gastrointestinal</b>		
<b>NAT</b>	<b>OK</b>	<b>I1100. Cirrhosis</b>
99.06	99.14	No
0.94	0.86	Yes
<b>NAT</b>	<b>OK</b>	<b>I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)</b>
62.92	51.85	No
37.08	48.15	Yes
<b>NAT</b>	<b>OK</b>	<b>I1300. Ulcerative Colitis, Chron's Disease, or Inflammatory Bowel Disease</b>
98.57	98.54	No
1.43	1.46	Yes

Section I		Active Diagnoses
<b>Genitourinary</b>		
<b>NAT</b>	<b>OK</b>	<b>I1400. Benign Prostatic Hyperplasia (BPH)</b>
90.26	92.00	No
9.74	8.00	Yes
<b>NAT</b>	<b>OK</b>	<b>I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)</b>
84.00	86.29	No
16.00	13.71	Yes
<b>NAT</b>	<b>OK</b>	<b>I1550. Neurogenic Bladder</b>
96.33	96.43	No
3.67	3.57	Yes
<b>NAT</b>	<b>OK</b>	<b>I1650. Obstructive Uropathy</b>
98.15	98.61	No
1.85	1.39	Yes
<b>Infections</b>		
<b>NAT</b>	<b>OK</b>	<b>I1700. Multidrug-Resistant Organism (MDRO)</b>
99.21	99.38	No
0.79	0.62	Yes
<b>NAT</b>	<b>OK</b>	<b>I2000. Pneumonia</b>
97.23	96.12	No
2.77	3.88	Yes
<b>NAT</b>	<b>OK</b>	<b>I2100. Septicemia</b>
98.41	97.91	No
1.59	2.09	Yes
<b>NAT</b>	<b>OK</b>	<b>I2200. Tuberculosis</b>
99.98	99.97	No
*	*	Yes
<b>NAT</b>	<b>OK</b>	<b>I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)</b>
95.76	94.19	No
4.24	5.81	Yes
<b>NAT</b>	<b>OK</b>	<b>I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)</b>
98.90	98.71	No
1.10	1.29	Yes
<b>NAT</b>	<b>OK</b>	<b>I2500. Wound Infection (other than foot)</b>
99.63	99.51	No
0.37	0.49	Yes
<b>Metabolic</b>		
<b>NAT</b>	<b>OK</b>	<b>I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)</b>
65.18	65.69	No
34.82	34.31	Yes
<b>NAT</b>	<b>OK</b>	<b>I3100. Hyponatremia</b>
97.69	97.69	No
2.31	2.31	Yes
<b>NAT</b>	<b>OK</b>	<b>I3200. Hyperkalemia</b>
98.85	98.55	No
1.15	1.45	Yes
<b>NAT</b>	<b>OK</b>	<b>I3300. Hyperlipidemia (e.g., hypercholesterolemia)</b>
52.63	52.71	No
47.37	47.29	Yes
<b>NAT</b>	<b>OK</b>	<b>I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)</b>
77.38	73.38	No
22.62	26.62	Yes
<b>Musculoskeletal</b>		
<b>NAT</b>	<b>OK</b>	<b>I3700. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))</b>
72.37	73.69	No
27.63	26.31	Yes

Section I		Active Diagnoses
<b>Musculoskeletal - Continued</b>		
<b>NAT</b>	<b>OK</b>	<b>I3800. Osteoporosis</b>
88.60	90.22	No
11.40	9.78	Yes
<b>NAT</b>	<b>OK</b>	<b>I3900. Hip Fracture</b> - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures and fractures of the trochanter and femoral neck)
97.00	96.77	No
3.00	3.23	Yes
<b>NAT</b>	<b>OK</b>	<b>I4000. Other Fracture</b>
95.03	95.63	No
4.97	4.37	Yes
<b>Neurological</b>		
<b>NAT</b>	<b>OK</b>	<b>I4200. Alzheimer's Disease</b>
86.58	87.07	No
13.42	12.93	Yes
<b>NAT</b>	<b>OK</b>	<b>I4300. Aphasia</b>
95.29	97.03	No
4.71	2.97	Yes
<b>NAT</b>	<b>OK</b>	<b>I4400. Cerebral Palsy</b>
98.94	98.85	No
1.06	1.15	Yes
<b>NAT</b>	<b>OK</b>	<b>I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke</b>
87.65	89.34	No
12.35	10.66	Yes
<b>NAT</b>	<b>OK</b>	<b>I4800. Non-Alzheimer's Dementia</b> (e.g., Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)
57.14	63.97	No
42.86	36.03	Yes
<b>NAT</b>	<b>OK</b>	<b>I4900. Hemiplegia or Hemiparesis</b>
89.86	93.33	No
10.14	6.67	Yes
<b>NAT</b>	<b>OK</b>	<b>I5000. Paraplegia</b>
98.98	99.19	No
1.02	0.81	Yes
<b>NAT</b>	<b>OK</b>	<b>I5100. Quadriplegia</b>
99.17	99.45	No
0.83	0.55	Yes
<b>NAT</b>	<b>OK</b>	<b>I5200. Multiple Sclerosis (MS)</b>
98.48	98.93	No
1.52	1.07	Yes
<b>NAT</b>	<b>OK</b>	<b>I5250. Huntington's Disease</b>
99.76	99.73	No
0.24	0.27	Yes
<b>NAT</b>	<b>OK</b>	<b>I5300. Parkinson's Disease</b>
93.84	94.72	No
6.16	5.28	Yes
<b>NAT</b>	<b>OK</b>	<b>I5350. Tourette's Syndrome</b>
99.97	99.93	No
0.03	0.07	Yes
<b>NAT</b>	<b>OK</b>	<b>I5400. Seizure Disorder or Epilepsy</b>
87.64	87.88	No
12.36	12.12	Yes
<b>NAT</b>	<b>OK</b>	<b>I5500. Traumatic Brain Injury (TBI)</b>
98.64	98.76	No
1.36	1.24	Yes
<b>Nutritional</b>		
<b>NAT</b>	<b>OK</b>	<b>I5600. Malnutrition</b> (protein or calorie) or at risk for malnutrition
95.04	94.46	No
4.96	5.54	Yes



<b>Section J</b>	<b>Health Conditions</b>
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<b>J0100. Pain Management - Complete for all residents, regardless of current pain level</b>
--

At any time in the last 5 days, has the resident:		
<b>NAT</b>	<b>OK</b>	A. Received scheduled pain medication regimen?
57.32	53.10	0. No
42.68	46.90	1. Yes
<b>NAT</b>	<b>OK</b>	B. Received PRN pain medications OR was offered and declined?
69.41	58.93	0. No
30.59	41.07	1. Yes
<b>NAT</b>	<b>OK</b>	C. Received non-medication intervention for pain?
84.22	85.01	0. No
15.78	14.99	1. Yes

<b>J0200. Should Pain Assessment Interview be Conducted?</b>
--

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)		
<b>NAT</b>	<b>OK</b>	
8.44	7.37	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
91.56	92.63	1. Yes → Continue to J0300, Pain Presence

<b>Pain Assessment Interview</b>
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<b>J0300. Pain Presence</b>
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<b>NAT</b>	<b>OK</b>	Ask resident: <b>"Have you had pain or hurting at any time</b> in the last 5 days?"
64.49	59.16	0. No → Skip to J1100, Shortness of Breath
30.07	37.25	1. Yes → Continue to J0400, Pain Frequency
5.44	3.59	9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain

<b>J0400. Pain Frequency</b>
------------------------------

<b>NAT</b>	<b>OK</b>	Ask resident: <b>"How much of the time have you experienced pain or hurting</b> over the last 5 days?"
6.89	9.28	1. Almost constantly
23.54	26.34	2. Frequently
57.20	51.50	3. Occasionally
10.67	11.88	4. Rarely
1.69	1.00	9. Unable to answer

<b>J0500. Pain Effect on Function</b>
---------------------------------------

<b>NAT</b>	<b>OK</b>	A. Ask resident: <b>"Over the past 5 days, has pain made it hard for your to sleep at night?"</b>
83.60	83.83	1. No
14.96	15.29	2. Yes
1.44	0.88	9. Unable to answer
<b>NAT</b>	<b>OK</b>	B. Ask resident: <b>"Over the past 5 days, have you limited your day-to-day activities because of pain?"</b>
78.54	79.96	1. No
19.80	19.00	2. Yes
1.66	1.04	9. Unable to answer

<b>J0600. Pain Intensity - Administer ONLY ONE of the following pain intensity questions (A or B)</b>
---

		A. <b>Numeric Rating Scale (00-10)</b>																																										
Ask resident: <b>"Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the</b>																																												
<b>Enter two-digit response. Enter 99 if unable to answer.</b>																																												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><b>NAT</b></td> <td style="width:10%;"><b>OK</b></td> <td style="width:10%;"></td> <td style="width:10%;"><b>NAT</b></td> <td style="width:10%;"><b>OK</b></td> <td style="width:10%;"></td> </tr> <tr> <td>0.13</td> <td>0.03</td> <td><b>00</b></td> <td>12.37</td> <td>11.87</td> <td><b>06</b></td> </tr> <tr> <td>1.31</td> <td>1.17</td> <td><b>01</b></td> <td>9.64</td> <td>12.05</td> <td><b>07</b></td> </tr> <tr> <td>6.75</td> <td>6.03</td> <td><b>02</b></td> <td>9.84</td> <td>12.77</td> <td><b>08</b></td> </tr> <tr> <td>14.24</td> <td>11.77</td> <td><b>03</b></td> <td>2.73</td> <td>2.81</td> <td><b>09</b></td> </tr> <tr> <td>18.92</td> <td>18.13</td> <td><b>04</b></td> <td>3.72</td> <td>4.44</td> <td><b>10</b></td> </tr> <tr> <td>18.52</td> <td>17.42</td> <td><b>05</b></td> <td></td> <td></td> <td></td> </tr> </table>	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>		0.13	0.03	<b>00</b>	12.37	11.87	<b>06</b>	1.31	1.17	<b>01</b>	9.64	12.05	<b>07</b>	6.75	6.03	<b>02</b>	9.84	12.77	<b>08</b>	14.24	11.77	<b>03</b>	2.73	2.81	<b>09</b>	18.92	18.13	<b>04</b>	3.72	4.44	<b>10</b>	18.52	17.42	<b>05</b>			
<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>																																								
0.13	0.03	<b>00</b>	12.37	11.87	<b>06</b>																																							
1.31	1.17	<b>01</b>	9.64	12.05	<b>07</b>																																							
6.75	6.03	<b>02</b>	9.84	12.77	<b>08</b>																																							
14.24	11.77	<b>03</b>	2.73	2.81	<b>09</b>																																							
18.92	18.13	<b>04</b>	3.72	4.44	<b>10</b>																																							
18.52	17.42	<b>05</b>																																										

<b>Section J</b>	<b>Health Conditions</b>
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<b>J0600. Pain Intensity - Continued</b>
--

				<b>B.</b>	<b>Verbal Descriptor Scale</b>				
<b>NAT</b>	<b>OK</b>			Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)					
47.10	47.47			1. <b>Mild</b>					
43.24	43.09			2. <b>Moderate</b>					
5.65	6.71			3. <b>Severe</b>					
0.52	0.77			4. <b>Very severe, horrible</b>					
3.50	1.96			9. <b>Unable to answer</b>					

<b>J0700. Should the Staff Assessment for Pain be Conducted?</b>
--

<b>NAT</b>	<b>OK</b>								
96.61	98.42			0. <b>No</b> (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)					
3.39	1.58			1. <b>Yes</b> (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain					

<b>Staff Assessment for Pain</b>
----------------------------------

<b>J0800. Indicators of Pain or Possible Pain in the last 5 days</b>
--

↓ Check all that apply									
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Non-verbal sounds</b> (e.g., crying, whining, gasping, moaning, or groaning)						
94.15	88.89			0. No					
5.85	11.11			1. Yes					
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Vocal complaints of pain</b> (e.g., that hurts, ouch, stop)						
89.89	86.85			0. No					
10.11	13.15			1. Yes					
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Facial expressions</b> (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)						
90.56	82.72			0. No					
9.44	17.28			1. Yes					
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Protective body movements or postures</b> (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)						
96.78	92.92			0. No					
3.22	7.08			1. Yes					
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of these signs observed or documented</b> → If checked, skip to J1100, Shortness of Breath (dyspnea)						
18.20	26.30			0. No					
81.80	73.70			1. Yes					

<b>J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days</b>
--

<b>NAT</b>	<b>OK</b>			Frequency with which resident complaints or shows evidence of pain or possible pain					
54.66	50.59			1. <b>Indicators of pain</b> or possible pain observed <b>1 to 2 days</b>					
27.21	26.18			2. <b>Indicators of pain</b> or possible pain observed <b>3 to 4 days</b>					
18.12	23.23			3. <b>Indicators of pain</b> or possible pain observed <b>daily</b>					

<b>Other Health Conditions</b>
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<b>J1100. Shortness of Breath (dyspnea)</b>
---

↓ Check all that apply									
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Shortness of breath</b> or trouble breathing <b>with exertion</b> (e.g., walking, bathing, transferring)						
92.97	87.01			No					
7.03	12.99			Yes					
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Shortness of breath</b> or trouble breathing <b>when sitting at rest</b>						
97.49	95.61			No					
2.51	4.39			Yes					
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Shortness of breath</b> or trouble breathing <b>when lying flat</b>						
92.86	93.32			No					
7.14	6.68			Yes					
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b>						
11.09	14.45			No					
88.91	85.55			Yes					

Section J		Health Conditions	
<b>J1300. Current Tobacco Use</b>			
<b>NAT</b>	<b>OK</b>	Tobacco use	
93.97	87.39	0. No	
6.03	12.61	1. Yes	
<b>J1400. Prognosis</b>			
<b>NAT</b>	<b>OK</b>	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)	
95.43	90.11	0. No	
4.57	9.89	1. Yes	
<b>J1550. Problem Conditions</b>			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Fever</b>
99.20	99.61	No	
0.80	0.39	Yes	
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Vomiting</b>
99.13	99.25	No	
0.87	0.75	Yes	
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Dehydrated</b>
99.90	99.88	No	
0.10	0.12	Yes	
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Internal bleeding</b>
99.69	99.83	No	
0.31	0.17	Yes	
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b>
1.92	1.31	No	
98.08	98.69	Yes	
<b>J1700. Fall History on Admission/Entry or Reentry</b>			
Complete only if A0310A = 01 or A0310E = 1			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	Did the resident have a fall any time in the <b>last month</b> prior to admission/entry or reentry?
63.36	61.63	0. No	
30.18	30.97	1. Yes	
6.45	7.40	9. Unable to determine	
<b>NAT</b>	<b>OK</b>	<b>B.</b>	Did the resident have a fall any time in the <b>last 2-6 months</b> prior to admission/entry or reentry?
65.74	60.32	0. No	
23.42	29.35	1. Yes	
10.85	10.32	9. Unable to determine	
<b>NAT</b>	<b>OK</b>	<b>C.</b>	Did the resident have any <b>fracture related to a fall in the 6 months</b> prior to admission/entry or reentry?
80.97	82.84	0. No	
12.21	11.21	1. Yes	
6.82	5.95	9. Unable to determine	
<b>J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</b>			
<b>NAT</b>	<b>OK</b>	Has the resident <b>had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?</b>	
82.97	77.12	0. No → Skip to K0100, Swallowing Disorder	
17.03	22.88	1. Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)	
<b>J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent</b>			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>No Injury</b> - 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
19.80	20.54	0. None	
55.00	49.03	1. One	
25.21	30.42	2. Two or more	

Section J		Health Conditions	
<b>J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment - Continued</b>			
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Injury (except major)</b> - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain 0. <b>None</b> 1. <b>One</b> 2. <b>Two or more</b>
67.82	62.53		
26.74	28.69		
5.45	8.78		
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Major injury</b> - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma 0. <b>None</b> 1. <b>One</b> 2. <b>Two or more</b>
97.23	96.43		
2.71	3.50		
0.06	0.08		

Section K		Swallowing/Nutritional Status	
<b>K0100. Swallowing Disorder</b>			
Signs and symptoms of possible swallowing disorder			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Loss of liquids/solids from mouth when eating or drinking</b> 0. <b>No</b> 1. <b>Yes</b>
99.45	99.00		
0.55	1.00		
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Holding food in mouth/cheeks or residual food in mouth after meals</b> 0. <b>No</b> 1. <b>Yes</b>
99.38	99.13		
0.62	0.87		
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Coughing or choking during meals or when swallowing medications</b> 0. <b>No</b> 1. <b>Yes</b>
98.54	97.75		
1.46	2.25		
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Complaints of difficulty or pain with swallowing</b> 0. <b>No</b> 1. <b>Yes</b>
99.03	98.84		
0.97	1.16		
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b> 0. <b>No</b> 1. <b>Yes</b>
2.85	4.22		
97.15	95.78		

<b>K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up</b>			
Enter Code		<b>A. Height</b> (in inches). Record most recent height measure since the most recent admission/entry or reentry	
<input type="text"/>	<input type="text"/>		
Enter Code		<b>B. Weight</b> (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	
<input type="text"/>	<input type="text"/>		

<b>K0300. Weight Loss</b>			
<b>NAT</b>	<b>OK</b>	<b>Loss of 5% or more in the last month or loss of 10% or more in last 6 months</b>	
93.38	92.76	0. <b>No</b> or unknown	
1.04	1.18	1. <b>Yes, on</b> physician-prescribed weight-loss regimen	
5.58	6.06	2. <b>Yes, not on</b> physician-prescribed weight-loss regimen	

<b>K0310. Weight Gain</b>			
<b>NAT</b>	<b>OK</b>	<b>Gain of 5% or more in the last month or gain of 10% or more in last 6 months</b>	
94.12	92.50	0. <b>No</b> or unknown	
1.36	2.06	1. <b>Yes, on</b> physician-prescribed weight-gain regimen	
4.51	5.43	2. <b>Yes, not on</b> physician-prescribed weight-gain regimen	

<b>K0510. Nutritional Approaches</b>						
Check all of the following nutritional approaches that were performed during the last 7 days						
1. While NOT a Resident means performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.						
2. While a resident means performed while a resident of this facility and within the last 7 days.						
<b>A. Parenteral/IV feeding</b>						
<b>NAT</b>	<b>OK</b>	1. While NOT a Resident	<b>NAT</b>	<b>OK</b>	2. While a Resident	
95.94	99.15		No	99.47		99.95
4.06	0.85		Yes	0.53		0.05
					Yes	

<b>Section K</b>	<b>Swallowing/Nutritional Status</b>
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<b>K0510. Nutritional Approaches - Continued</b>
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<b>B. Feeding tube - nasogastric or abdominal (PEG)</b>					
---	--	--	--	--	--

<b>NAT</b>	<b>OK</b>	1. While NOT a Resident	<b>NAT</b>	<b>OK</b>	2. While a Resident
92.96	93.47	No	95.02	96.16	No
7.04	6.53	Yes	4.98	3.84	Yes

<b>C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)</b>					
---	--	--	--	--	--

<b>NAT</b>	<b>OK</b>	1. While NOT a Resident	<b>NAT</b>	<b>OK</b>	2. While a Resident
82.09	80.07	No	66.80	71.72	No
17.91	19.93	Yes	33.20	28.28	Yes

<b>D. Therapeutic diet ( e.g., low salt, diabetic, low cholesterol)</b>					
---	--	--	--	--	--

<b>NAT</b>	<b>OK</b>	1. While NOT a Resident	<b>NAT</b>	<b>OK</b>	2. While a Resident
65.16	70.68	No	53.05	63.94	No
34.84	29.32	Yes	46.95	36.06	Yes

<b>Z. None of the above</b>					
-----------------------------	--	--	--	--	--

<b>NAT</b>	<b>OK</b>	1. While NOT a Resident	<b>NAT</b>	<b>OK</b>	2. While a Resident
51.97	47.56	No	68.54	58.23	No
48.03	52.44	Yes	31.46	41.77	Yes

<b>K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B</b>
---

Signs and symptoms of possible swallowing disorder

	<p><b>A. Proportion of total calories the resident received through parenteral or tube feeding</b></p> <p>1. While NOT a Resident</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p>2. While a Resident</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p>3. During Entire 7 Days</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p><b>B. Average fluid intake per day by IV or tube feeding</b></p> <p>1. While NOT a Resident</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p> <p>2. While a Resident</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p> <p>3. During Entire 7 Days</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p>
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Section L		Oral/Dental Status	
<b>L0200. Dental</b>			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Broken or loosely fitting full or partial denture</b> (chipped, cracked, uncleanable, or loose)
99.07	98.43		0. No
0.93	1.57		1. Yes
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>No natural teeth or tooth fragment(s)</b> (edentulous)
79.44	72.91		0. No
20.56	27.09		1. Yes
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Abnormal mouth tissue</b> (ulcers, masses, oral lesions, including under denture or partial if one is worn)
99.82	99.78		0. No
0.18	0.22		1. Yes
Section L		Oral/Dental Status	
<b>L0200. Dental - Continued</b>			
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Obvious or likely cavity or broken natural teeth</b>
90.63	88.61		0. No
9.37	11.39		1. Yes
<b>NAT</b>	<b>OK</b>	<b>E.</b>	<b>Inflamed or bleeding gums or loose natural teeth</b>
99.63	99.67		0. No
0.37	0.33		1. Yes
<b>NAT</b>	<b>OK</b>	<b>F.</b>	<b>Mouth or facial pain discomfort or difficulty with chewing</b>
99.20	98.79		0. No
0.80	1.21		1. Yes
<b>NAT</b>	<b>OK</b>	<b>G.</b>	<b>Unable to examine</b>
98.62	99.16		0. No
1.38	0.84		1. Yes
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above were present</b>
32.21	40.58		0. No
67.79	59.42		1. Yes

Section M		Skin Conditions	
Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage			
<b>M0100. Determination of Pressure Ulcer Risk</b>			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device</b>
92.37	92.93		No
7.63	7.07		Yes
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Formal assessment instrument/tool</b> (e.g., Braden, Norton, or other)
19.45	12.56		No
80.55	87.44		Yes
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Clinical assessment</b>
8.70	7.73		No
91.30	92.27		Yes
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b>
97.40	96.70		No
2.60	3.30		Yes
<b>M0150. Risk of Pressure Ulcers</b>			
<b>NAT</b>	<b>OK</b>	<b>Is this resident at risk of developing pressure ulcers?</b>	
14.56	25.41	0.	No
85.44	74.59	1.	Yes
<b>M0210. Unhealed Pressure Ulcer(s)</b>			
<b>NAT</b>	<b>OK</b>	<b>Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?</b>	
93.09	93.23	0.	<b>No</b> → Skip to M0900, Healed Pressure Ulcers
6.91	6.77	1.	<b>Yes</b> → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

**Section M**

**Skin Conditions**

**M0300. Current Number of Unhealed Pressure Ulcers at Each Stage**

**Stage 1:** Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues.

**A. Number of Stage 1 pressure ulcers**

NAT	OK		NAT	OK	
88.34	89.19	0	0.11	0.17	5
8.19	9.02	1	*	*	6
2.31	1.19	2	*	*	7
0.80	0.43	3	*	*	8
0.19	*	4	*	*	9

**Stage 2:** Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

**B. 1. Number of Stage 2 pressure ulcers - if 0 → Skip to M0300C, Stage 3**

NAT	OK		NAT	OK	
67.75	62.82	0	0.10	*	5
26.01	31.11	1	*	0.09	6
4.83	4.27	2	*	*	7
0.97	1.37	3	*	0.09	8
0.27	0.26	4	*	*	9

**2. Number of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry.**

NAT	OK		NAT	OK	
41.29	50.11	0	0.22	*	5
46.69	41.65	1	0.09	*	6
9.02	4.58	2	*	*	7
2.01	2.52	3	*	0.23	8
0.63	0.92	4	*	*	9

**3. Date of oldest Stage 2 pressure ulcer - Enter dashes if date is unknown:**

-   -      
 Month Day Year

**Stage 3:** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

**C. 1. Number of Stage 3 pressure ulcers - if 0 → Skip to M0300D, Stage 4**

NAT	OK		NAT	OK	
80.00	79.49	0	0.05	*	5
16.88	16.50	1	*	*	6
2.33	2.65	2	*	*	7
0.57	1.20	3	*	*	8
0.14	0.17	4	*	*	9

**2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry.**

NAT	OK		NAT	OK	
36.46	42.44	0	0.22	*	5
53.18	45.80	1	0.07	*	6
7.59	8.82	2	*	*	7
1.91	2.52	3	*	*	8
0.53	0.42	4	*	*	9

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - Continued

**Stage 4:** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

**D.** 1. Number of Stage 4 pressure ulcers - if 0 → Skip to M0300E, Unstageable: Non-removable dressing.

NAT	OK		NAT	OK	
79.54	84.17	0	0.10	*	5
16.69	12.49	1	*	0.09	6
2.48	2.40	2	*	*	7
0.81	0.51	3	*	0.09	8
0.31	0.26	4	*	*	9

2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry.

NAT	OK		NAT	OK	
21.67	23.24	0	0.33	*	5
63.95	58.92	1	0.12	0.54	6
9.63	12.43	2	0.06	*	7
3.07	2.70	3	*	0.54	8
1.10	1.62	4	*	*	9

**Unstageable - Non removable dressing:** Known but not stageable due to non-removable dressing/device

**E.** 1. Number of unstageable pressure ulcers due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable: Slough and/or eschar

NAT	OK		NAT	OK	
99.39	98.63	0	*	*	5
0.49	1.02	1	*	*	6
0.08	0.26	2	*	*	7
*	*	3	*	*	8
*	0.09	4	*	*	9

2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry

NAT	OK		NAT	OK	
35.59	43.75	0	0.19	*	5
51.04	31.25	1	0.19	*	6
9.79	18.75	2	*	*	7
2.26	*	3	*	*	8
0.94	6.25	4	*	*	9

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - Continued

Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar

F. 1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G,

Unstageable: Deep tissue

NAT	OK		NAT	OK	
79.57	78.46	0	0.16	0.34	5
15.69	16.41	1	0.07	*	6
3.23	3.16	2	*	*	7
0.86	1.03	3	*	*	8
0.34	0.60	4	*	*	9

2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry.

NAT	OK		NAT	OK	
33.10	39.53	0	0.66	0.79	5
49.93	44.27	1	0.26	*	6
11.10	10.67	2	0.15	*	7
3.25	2.77	3	0.10	*	8
1.35	1.98	4	0.11	*	9

Unstageable - Deep tissue: Suspected deep tissue injury in evolution

G. 1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution - If 0 → Skip to M0610, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar

NAT	OK		NAT	OK	
82.75	86.02	0	0.13	0.09	5
12.48	11.00	1	0.08	*	6
3.24	2.39	2	*	*	7
0.93	0.26	3	*	*	8
0.29	0.26	4	0.05	*	9

2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry.

NAT	OK		NAT	OK	
32.72	42.68	0	0.68	0.61	5
45.94	45.73	1	0.40	*	6
13.79	7.93	2	0.14	*	7
4.54	1.22	3	0.13	*	8
1.39	1.83	4	0.25	*	9

**Section M Skin Conditions**

**M0610. Dimensions of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar**

Complete only if M0300C1, M0300D1 or M0300F1 is greater than 0

If the resident has one or more unhealed Stage 3 or 4 pressure ulcers or an unstageable pressure ulcer due to slough or eschar identify the pressure ulcer with the largest surface area (length x width) and record in centimeters:

.  cm  
  .  cm  
  .  cm

- A. Pressure ulcer length:** Longest length from head to toe
- B. Pressure ulcer width:** Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
- C. Pressure ulcer depth:** Depth of the same pressure ulcer from the visible surface to the deepest area (if depth is unknown, enter a dash in each box)

**M0700. Most Severe Tissue Type for Any Pressure Ulcer**

Select the best description of the most severe type of tissue present in any pressure ulcer bed.

NAT	OK	
17.91	15.04	<b>1. Epithelial tissue</b> - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin.
27.78	38.38	<b>2. Granulation tissue</b> - pink or red tissue with shiny, moist, granular appearance.
20.21	18.93	<b>3. Slough</b> - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous.
13.33	13.22	<b>4. Eschar</b> - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.
20.78	14.43	<b>9. None of the above.</b>

**M0800. Worsening in Pressure Ulcer Status Since Prior Assessment (OBRA or Scheduled PPS) or Last Admission/Entry or Reentry.** Complete only if A0310E = 0.

Indicate the number of current pressure ulcers that were not present or were at a lesser stage on prior assessment (OBRA or scheduled PPS) or last entry. If no current pressure ulcer at a given stage, enter 0.

A. Stage 2		NAT		OK			NAT		OK		
		91.86	89.46	0		*	*	5			
		6.99	9.43	1		*	*	6			
		0.93	1.00	2		*	*	7			
		0.16	0.11	3		*	*	8			
		*	*	4		*	*	9			

  

B. Stage 3		NAT		OK			NAT		OK		
		96.48	95.56	0		*	*	5			
		3.20	3.88	1		*	*	6			
		0.27	0.33	2		*	*	7			
		*	0.11	3		*	*	8			
		*	0.11	4		*	*	9			

  

C. Stage 4		NAT		OK			NAT		OK		
		98.15	98.00	0		*	*	5			
		1.69	2.00	1		*	*	6			
		0.13	*	2		*	*	7			
		*	*	3		*	*	8			
		*	*	4		*	*	9			

**M0900. Healed Pressure Ulcers**

Complete only if A0310 = 0

NAT	OK	A.
95.03	94.51	<b>Were pressure ulcers present on the prior assessment (OBRA or scheduled PPS)?</b>
4.97	5.49	0. No → Skip to M1030, Number of Venous and Arterial Ulcers
		0. Yes → Continue to M0900B, Stage 2

  

B. Stage 2		NAT		OK			NAT		OK		
		75.42	68.89	0		*	0.36	5			
		20.70	25.27	1		*	*	6			
		3.12	4.37	2		*	*	7			
		0.56	0.97	3		*	*	8			
		0.12	0.12	4		*	*	9			

**Section M**

**Skin Conditions**

**M0900. Healed Pressure Ulcers - Continued**

	<b>C.</b>	<b>Stage 3</b>		0 1 2 3 4	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	5 6 7 8 9
		88.38	86.17		*	*				
		10.35	12.36		*	*				
		0.97	1.22		*	*				
		0.22	0.24		*	*				
		*	*		*	*				
	<b>D.</b>	<b>Stage 4</b>		0 1 2 3 4	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	5 6 7 8 9
		92.97	91.68		*	*				
		6.16	7.34		*	0.12				
		0.63	0.61		*	*				
		0.14	0.24		*	*				
		0.08	*		*	*				

**M01030. Number of Venous and Arterial Ulcers**

	Enter the total number of venous and arterial ulcers present.										
			<b>Stage 3</b>		0 1 2 3 4	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	5 6 7 8 9
			98.12	98.62		*	*				
			1.08	0.73		*	*				
			0.46	0.38		*	*				
			0.16	0.14		*	*				
			0.08	0.06		*	*				

**M01040. Other Ulcers, Wounds and Skin Problems**

↓ Check all that apply										
<b>Foot Problems</b>										
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Infection of the foot</b> (e.g., cellulitis, purulent drainage)							
99.51	99.56			No						
0.49	0.44	Yes								
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Diabetic foot ulcer(s)</b>							
99.24	99.24			No						
0.76	0.76	Yes								
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Other open lesion(s) on the foot</b>							
99.57	99.26			No						
0.43	0.74	Yes								
<b>Other Problems</b>										
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Open lesion(s) other than ulcers, rashes, cuts</b> (e.g. cancer lesion)							
98.77	98.58			No						
1.23	1.42	Yes								
<b>NAT</b>	<b>OK</b>	<b>E.</b>	<b>Surgical wound(s)</b>							
94.80	95.44			No						
5.20	4.56	Yes								
<b>NAT</b>	<b>OK</b>	<b>F.</b>	<b>Burn(s)</b> (second or third degree)							
99.92	99.87			No						
0.08	0.13	Yes								
		<b>G.</b>	<b>Skin tear(s)</b>							
				No						
		Yes								
		<b>H.</b>	<b>Moisture Associated Skin Damage (MASD)</b> (i.e., incontinence (IAD), perspiration, drainage)							
				No						
		Yes								
<b>None of the Above</b>										
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above</b> were present							
17.10	17.99			No						
82.90	82.01	Yes								

Section M		Skin Conditions	
<b>M01200. Skin and Ulcer Treatments</b>			
↓ Check all that apply			
<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Pressure reducing device for chair</b>
39.53	62.92		No
60.47	37.08		Yes
<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>Pressure reducing device for bed</b>
16.94	40.15		No
83.06	59.85		Yes
<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>Turning/repositioning program</b>
83.53	81.42		No
16.47	18.58		Yes
<b>NAT</b>	<b>OK</b>	<b>D.</b>	<b>Nutrition or hydration intervention to manage skin problems</b>
88.88	88.49		No
11.12	11.51		Yes
<b>NAT</b>	<b>OK</b>	<b>E.</b>	<b>Pressure ulcer care</b>
93.30	93.68		No
6.70	6.32		Yes
<b>NAT</b>	<b>OK</b>	<b>F.</b>	<b>Surgical wound care</b>
95.53	96.20		No
4.47	3.80		Yes
<b>NAT</b>	<b>OK</b>	<b>G.</b>	<b>Application of nonsurgical dressings (with or without topical medications) other than to feet</b>
86.20	89.29		No
13.80	10.71		Yes
<b>NAT</b>	<b>OK</b>	<b>H.</b>	<b>Applications of ointments/medications other than to feet</b>
53.22	61.34		No
46.78	38.66		Yes
<b>NAT</b>	<b>OK</b>	<b>I.</b>	<b>Application of dressings to feet (with or without topical medications)</b>
96.01	95.68		No
3.99	4.32		Yes
<b>NAT</b>	<b>OK</b>	<b>Z.</b>	<b>None of the above were provided</b>
91.97	78.64		No
8.03	21.36		Yes

Section N		Medications	
<b>N0300. Injections</b>			
Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0401, Medications Received			
	<b>NAT</b>	<b>OK</b>	
	73.65	75.73	<b>0</b>
	5.54	4.40	<b>1</b>
	0.68	0.70	<b>2</b>
	0.46	0.30	<b>3</b>
	<b>NAT</b>	<b>OK</b>	
	0.39	0.31	<b>4</b>
	0.48	0.33	<b>5</b>
	0.90	0.66	<b>6</b>
	17.90	17.58	<b>7</b>
<b>N0350. Insulin</b>			
<b>A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.</b>			
	<b>NAT</b>	<b>OK</b>	
	31.89	24.29	<b>0</b>
	1.26	1.02	<b>1</b>
	1.00	1.11	<b>2</b>
	0.95	0.62	<b>3</b>
	<b>NAT</b>	<b>OK</b>	
	1.07	0.81	<b>4</b>
	1.41	1.14	<b>5</b>
	2.78	2.09	<b>6</b>
	59.63	68.93	<b>7</b>

**Section N**

**Medications**

**N0350. Insulin - Continued**

**B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days.**

NAT	OK		NAT	OK	
92.13	92.00	0	0.10	0.12	4
6.02	6.05	1	*	*	5
1.23	1.45	2	*	*	6
0.31	0.26	3	0.15	0.12	7

**N0410. Medications Received**

**Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days.**

Enter "0" if medication was not received by the resident during the last 7 days.

**A. Antipsychotic**

NAT	OK		NAT	OK	
79.94	75.79	0	0.18	0.19	4
0.27	0.22	1	0.25	0.21	5
0.13	0.11	2	0.79	0.63	6
0.15	0.12	3	18.29	22.73	7

**B. Antianxiety**

NAT	OK		NAT	OK	
81.01	75.69	0	0.41	0.32	4
0.88	0.87	1	0.43	0.41	5
0.57	0.52	2	0.74	0.70	6
0.50	0.62	3	15.46	20.87	7

**C. Antidepressant**

NAT	OK		NAT	OK	
47.86	42.14	0	0.43	0.50	4
0.24	0.22	1	0.62	0.52	5
0.24	0.26	2	2.24	1.47	6
0.35	0.32	3	48.02	54.57	7

**D. Hypnotic**

NAT	OK		NAT	OK	
97.51	94.49	0	0.09	0.07	4
0.12	0.12	1	0.10	0.07	5
0.09	0.10	2	0.19	0.21	6
0.09	0.13	3	1.82	4.80	7

**E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)**

NAT	OK		NAT	OK	
80.98	82.58	0	0.35	0.22	4
0.16	0.10	1	0.56	0.25	5
0.18	0.11	2	1.31	0.60	6
0.25	0.18	3	16.22	15.95	7

**F. Antibiotic**

NAT	OK		NAT	OK	
85.85	87.18	0	1.27	1.19	4
1.18	1.10	1	1.42	1.22	5
1.22	1.16	2	1.37	1.21	6
1.46	1.22	3	6.23	5.72	7

**G. Diuretic**

NAT	OK		NAT	OK	
67.14	60.63	0	0.67	0.43	4
0.30	0.18	1	0.51	0.46	5
0.36	0.29	2	1.47	1.08	6
0.98	0.60	3	28.58	36.32	7

**Section O**

**Special Treatments, Procedures, and Programs**

**00100. Special Treatments, Procedures, and Programs**

Check all of the following treatments, procedures, and programs that were performed during the last 14 days

1. While NOT a Resident means performed while NOT a resident of this facility and within the last 14 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank.
2. While a resident means performed while a resident of this facility and within the last 14 days.

**Cancer Treatments**

A. Chemotherapy		1. While NOT a Resident		2. While a Resident	
NAT	OK				
99.41	99.31	No		99.49	99.70
0.59	0.69	Yes		0.51	0.30
B. Radiation		1. While NOT a Resident		2. While a Resident	
NAT	OK				
99.81	99.81	No		99.92	99.91
0.19	0.19	Yes		0.08	0.09

**Respiratory Treatments**

C. Oxygen therapy		1. While NOT a Resident		2. While a Resident	
NAT	OK				
79.06	74.90	No		87.08	84.83
20.94	25.10	Yes		12.92	15.17
D. Suctioning		1. While NOT a Resident		2. While a Resident	
NAT	OK				
98.37	99.08	No		98.62	99.28
1.63	0.92	Yes		1.38	0.72
E. Tracheostomy care		1. While NOT a Resident		2. While a Resident	
NAT	OK				
98.25	99.08	No		98.55	99.27
1.75	0.92	Yes		1.45	0.73
F. Ventilator or respirator		1. While NOT a Resident		2. While a Resident	
NAT	OK				
98.71	99.04	No		99.36	99.62
1.29	0.96	Yes		0.64	0.38
G. BiPAP/CPAP		1. While NOT a Resident		2. While a Resident	
NAT	OK				
97.27	97.47	No		97.91	98.32
2.73	2.53	Yes		2.09	1.68

**Other**

H. IV medications		1. While NOT a Resident		2. While a Resident	
NAT	OK				
64.95	68.70	No		97.57	98.68
35.05	31.30	Yes		2.43	1.32
I. Transfusions		1. While NOT a Resident		2. While a Resident	
NAT	OK				
97.76	98.62	No		99.89	99.91
2.24	1.38	Yes		0.11	0.09
J. Dialysis		1. While NOT a Resident		2. While a Resident	
NAT	OK				
96.69	96.79	No		97.71	98.19
3.31	3.21	Yes		2.29	1.81
K. Hospice care		1. While NOT a Resident		2. While a Resident	
NAT	OK				
98.30	96.91	No		94.66	89.02
1.70	3.09	Yes		5.34	10.98
L. Respite care		1. While NOT a Resident		2. While a Resident	
NAT	OK				
n/a	n/a	No (Not included in		99.87	99.82
n/a	n/a	Yes current report)		0.13	0.18

**Section O Special Treatments, Procedures, and Programs**

**00100. Special Treatments, Procedures, and Programs - Continued**

		<b>M.</b>	<b>Isolation or quarantine for active infectious disease</b> (does not include standard body/fluid precautions)		
<b>NAT</b>	<b>OK</b>		1. <b>While NOT a Resident</b>	<b>NAT</b>	<b>OK</b>
99.38	98.70		No	99.58	99.32
0.62	1.30		Yes	0.42	0.68
					2. <b>While a Resident</b>
					No
					Yes

**None of the Above**

		<b>Z.</b>	<b>None of the above</b>		
<b>NAT</b>	<b>OK</b>		1. <b>While NOT a Resident</b>	<b>NAT</b>	<b>OK</b>
45.69	45.90		No	23.70	27.48
54.31	54.10		Yes	76.30	72.52
					2. <b>While a Resident</b>
					No
					Yes

**00250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and reporting period**

<b>NAT</b>	<b>OK</b>	<b>A.</b>	Did the resident receive the influenza vaccine in this facility for this year's influenza season?
49.90	47.28		0. <b>No</b> → Skip to O0250C, If Influenza vaccine not received, state reason
50.10	52.72		1. <b>Yes</b> → Continue to O0250B, Date vaccine received.

		<b>B.</b>	<b>Date vaccine received</b> → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?												
			<table border="1"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td></td> <td></td> <td></td> </tr> </table>							Month	Day	Year			
Month	Day	Year													

<b>NAT</b>	<b>OK</b>	<b>C.</b>	<b>If influenza vaccine not received, state reason:</b>
26.91	26.66		1. <b>Resident not in facility</b> during this year's flu season
30.32	40.43		2. <b>Received outside of this facility</b>
2.54	2.66		3. <b>Not eligible</b> - medical contraindication
31.06	24.30		4. <b>Offered and declined</b>
3.62	2.64		5. <b>Not offered</b>
0.25	0.32		6. <b>Inability to obtain vaccine</b> due to a declared shortage
5.31	2.99		9. <b>None of the above</b>

**00300. Pneumococcal Vaccine**

<b>NAT</b>	<b>OK</b>	<b>A.</b>	<b>Is the resident's Pneumococcal vaccination up to date?</b>
32.40	29.14		0. <b>No</b> → Continue to O0300B If Pneumococcal vaccine not received, state reason
67.60	70.86		1. <b>Yes</b> → Skip to O0400, Therapies

<b>NAT</b>	<b>OK</b>	<b>B.</b>	<b>If Pneumococcal vaccine not received, state reason:</b>
5.14	9.27		1. <b>Not eligible</b> - medical contraindication
77.33	69.41		2. <b>Offered and declined</b>
17.53	21.33		3. <b>Not offered</b>

**00400. Therapies**

**A. Speech-Language Pathology and Audiology Services**

		<b>1.</b>	<b>Individual minutes</b> - record the total number of minutes this therapy was administered to the resident <b>individually</b> in the last 7 days.
<b>NAT</b>	<b>OK</b>		
0.71	0.31	01-44	
5.04	2.80	45-149	
7.77	7.16	150-324	
0.07	*	325-499	
*	*	500-719	
			<b>NAT</b> <b>OK</b>
			* *
			720-999
			* *
			1000-1999
			* *
			2000-2999
			* *
			3000-3999
			* *
			4000-4999

		<b>2.</b>	<b>Concurrent minutes</b> - record the total number of minutes this therapy was administered to the resident <b>concurrently with one other resident</b> in the last 7 days.
<b>NAT</b>	<b>OK</b>		
*	*	01-44	
*	*	45-149	
*	*	150-324	
*	*	325-499	
*	*	500-719	
			<b>NAT</b> <b>OK</b>
			* *
			720-999
			* *
			1000-1999
			* *
			2000-2999
			* *
			3000-3999
			* *
			4000-4999

**Section O**

**Special Treatments, Procedures, and Programs**

**00400. Therapies (Speech-Language Pathology and Audiology Services) - Continued**

**3. Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days.

NAT	OK		NAT	OK	
*	0.05	01-44	*	*	720-999
*	*	45-149	*	*	1000-1999
*	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days.

		01-44			720-999
		45-149			1000-1999
		150-324			2000-2999
		325-499			3000-3999
		500-719			4000-4999

**4. Days** - record the **number of days** this therapy was administered for **at least 15 minutes** a day in the last 7 days.

NAT	OK		NAT	OK	
0.09	0.06	0	16.00	16.42	4
6.20	4.76	1	51.92	57.12	5
8.07	6.72	2	3.01	1.84	6
14.58	13.09	3	0.12	*	7

**5. Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

**6. Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Month	Day		Year			Month	Day		Year						

**B. Occupational Therapy**

**1. Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days.

NAT	OK		NAT	OK	
0.72	0.43	01-44	*	*	720-999
5.27	2.47	45-149	*	*	1000-1999
19.64	12.75	150-324	*	*	2000-2999
5.33	2.56	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**2. Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days.

NAT	OK		NAT	OK	
0.31	0.06	01-44	*	*	720-999
0.36	*	45-149	*	*	1000-1999
0.11	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**3. Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days.

NAT	OK		NAT	OK	
0.20	0.22	01-44	*	*	720-999
0.23	0.11	45-149	*	*	1000-1999
*	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

If the sum of individual, concurrent, and group minutes is zero, → Skip to O0400B5, Therapy start date.

**Section O**

**Special Treatments, Procedures, and Programs**

**00400. Therapies (Occupational Therapy) - Continued**

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days.

		01-44			720-999
		45-149			1000-1999
		150-324			2000-2999
		325-499			3000-3999
		500-719			4000-4999

**4. Days** - record the number of days this therapy was administered for **at least 15 minutes** a day in the last 7 days.

NAT	OK		NAT	OK	
*	*	0	10.11	10.51	4
3.18	2.53	1	54.89	65.82	5
4.32	4.09	2	17.23	8.59	6
8.72	8.14	3	1.53	0.32	7

**5. Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year			

**6. Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day		Year			

**C. Physical Therapy**

**1. Individual minutes** - record the total number of minutes this therapy was administered to the resident **individually** in the last 7 days.

NAT	OK		NAT	OK	
0.74	0.53	01-44	*	*	720-999
5.57	3.00	45-149	*	*	1000-1999
20.16	12.83	150-324	*	*	2000-2999
6.15	2.52	325-499	*	*	3000-3999
0.06	*	500-719	*	*	4000-4999

**2. Concurrent minutes** - record the total number of minutes this therapy was administered to the resident **concurrently with one other resident** in the last 7 days.

NAT	OK		NAT	OK	
0.34	*	01-44	*	*	720-999
0.41	*	45-149	*	*	1000-1999
0.12	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**3. Group minutes** - record the total number of minutes this therapy was administered to the resident as **part of a group of residents** in the last 7 days.

NAT	OK		NAT	OK	
0.23	0.20	01-44	*	*	720-999
0.25	0.09	45-149	*	*	1000-1999
*	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**If the sum of individual, concurrent, and group minutes is zero, → Skip to O0400B5, Therapy start date.**

**3A. Co-treatment minutes** - record the total number of minutes this therapy was administered to the resident in **co-treatment sessions** in the last 7 days.

		01-44			720-999
		45-149			1000-1999
		150-324			2000-2999
		325-499			3000-3999
		500-719			4000-4999

**Section O**

**Special Treatments, Procedures, and Programs**

**00400. Therapies (Physical Therapy) - Continued**

**4. Days** - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days.

NAT	OK		NAT	OK	
0.05	*	0	9.26	11.47	4
3.09	3.44	1	51.77	64.50	5
4.34	5.34	2	19.92	7.22	6
8.98	7.53	3	2.59	0.47	7

**5. Therapy start date** - record the date the most recent therapy regimen (since the most recent entry) started

Month   - Day   - Year

**6. Therapy end date** - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing.

Month   - Day   - Year

**D. Respiratory Therapy**

**1. Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0400E, Psychological Therapy

NAT	OK		NAT	OK	
0.36	0.10	01-44	0.14	*	720-999
0.94	0.20	45-149	0.11	*	1000-1999
1.26	0.65	150-324	*	*	2000-2999
0.93	0.53	325-499	*	*	3000-3999
0.30	0.05	500-719	*	*	4000-4999

**Days** - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days.

NAT	OK		NAT	OK	
94.10	97.79	0	0.19	*	4
0.39	0.10	1	0.23	0.13	5
0.23	0.05	2	0.29	0.12	6
0.18	0.09	3	4.40	1.68	7

**E. Psychological Therapy (by any licensed mental health professional)**

**1. Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0400F, Recreational Therapy.

NAT	OK		NAT	OK	
1.21	0.25	01-44	*	*	720-999
0.51	*	45-149	*	*	1000-1999
*	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**Days** - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days.

NAT	OK		NAT	OK	
97.23	99.30	0	*	*	4
2.44	0.51	1	*	*	5
0.27	0.10	2	*	*	6
*	0.07	3	*	*	7

**F. Recreational Therapy (includes recreational and music therapy)**

**1. Total minutes** - record the total number of minutes this therapy was administered to the resident in the last 7 days. If zero, → skip to O0420, Distinct Calendar Days of Therapy.

NAT	OK		NAT	OK	
0.07	*	01-44	*	*	720-999
0.07	*	45-149	*	*	1000-1999
0.05	*	150-324	*	*	2000-2999
*	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

**Days** - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days.

NAT	OK		NAT	OK	
3.06	*	0	7.52	15.38	4
34.70	15.38	1	11.65	30.77	5
9.73	15.38	2	4.94	*	6
6.97	15.38	3	21.42	7.69	7

**Section O**

**Special Treatments, Procedures, and Programs**

**00420. Distinct Calendar Days of Therapy**

Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.

0	4
1	5
2	6
3	7

**00450. Resumption of Therapy** - Complete only if A0310C = 2 or 3 and A0310F = 99

**A. Has a previous rehabilitation therapy regimen (speech, occupational, and/or physical therapy) ended, as reported on this End of Therapy OMRA, and has this regimen now resumed at exactly the same level for each discipline?**

- 0. No → Skip to O0500, Restorative Nursing Programs
- 1. Yes

**B. Date on which therapy regimen resumed:**

		-			-				
Month			Day			Year			

**00500. Restorative Nursing Programs**

Record the **number of days** each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if none or less than 15 minutes daily)

**Technique**

**A. Range of motion (passive)**

	NAT	OK		NAT	OK	
0	94.49	93.73		0.41	0.37	4
1	0.42	0.70		0.81	0.74	5
2	0.44	0.76		0.93	0.30	6
3	0.67	1.48		1.82	1.93	7

**B. Range of motion (active)**

	NAT	OK		NAT	OK	
0	86.98	90.30		1.00	0.65	4
1	1.06	1.27		1.57	0.83	5
2	1.13	1.55		2.61	0.46	6
3	1.54	2.54		4.10	2.41	7

**C. Splint or brace assistance**

	NAT	OK		NAT	OK	
0	97.79	99.43		0.17	0.05	4
1	0.13	0.04		0.34	0.16	5
2	0.13	0.05		0.40	0.03	6
3	0.16	0.04		0.89	0.21	7

**Training and Skill Practice in:**

**D. Bed mobility**

	NAT	OK		NAT	OK	
0	97.97	97.12		0.09	0.05	4
1	0.08	0.10		0.14	0.11	5
2	0.07	0.09		0.47	0.21	6
3	0.09	0.09		1.10	2.22	7

**E. Transfer**

	NAT	OK		NAT	OK	
0	96.08	95.64		0.26	0.19	4
1	0.26	0.27		0.38	0.39	5
2	0.24	0.41		0.89	0.35	6
3	0.31	0.51		1.60	2.23	7

**Section O**

**Special Treatments, Procedures, and Programs**

**00500. Restorative Nursing Programs - Continued**

	F. Walking	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	
		92.28	95.37	0	0.70	0.33	4
		0.79	0.59	1	1.10	0.56	5
		0.76	0.86	2	1.42	0.30	6
		0.99	1.14	3	1.96	0.86	7
	G. Dressing and/or grooming	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	
		95.39	97.08	0	0.19	0.06	4
		0.12	0.09	1	0.30	0.06	5
		0.12	0.08	2	1.02	0.23	6
		0.16	0.12	3	2.71	2.27	7
	H. Eating and/or swallowing	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	
		98.31	98.43	0	0.08	*	4
		0.06	*	1	0.14	0.09	5
		0.06	*	2	0.30	0.10	6
		0.07	*	3	0.98	1.22	7
	I. Amputation/prostheses care	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	
		99.95	99.93	0	*	*	4
		*	*	1	*	*	5
		*	*	2	*	*	6
		*	*	3	*	*	7
	J. Communication	<b>NAT</b>	<b>OK</b>		<b>NAT</b>	<b>OK</b>	
		99.52	98.73	0	*	*	4
		*	*	1	*	0.06	5
		*	*	2	0.10	*	6
		*	*	3	0.25	1.11	7

**00600. Physician Examinations**

	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) examine the resident?		
	<input type="text"/>	<input type="text"/>	0
	<input type="text"/>	<input type="text"/>	1
	<input type="text"/>	<input type="text"/>	2-4
	<input type="text"/>	<input type="text"/>	5-9
	<input type="text"/>	<input type="text"/>	10-14

**00700. Physician Orders**

	Over the last 14 days, on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?		
	<input type="text"/>	<input type="text"/>	0
	<input type="text"/>	<input type="text"/>	1
	<input type="text"/>	<input type="text"/>	2-4
	<input type="text"/>	<input type="text"/>	5-9
	<input type="text"/>	<input type="text"/>	10-14

Section P		Restraints
<b>P0100. Physical Restraints</b>		
Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.		
↓ Enter Codes in Boxes		
<b>Used in Bed</b>		
<b>NAT</b>	<b>OK</b>	<b>A. Bed rail</b>
99.32	99.12	0. Not used
*	*	1. Used less than daily
0.65	0.85	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>B. Trunk restraint</b>
99.98	100.00	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>C. Limb restraint</b>
99.95	100.00	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>D. Other</b>
99.92	99.95	0. Not used
*	*	1. Used less than daily
0.07	*	2. Used daily
<b>Used in Chair or Out of Bed</b>		
<b>NAT</b>	<b>OK</b>	<b>E. Trunk restraint</b>
99.82	99.87	0. Not used
*	*	1. Used less than daily
0.15	0.11	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>F. Limb restraint</b>
99.95	99.99	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>G. Chair prevents rising</b>
99.91	99.94	0. Not used
*	*	1. Used less than daily
0.07	0.05	2. Used daily
<b>NAT</b>	<b>OK</b>	<b>H. Other</b>
99.90	99.92	0. Not used
*	*	1. Used less than daily
0.09	0.05	2. Used daily

Section Q		Participation in Assessment and Goal Setting
<b>Q0100. Participation in Assessment</b>		
<b>NAT</b>	<b>OK</b>	<b>A. Resident participated in assessment</b>
12.76	8.61	0. No
87.24	91.39	1. Yes
<b>NAT</b>	<b>OK</b>	<b>B. Family or significant other participated in assessment</b>
69.01	75.96	0. No
30.09	23.14	1. Yes
0.90	0.89	9. Resident has no family or significant other
<b>NAT</b>	<b>OK</b>	<b>C. Guardian or legally authorized representative participated in assessment</b>
72.81	84.56	0. No
9.80	8.98	1. Yes
17.39	6.46	9. Resident has no guardian or legally authorized representative

Section Q		Participation in Assessment and Goal Setting	
<b>Q0300. Resident's Overall Expectation</b>			
Complete only if A0310E = 1			
<b>NAT</b>	<b>OK</b>	<b>A. Select one for resident's overall goal established during assessment process</b>	
31.82	22.49	1. Expects to be <b>discharged to the community</b>	
58.03	67.16	2. Expects to <b>remain in this facility</b>	
1.86	0.94	3. Expects to be <b>discharged to another facility/institution</b>	
8.29	9.41	9. <b>Unknown or uncertain</b>	
<b>NAT</b>	<b>OK</b>	<b>B. Indicate information source for Q0300A</b>	
61.50	73.07	1. <b>Resident</b>	
31.83	21.23	2. If not resident, then <b>family or significant other</b>	
5.06	3.33	3. If not resident, family, or significant other, then <b>guardian or legally authorized representative</b>	
1.62	2.37	9. <b>Unknown or uncertain</b>	
<b>Q0400. Discharge Plan</b>			
<b>NAT</b>	<b>OK</b>	<b>A. Is active discharge planning already occurring for the resident to return to the community?</b>	
83.93	89.19	0. <b>No</b>	
16.07	10.81	1. <b>Yes</b> → Skip to Q0600, Referral	
<b>Q0490. Resident's Preference to Avoid Being Asked Question Q0500B</b>			
Complete only if A0310A = 02, 06, or 99			
		<b>Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?</b>	
		0. <b>No</b>	
		1. <b>Yes</b> → Skip to Q0600, Referral	
		9. <b>Information not available</b>	
<b>Q0500. Return to Community</b>			
		<b>B. Ask the resident</b> (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond): <b>"Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"</b>	
		0. <b>No</b>	
		1. <b>Yes</b>	
		9. <b>Unknown or uncertain</b>	
<b>Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again</b>			
<b>NAT</b>	<b>OK</b>	<b>A. Does the resident</b> (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) <b>want to be asked about returning to the community on <u>all</u> assessments?</b> (Rather than only on comprehensive assessments.)	
84.76	79.11	0. <b>No</b> - then document in resident's clinical record and ask again only on the next comprehensive assessment	
11.37	16.15	1. <b>Yes</b>	
3.87	4.74	9. <b>Information not available</b>	
<b>NAT</b>	<b>OK</b>	<b>B. Indicate information source for Q0550A</b>	
54.81	71.29	1. <b>Resident</b>	
35.07	19.91	2. If not resident, then <b>family or significant other</b>	
6.51	3.59	3. If not resident, family, or significant other, then <b>guardian or legally authorized representative</b>	
*	*	9. <b>No information source available</b>	
<b>Q0600. Referral</b>			
<b>NAT</b>	<b>OK</b>	<b>Has a referral been made to the Local Contact Agency?</b> (Document reasons in resident's clinical record)	
95.56	94.99	0. <b>No</b> - referral not needed	
2.44	4.37	1. <b>No</b> - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)	
2.00	0.65	9. <b>Yes</b> - referral made	

Section V		Care Area Assessment (CAA) Summary
<b>V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment</b>		
Complete only if A0310E = 0 and if the following is true for the <b>prior assessment</b> : A0310A = 01 - 06 or A0301B = 01 - 06		
Enter Score <input type="text"/> <input type="text"/>	<b>A. Prior Assessment Federal OBRA Reason for Assessment</b> (A0310A value from prior assessment)	
	01. <b>Admission</b> assessment (required by day 14) 02. <b>Quarterly</b> review assessment 03. <b>Annual</b> assessment 04. <b>Significant change in status</b> assessment 05. <b>Significant correction to prior comprehensive</b> assessment 06. <b>Significant correction to prior quarterly</b> assessment 99. <b>None of the above</b>	
Section V		Care Area Assessment (CAA) Summary
<b>V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment - Continued</b>		
Enter Code <input type="text"/> <input type="text"/>	<b>B. Prior Assessment PPS Reason for Assessment</b> (A0310B value from prior assessment)	
	01. <b>5-day</b> scheduled assessment 02. <b>14-day</b> scheduled assessment 03. <b>30-day</b> scheduled assessment 04. <b>60-day</b> scheduled assessment 05. <b>90-day</b> scheduled assessment 06. <b>Readmission/return</b> assessment 07. <b>Unscheduled assessment used for PPS</b> (OMRA, significant or clinical change, or significant correction assessment) 99. <b>None of the above</b>	
	<b>C. Prior Assessment Reference Date</b> (A2300 value from prior assessment)	
	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Month Day Year</small>	
<input type="text"/> <input type="text"/>	<b>D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score</b> (C0500 value from prior assessment)	
Enter Code <input type="text"/> <input type="text"/>	<b>E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score</b> (D0300 value from prior assessment)	
<input type="text"/> <input type="text"/>	<b>F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score</b> (D0600 value from prior assessment)	

**V0200. CAAs and Care Planning**

1. Check column A if Care Area is triggered.

2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.

3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

<b>A. CAA Results</b>			
Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

**Section V Care Area Assessment (CAA) Summary**

V0200. CAAs and Care Planning - Continued

**B. Signature of RN Coordinator for CAA Process and Date Signed**

1. Signature	2. Date
	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Month Day Year</small>

**C. Signature of Person Completing Care Plan Decision and Date Signed**

1. Signature	2. Date
	<input type="text"/> - <input type="text"/> - <input type="text"/> <small>Month Day Year</small>



**Section X**

**Correction Request**

**X0600. Type of Assessment - Continued**

Enter Code <input type="text"/>	<b>C. PPS Other Medicare Required Assessment - OMRA</b> 0. <b>No</b> 1. <b>Start of therapy</b> assessment 2. <b>End of therapy</b> assessment 3. <b>Both Start and End of therapy</b> assessment 4. <b>Change of therapy</b> assessment
Enter Code <input type="text"/>	<b>D. Is this a Swing Bed clinical change assessment?</b> Complete only if X0150 = 2 0. <b>No</b> 1. <b>Yes</b>
Enter Code <input type="text"/>	<b>F. Entry/discharge reporting</b> 01. <b>Entry</b> tracking record 10. <b>Discharge</b> assessment-return not anticipated 11. <b>Discharge</b> assessment-return anticipated 12. <b>Death in facility</b> tracking record 99. <b>None of the above</b>

**X0700. Date on existing record to be modified/inactivated - Complete one only**

	<b>A. Assessment Reference Date</b> (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99 <input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year
	<b>B. Discharge Date</b> (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12 <input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year
	<b>C. Entry Date</b> (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01 <input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year

**Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request**

**X0800. Correction Number**

Enter Number <input type="text"/>	Enter the number of correction requests to modify/inactivate the existing record, including the present one
--------------------------------------	---

**X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)**

↓ Check all that apply

<input type="checkbox"/>	<b>A. Transcription error</b>
<input type="checkbox"/>	<b>B. Data entry error</b>
<input type="checkbox"/>	<b>C. Software product error</b>
<input type="checkbox"/>	<b>D. Item coding error</b>
<input type="checkbox"/>	<b>E. End of Therapy - Resumption (EOT-R) date</b>
<input type="checkbox"/>	<b>Z. Other error requiring modification</b> If "Other" checked, please specify: _____

**X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)**

↓ Check all that apply

<input type="checkbox"/>	<b>A. Event did not occur</b>
<input type="checkbox"/>	<b>Z. Other error requiring inactivation</b> If "Other" checked, please specify: _____

**X1100. RN Assessment Coordinator Attestation of Completion**

	<b>A. Attesting individual's first name:</b> <input type="text"/>
	<b>B. Attesting individual's last name:</b> <input type="text"/>
	<b>C. Attesting individuals title:</b> <input type="text"/>
	<b>D. Signature</b> <input type="text"/>

**Section X****Correction Request****X1100. RN Assessment Coordinator Attestation of Completion - Continued**

E. Attestation date

<input type="text"/>							
Month		Day		Year			

**Section Z****Assessment Administration****Z0100. Medicare Part A Billing**

A. Medicare Part A HIPPS code (RUG group followed by assessment type indicator):

B. RUG version code:

C. Is this a Medicare Short Stay assessment?

0. No

1. Yes

Enter Code

**Z0150. Medicare Part Non-Therapy Billing**

A. Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator):

B. RUG version code:

**Z0200. State Medicaid Billing (if required by the State)**

A. RUG Case Mix group:

B. RUG version code:

**Z0250. Alternate State Medicaid Billing (if required by the State)**

A. RUG Case Mix group:

B. RUG version code:

**Z0300. Insurance Billing**

A. RUG billing code:

B. RUG billing version: