MINIMUM DATA SET (MDS) - Version 3.0

RESIDENT ASSESSMENT AND CARE SCREENING

4th Quarter 2014

Source: MDS 3.0 Public Frequency Reports

NAT - National Data
OK - Oklahoma Data
*Indicates a missing response or less than 10 responses

Section A Identification Information

A0050. Type of Record

Enter Code

1. **Add new record** → Continue to A0100, Facility Provider Numbers
2. **Modify existing record** → Continue to A0100, Facility Provider Numbers
3. **Inactivate existing record** → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI):

B. CMS Certification Number (CCN):

C. State Provider Number:

A0200. Type of Provider

Enter Code

Type of provider

1. **Nursing Home (SNF/NF)**
2. **Swing Bed**

A0310. Type of Assessment

Enter Code

A. Federal OBRA Reason for Assessment

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Enter Code

B. PPS Assessment

PPS Scheduled Assessments for a Medicare Part A Stay

01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
06. **Readmission/return** assessment

PPS Unscheduled Assessments for a Medicare Part A Stay

07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)

Not PPS Assessment

99. **None of the above**

Enter Code

C. PPS Other Medicare Required Assessment - OMRA

0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

Enter Code

D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2

0. **No**
1. **Yes**

Enter Code

E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) **since the most recent admission/entry or reentry?**

0. **No**
1. **Yes**

Section A Identification Information

A0310. Type of Assessment - Continued

Enter Code

F. Entry/discharge reporting

01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

Enter Code

G. Type of discharge - Complete only if A0310F = 10 or 11

1. **Planned**
2. **Unplanned**

A0410. Submission Requirement

Enter Code

1. **Neither federal nor state required submission**
2. **State but not federal required submission** (FOR NURSING HOMES ONLY)
3. **Federal required submission**

A0500. Legal Name of Resident

A. First name:

B. Middle initial:

C. Last name:

D. Suffix:

A0600. Social Security and Medicare Numbers

A. Social Security Number:

– –

B. Medicare Number (or comparable railroad insurance number)**:**

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

A0800. Gender

NAT	OK	
34.42%	31.51%	**1. Male**
65.58%	68.49%	**2. Female**

A0900. Birth Date

– –

Month Day Year

NAT	OK	Age of Residents
0.55%	0.53%	Residents 0-30 years of age
15.49%	17.48%	Residents 31-64 years of age
16.78%	18.14%	Residents 65-74 years of age
26.99%	28.37%	Residents 75-84 years of age
35.00%	31.48%	Residents 85-95 years of age
5.20%	4.00%	Residents > 95 years of age

A1000. Race/Ethnicity

NAT	OK	↓ Check all that apply
0.44%	4.09%	**A. American Indian or Alaska Native**
1.86%	0.32%	**B. Asian**
13.86%	7.21%	**C. Black or African American**
5.22%	1.12%	**D. Hispanic or Latino**
0.33%	0.13%	**E. Native Hawaiian or Other Pacific Islander**
75.90%	84.80%	**F. White**

Section A Identification Information

A1100. Language

NAT	OK	
		A. Does the resident need or want an interpreter to communicate with a doctor or health care staff?
96.12%	99.30%	0. **No**
3.57%	0.54%	1. **Yes →** Specify in A1100B, Preferred language
0.31%	0.16%	9. **Unable to determine**
		B. Preferred language:

A1200. Marital Status

NAT	OK	
19.25%	14.17%	1. **Never Married**
21.59%	19.65%	2. **Married**
44.35%	47.66%	3. **Widowed**
1.54%	1.18%	4. **Separated**
13.27%	17.35%	5. **Divorced**

A1300. Optional Resident Items

A. Medical record number:

B. Room number:

C. Name by which resident prefers to be addressed:

D. Lifetime occupation(s) - put "/" between two occupations:

A1500. Preadmission Screening and Resident Review (PASRR)

Complete only if A0310A = 01, 03, 04, or 05

NAT	OK	
		Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?
92.10%	90.27%	0. **No →** Skip to A1550, Conditions Related to ID/DD Status
6.69%	7.90%	1. **Yes →** Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
1.21%	1.83%	9. **Not a Medicaid-certified unit →** Skip to A1550, Conditions Related to ID/DD Status

A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions

Complete only if A0310A = 01, 03, 04, or 05

NAT	OK	↓ **Check all that apply**
65.75%	54.21%	**A. Serious mental illness**
23.56%	29.79%	**B. Intellectual Disability ("mental retardation" in federal regulation)**
12.12%	7.69%	**C. Other related conditions**

A1550. Conditions Related to ID/DD Status

If the resident is 22 years of age or older, complete only if A0310A = 01

If the resident is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05

↓ **Check all conditions that are related to ID/DD status** that were manifested before age 22, and are likely to continue indefinitely

NAT	OK	
		ID/DD With Organic Condition
0.19%	0.22%	**A. Down syndrome**
0.05%	0.07%	**B. Autism**
0.53%	0.65%	**C. Epilepsy**
0.46%	0.45%	**D. Other organic condition related to ID/DD**
		ID/DD Without Organic Condition
0.59%	0.79%	**E. ID/DD with no organic condition**
		No ID/DD
98.35%	98.03%	**Z. None of the above**

A1600. Entry Date (date of this admission/entry or reentry into the facility)

Month – Day – Year

Section A Identification Information

A1700. Type of Entry

NAT	OK	
62.89%	57.88%	1. **Admission**
37.11%	42.12%	2. **Reentry**

A1800. Entered From

NAT	OK	
10.40%	17.36%	01. **Community** (private home/apt., board/care, assisted living, group home)
7.04%	9.04%	02. **Another nursing home or swing bed**
78.55%	64.69%	03. **Acute hospital**
2.20%	5.95%	04. **Psychiatric hospital**
0.62%	1.02%	05. **Inpatient rehabilitation facility**
0.05%	0.15%	06. **ID/DD facility**
0.21%	0.13%	07. **Hospice**
0.22%	0.53%	09. **Long Term Care Hospital** (LTCH)
0.72%	1.12%	99. **Other**

A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

Month – Day – Year

A2100. Discharge Status

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**

A2200. Previous Assessment Reference Date for Significant Correction

Complete only if A0310F = 05 or 06

Month – Day – Year

A2300. Assessment Reference Date

Observation end date:

Month – Day – Year

A2400. Medicare Stay

NAT	OK	
		A. Has the resident had a Medicare-covered stay since the most recent entry?
62.84%	70.86%	0. **No** →Skip to B0100, Comatose
37.16%	29.14%	1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay:

Month – Day – Year

C. End date of most recent Medicare stay - Enter dashes if stay is ongoing:

Month – Day – Year

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

Section B Hearing, Speech, and Vision

B0100. Comatose

NAT	OK	Persistent vegetative state/no discernible consciousness
99.72%	99.75%	0. **No** → Continue to B0200, Hearing
0.28%	0.25%	1. **Yes** → Skip to G0110, Activities of Daily Living (ADL) Assistance

B0200. Hearing

NAT	OK	**Ability to hear** (with hearing aid or hearing appliances if normally used)
71.97%	70.27%	0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
18.60%	19.24%	1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
8.14%	8.91%	2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
1.29%	1.57%	3. **Highly impaired** - absence of useful hearing

B0300. Hearing Aid

NAT	OK	**Hearing aid or other hearing appliance used** in completing B0200, Hearing
92.16%	93.89%	0. **No**
7.84%	6.11%	1. **Yes**

B0600. Speech Clarity

NAT	OK	**Select best description of speech pattern**
81.85%	84.03%	0. **Clear speech** - distinct intelligible words
14.00%	13.17%	1. **Unclear speech** - slurred or mumbled words
4.15%	2.80%	2. **No speech** - absence of spoken words

B0700. Makes Self Understood

NAT	OK	**Ability to express ideas and wants**, consider both verbal and non-verbal expression
61.12%	70.58%	0. **Understood**
19.80%	16.24%	1. **Usually understood** - difficulty communicating some words or finishing thoughts **but** is able if prompted or given time
11.24%	7.25%	2. **Sometimes understood** - ability is limited to making concrete requests
7.84%	5.93%	3. **Rarely/never understood**

B0800. Ability to Understand Others

NAT	OK	**Understanding verbal content, however able** (with hearing aid or device if used)
56.74%	66.33%	0. **Understands** - clear comprehension
23.73%	20.55%	1. **Usually understands** - misses some part/intent of message **but** comprehends most conversation
13.14%	8.69%	2. **Sometimes understands** - responds adequately to simple, direct communication only
6.39%	4.43%	3. **Rarely/never understands**

B1000. Vision

NAT	OK	**Ability to see in adequate light** (with glasses or other visual appliances)
68.54%	74.48%	0. **Adequate** - sees fine detail, such as regular print in newspapers/books
18.52%	16.93%	1. **Impaired** - sees large print, but not regular print in newspapers/books
5.62%	3.86%	2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
5.58%	3.06%	3. **Highly impaired** - object identification in question, but eyes appear to follow objects
1.74%	1.67%	4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

B1200. Corrective Lens

NAT	OK	**Corrective lenses (contacts, glasses, or magnifying glass) used** in completing B1000, Vision
45.92%	44.45%	0. **No**
54.08%	55.55%	1. **Yes**

Section C Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200 - C0500) be Conducted?

Attempt to conduct interview with all residents

NAT	OK	
13.33%	11.83%	0. **No** (resident is rarely/never understood) → Skip to and complete C0700 - C1000, Staff Assessment for Mental Status
86.67%	88.17%	1. **Yes** → Continue to C0200, Repetition of Three Words

Section C Cognitive Patterns

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are:* ***sock, blue, and bed****. Now tell me the three words."*

NAT	OK	Number of words repeated after first attempt
7.54%	7.83%	0. **None**
2.78%	3.21%	1. **One**
5.61%	6.41%	2. **Two**
84.06%	82.56%	3. **Three**

After the resident's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Ask resident: *"Please tell me what year it is right now."*

NAT	OK	A. Able to report correct year
39.04%	35.17%	0. **Missed by > 5 years** or no answer
3.71%	4.48%	1. **Missed by 2-5 years**
3.52%	4.37%	2. **Missed by 1 year**
53.73%	55.98%	3. **Correct**

Ask resident: *"What month are we in right now?"*

NAT	OK	B. Able to report correct month
33.00%	31.14%	0. **Missed by > 1 month** or no answer
7.16%	6.78%	1. **Missed by 6 days to 1 month**
59.84%	62.08%	2. **Accurate within 5 days**

Ask resident: *"What day of the week is today?"*

NAT	OK	C. Able to report correct day of the week
49.56%	46.02%	0. **Incorrect** or no answer
50.44%	53.98%	1. **Correct**

C0400. Recall

Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"* If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

NAT	OK	A. Able to recall "sock"
33.14%	29.59%	0. **No** - could not recall
17.24%	19.20%	1. **Yes, after cueing** ("something to wear")
49.43%	51.21%	2. **Yes, no cue required**
NAT	**OK**	**B. Able to recall "blue"**
26.86%	25.81%	0. **No** - could not recall
21.90%	21.23%	1. **Yes, after cueing** ("a color")
51.24%	52.96%	2. **Yes, no cue required**
NAT	**OK**	**C. Able to recall "bed"**
36.31%	33.23%	0. **No** - could not recall
20.89%	22.08%	1. **Yes, after cueing** ("a piece of furniture")
42.80%	44.69%	2. **Yes, no cue required**

C0500. Summary Score

NAT	OK	**Add scores** for questions C0200 - C0400 and fill in total score (00 - 15)
17.48%	17.14%	**Severe impairment** (high subcategory)
12.14%	11.13%	**Severe impairment** (low subcategory)
8.92%	8.07%	**Moderate impairment** (high subcategory)
14.92%	15.34%	**Moderate impairment** (low subcategory)
40.73%	43.72%	**Intact or borderline impairment**
5.81%	4.61%	**Unable to complete interview**

C0600. Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?

NAT	OK	
92.61%	94.51%	0. **No** (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
7.39%	5.49%	1. **Yes** (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

Section C Cognitive Patterns

Staff Assessment for Mental Status

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

C0700. Short-term Memory OK

NAT	OK	Seems or appears to recall after 5 minutes
10.87%	15.13%	0. **Memory OK**
89.13%	84.87%	1. **Memory problem**

C0800. Long-term Memory OK

NAT	OK	Seems or appears to recall long past
8.66%	8.79%	0. **Memory OK**
91.34%	91.21%	1. **Memory problem**

C0900. Memory/Recall Ability

↓ **Check all that the resident was normally able to recall**

NAT	OK	A. Current season
92.36%	91.77%	No
7.64%	8.23%	Yes
NAT	**OK**	**B. Location of own room**
78.01%	74.70%	No
21.99%	25.30%	Yes
NAT	**OK**	**C. Staff names and faces**
72.30%	74.77%	No
27.70%	25.23%	Yes
NAT	**OK**	**D. That he or she is in a nursing home**
80.65%	77.58%	No
19.35%	22.42%	Yes
NAT	**OK**	**Z. None of the above** were recalled
38.28%	39.80%	No
61.72%	60.20%	Yes

C1000. Cognitive Skills for Daily Decision Making

NAT	OK	Made decisions regarding tasks of daily life
5.53%	7.29%	0. **Independent** - decisions consistent/reasonable
8.29%	12.75%	1. **Modified independence** - some difficulty in new situations only
31.08%	29.56%	2. **Moderately impaired** - decisions poor; cues/supervision required
55.10%	50.39%	3. **Severely impaired** - never/rarely made decisions

Delirium

C1300. Signs and Symptoms of Delirium (from CAM©)

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

NAT	OK	**A. Inattention** - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
80.70%	80.62%	0. **Behavior not present**
7.51%	6.63%	1. **Behavior continuously present, does not fluctuate**
11.79%	12.75%	2. **Behavior present, fluctuates** (comes and goes, changes in severity)
NAT	**OK**	**B. Disorganized thinking** - 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)?
82.80%	81.18%	0. **Behavior not present**
6.23%	5.88%	1. **Behavior continuously present, does not fluctuate**
10.98%	12.93%	2. **Behavior present, fluctuates** (comes and goes, changes in severity)
NAT	**OK**	**C. Altered level of consciousness** - Did the resident have altered level of consciousness (e.g., **vigilant** - startled easily to any sound or touch; **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** - very difficult to arouse and keep aroused for the interview; **comatose** - could not be aroused)?
96.15%	95.89%	0. **Behavior not present**
1.09%	1.02%	1. **Behavior continuously present, does not fluctuate**
2.76%	3.09%	2. **Behavior present, fluctuates** (comes and goes, changes in severity)

Section C Cognitive Patterns

C1300. Signs and Symptoms of Delirium (from CAM©) - Continued

NAT	OK	D. **Psychomotor retardation** - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
96.13%	95.40%	0. **Behavior not present**
1.60%	1.85%	1. **Behavior continuously present, does not fluctuate**
2.27%	2.75%	2. **Behavior present, fluctuates** (comes and goes, changes in severity)

C1600. Acute Onset Mental Status Change

NAT	OK	**Is there evidence of an acute change in mental status** from the resident's baseline?
98.54%	98.08%	0. **No**
1.46%	1.92%	1. **Yes**

Section D Mood

D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents

NAT	OK	
14.93%	12.89%	0. **No** (resident is rarely/never understood) → Skip to D0500 - D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
85.07%	87.11%	1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: ***"Over the last 2 weeks, have you been bothered by any of the following problems?"***
If symptom is present, enter 1 (yes) in column 1, Sumptom Presence. If yes in column 1, ask the resident: *"About **how often** 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.

A. *Little interest or pleasure in doing things*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
84.11%	80.80%	0. No	89.07%	85.23%	0. Never or 1 day
10.73%	14.62%	1. Yes	4.92%	6.25%	1. 2 - 6 days (several days)
5.16%	4.59%	9. No response	2.84%	3.58%	2. 7 - 11 days (half or more of the days)
			3.17%	4.94%	3. 12 - 14 days (nearly every day)

B. *Feeling down, depressed, or hopeless*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
69.44%	71.88%	0. No	74.25%	76.18%	0. Never or 1 day
25.60%	23.80%	1. Yes	14.80%	12.68%	1. 2 - 6 days (several days)
4.96%	4.32%	9. No response	5.98%	6.04%	2. 7 - 11 days (half or more of the days)
			4.98%	5.09%	3. 12 - 14 days (nearly every day)

C. *Trouble falling or staying asleep, or sleeping too much*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
76.22%	75.72%	0. No	80.88%	79.91%	0. Never or 1 day
18.86%	19.97%	1. Yes	9.44%	8.65%	1. 2 - 6 days (several days)
4.92%	4.31%	9. No response	4.67%	5.07%	2. 7 - 11 days (half or more of the days)
			5.02%	6.37%	3. 12 - 14 days (nearly every day)

D. *Feeling tired or having little energy*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
62.96%	59.03%	0. No	67.01%	62.42%	0. Never or 1 day
32.38%	37.09%	1. Yes	15.87%	15.66%	1. 2 - 6 days (several days)
4.66%	3.87%	9. No response	8.23%	10.27%	2. 7 - 11 days (half or more of the days)
			8.89%	11.64%	3. 12 - 14 days (nearly every day)

E. *Poor appetite or overeating*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
82.39%	81.07%	0. No	86.81%	85.38%	0. Never or 1 day
13.05%	14.50%	1. Yes	6.82%	6.54%	1. 2 - 6 days (several days)
4.56%	3.80%	9. No response	3.20%	3.89%	2. 7 - 11 days (half or more of the days)
			3.17%	4.19%	3. 12 - 14 days (nearly every day)

Section D Mood

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
87.38%	89.25%	0. No	92.24%	93.31%	0. Never or 1 day
7.74%	6.80%	1. Yes	4.33%	3.27%	1. 2 - 6 days (several days)
4.88%	3.95%	9. No response	1.70%	1.71%	2. 7 - 11 days (half or more of the days)
			1.73%	1.71%	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
81.83%	81.95%	0. No	86.53%	85.84%	0. Never or 1 day
13.29%	13.94%	1. Yes	6.85%	6.36%	1. 2 - 6 days (several days)
4.88%	4.11%	9. No response	3.23%	3.49%	2. 7 - 11 days (half or more of the days)
			3.40%	4.31%	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
87.76%	91.13%	0. No	92.71%	95.40%	0. Never or 1 day
7.24%	4.66%	1. Yes	3.82%	2.09%	1. 2 - 6 days (several days)
5.01%	4.21%	9. No response	1.59%	1.01%	2. 7 - 11 days (half or more of the days)
			1.88%	1.50%	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
94.16%	95.42%	0. No	98.91%	99.35%	0. Never or 1 day
1.16%	0.70%	1. Yes	0.61%	0.31%	1. 2 - 6 days (several days)
4.68%	3.88%	9. No response	0.17%	0.10%	2. 7 - 11 days (half or more of the days)
			0.30%	0.24%	3. 12 - 14 days (nearly every day)

D0300. Total Severity Score

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).

NAT	OK	
77.30%	75.70%	**Not Depressed**
11.96%	13.72%	**Mild Depression**
4.04%	4.29%	**Moderate Depression**
0.91%	1.27%	**Moderate to Severe Depression**
0.18%	0.23%	**Severe Depression**
5.61%	4.78%	**Unable to complete interview**

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

Was responsible staff or provider informed that there is a potential for resident self harm?

NAT	OK	
3.77%	2.91%	0. No
96.23%	97.09%	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
79.46%	70.91%	0. No	80.15%	71.42%	0. Never or 1 day
20.54%	29.09%	1. Yes	5.41%	5.43%	1. 2 - 6 days (several days)
			4.90%	6.75%	2. 7 - 11 days (half or more of the days)
			9.54%	16.41%	3. 12 - 14 days (nearly every day)

Section D Mood

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

B. Feeling or appearing down, depressed, or hopeless

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
82.78%	84.53%	0. No	83.52%	85.25%	0. Never or 1 day
17.22%	15.47%	1. Yes	7.64%	5.79%	1. 2 - 6 days (several days)
			4.64%	3.94%	2. 7 - 11 days (half or more of the days)
			4.20%	5.03%	3. 12 - 14 days (nearly every day)

C. Trouble falling or staying asleep, or sleeping too much

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
82.84%	79.80%	0. No	83.60%	80.25%	0. Never or 1 day
17.16%	20.20%	1. Yes	6.32%	5.37%	1. 2 - 6 days (several days)
			4.78%	5.14%	2. 7 - 11 days (half or more of the days)
			5.29%	9.23%	3. 12 - 14 days (nearly every day)

D. Feeling tired or having little energy

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
74.22%	69.04%	0. No	74.90%	69.71%	0. Never or 1 day
25.78%	30.96%	1. Yes	8.70%	7.37%	1. 2 - 6 days (several days)
			7.14%	7.94%	2. 7 - 11 days (half or more of the days)
			9.25%	14.98%	3. 12 - 14 days (nearly every day)

E. Poor appetite or overeating

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
80.33%	74.28%	0. No	81.12%	74.91%	0. Never or 1 day
19.67%	25.72%	1. Yes	8.24%	8.68%	1. 2 - 6 days (several days)
			5.39%	7.81%	2. 7 - 11 days (half or more of the days)
			5.25%	8.61%	3. 12 - 14 days (nearly every day)

F. Indicating that s/he feels bad about self, is a failure, or has let self or family down

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
98.57%	98.90%	0. No	98.73%	99.00%	0. Never or 1 day
1.43%	1.10%	1. Yes	0.66%	0.33%	1. 2 - 6 days (several days)
			0.31%	0.27%	2. 7 - 11 days (half or more of the days)
			0.30%	0.40%	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
63.78%	59.56%	0. No	64.21%	59.71%	0. Never or 1 day
36.22%	40.44%	1. Yes	4.91%	4.54%	1. 2 - 6 days (several days)
			6.10%	6.19%	2. 7 - 11 days (half or more of the days)
			24.78%	29.55%	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
88.24%	88.79%	0. No	88.70%	89.18%	0. Never or 1 day
11.76%	11.21%	1. Yes	3.86%	2.84%	1. 2 - 6 days (several days)
			2.82%	2.34%	2. 7 - 11 days (half or more of the days)
			4.62%	5.64%	3. 12 - 14 days (nearly every day)

I. States that life isn't worth living, wishes for death, or attempts to harm self

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
99.68%	99.87%	0. No	99.74%	99.46%	0. Never or 1 day
0.32%	0.13%	1. Yes	0.15%	*	1. 2 - 6 days (several days)
			0.05%	0.07%	2. 7 - 11 days (half or more of the days)
			0.05%	*	3. 12 - 14 days (nearly every day)

Section D Mood

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

J. Being short-tempered, easily annoyed

NAT	OK	Symptom Presence
79.97%	79.55%	0. No
20.21%	20.45%	1. Yes

NAT	OK	Symptom Frequency
80.94%	80.80%	0. Never or 1 day
9.74%	8.89%	1. 2 - 6 days (several days)
4.79%	4.89%	2. 7 - 11 days (half or more of the days)
4.53%	5.42%	3. 12 - 14 days (nearly every day)

D0600. Total Severity Score

NAT	OK	
70.21%	62.97%	**Not Depressed**
18.64%	21.57%	**Mild Depression**
8.13%	10.58%	**Moderate Depression**
2.56%	4.25%	**Moderate-Severe Depression**
0.46%	0.63%	**Severe Depression**

D0650. Safety Notification - Complete only if D0500I1 = 1 indicating possibility of resident self harm

NAT	OK	Was responsible staff or provider informed that there is a potential for resident self harm?
4.56%	*	0. No
95.44%	100.00%	1. Yes

Section E Behavior

E0100. Potential Indicators of Psychosis

↓ Check all that apply

NAT	OK	A. **Hallucinations** (perceptual experiences in the absence of real external sensory stimuli)
97.61%	98.16%	No
2.39%	1.84%	Yes

NAT	OK	B. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
93.87%	93.70%	No
6.13%	6.30%	Yes

NAT	OK	Z. **None of the above**
6.96%	6.88%	No
93.04%	93.12%	Yes

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

NAT	OK	**A. Physical behavioral symptoms directed toward others** (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
95.63%	96.39%	**0. Behavior not exhibited**
3.32%	2.72%	**1. Behavior of this type occurred 1 to 3 days**
0.68%	0.59%	**2. Behavior of this type occurred 4 to 6 days,** but less than daily
0.37%	0.29%	**3. Behavior of this type occurred daily**

NAT	OK	**B. Verbal behavioral symptoms directed toward others** (e.g., threatening others, screaming at others, cursing at others)
92.56%	93.55%	**0. Behavior not exhibited**
5.36%	4.73%	**1. Behavior of this type occurred 1 to 3 days**
1.36%	1.12%	**2. Behavior of this type occurred 4 to 6 days,** but less than daily
0.73%	0.59%	**3. Behavior of this type occurred daily**

NAT	OK	**C. Other behavioral symptoms not directed toward others** (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)
93.35%	95.30%	**0. Behavior not exhibited**
3.89%	2.62%	**1. Behavior of this type occurred 1 to 3 days**
1.30%	0.91%	**2. Behavior of this type occurred 4 to 6 days,** but less than daily
1.40%	1.16%	**3. Behavior of this type occurred daily**

Section E Behavior

E0300. Overall Presence of Behavioral Symptoms

Enter Code ☐

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

E0500. Impact on Resident

Did any of the identified symptom(s):

NAT	OK	
		A. **Put the resident at significant risk for physical illness or injury?**
86.17%	88.32%	0. **No**
13.83%	11.68%	1. **Yes**
		B. **Significantly interfere with the resident's care?**
76.83%	76.29%	0. **No**
23.17%	23.71%	1. **Yes**
		C. **Significantly interfere with the resident's participation in activities or social interactions?**
79.67%	77.01%	0. **No**
20.33%	22.99%	1. **Yes**

E0600. Impact on Others

Did any of the identified symptom(s):

NAT	OK	
		A. **Put others at significant risk for physical injury?**
86.63%	89.16%	0. **No**
13.37%	10.84%	1. **Yes**
		B. **Significantly intrude on the privacy or activity of others?**
85.53%	84.28%	0. **No**
14.47%	15.72%	1. **Yes**
		C. **Significantly disrupt care or living environment?**
76.33%	76.43%	0. **No**
23.67%	23.57%	1. **Yes**

E0800. Rejection of Care - Presence & Frequency

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.

NAT	OK	
90.49%	90.70%	0. **Behavior not exhibited**
6.72%	6.47%	1. **Behavior of this type occurred 1 to 3 days**
1.74%	1.70%	2. **Behavior of this type occurred 4 to 6 days**, but less than daily
1.06%	1.13%	3. **Behavior of this type occurred daily**

E0900. Wandering - Presence & Frequency

Has the resident wandered?

NAT	OK	
95.12%	95.30%	0. **Behavior not exhibited** → Skip to E1100, Change in Behavioral or Other Symptoms
2.32%	1.81%	1. **Behavior of this type occurred 1 to 3 days**
0.86%	0.89%	2. **Behavior of this type occurred 4 to 6 days**, but less than daily
1.70%	2.00%	3. **Behavior of this type occurred daily**

E1000. Wandering - Impact

NAT	OK	
		A. Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?
76.78%	78.24%	0. **No**
23.22%	21.76%	1. **Yes**
		B. Does the wandering significantly intrude on the privacy or activities of others?
78.29%	81.25%	0. **No**
21.71%	18.75%	1. **Yes**

E1100. Change in Behavior or Other Symptoms

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**

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…*** "

NAT	OK	
		A. *how important is it to you to* ***choose what clothes to wear?***
52.81%	55.48%	**1. Very important**
27.65%	24.74%	**2. Somewhat important**
13.80%	12.64%	**3. Not very important**
3.07%	3.63%	**4. Not important at all**
0.71%	0.39%	**5. Important, but can't do or no choice**
1.96%	3.12%	**9. No response or non-responsive**
NAT	**OK**	**B.** *how important is it to you to* ***take care of your personal belongings or things?***
64.12%	68.90%	**1. Very important**
22.21%	19.15%	**2. Somewhat important**
8.20%	6.18%	**3. Not very important**
1.97%	1.57%	**4. Not important at all**
1.45%	0.87%	**5. Important, but can't do or no choice**
2.05%	3.33%	**9. No response or non-responsive**
NAT	**OK**	**C.** *how important is it to you to* ***choose between a tub bath, shower, bed bath, or sponge bath?***
60.10%	59.23%	**1. Very important**
24.89%	23.11%	**2. Somewhat important**
9.96%	11.20%	**3. Not very important**
1.93%	2.49%	**4. Not important at all**
1.01%	0.56%	**5. Important, but can't do or no choice**
2.11%	3.32%	**9. No response or non-responsive**
NAT	**OK**	**D.** *how important is it to you to* ***have snacks available between meals?***
42.83%	43.77%	**1. Very important**
31.85%	29.54%	**2. Somewhat important**
17.91%	17.78%	**3. Not very important**
4.80%	5.25%	**4. Not important at all**
0.74%	0.52%	**5. Important, but can't do or no choice**
1.86%	3.15%	**9. No response or non-responsive**
NAT	**OK**	**E.** *how important is it to you to* ***choose your own bedtime?***
66.27%	70.71%	**1. Very important**
21.19%	17.59%	**2. Somewhat important**
8.38%	6.86%	**3. Not very important**
1.84%	1.54%	**4. Not important at all**
0.45%	0.22%	**5. Important, but can't do or no choice**
1.87%	3.09%	**9. No response or non-responsive**
NAT	**OK**	**F.** *how important is it to you to* ***have your family or a close friend involved in discussions about your care?***
74.92%	68.30%	**1. Very important**
14.02%	15.95%	**2. Somewhat important**
6.32%	8.37%	**3. Not very important**
2.36%	3.68%	**4. Not important at all**
0.46%	0.51%	**5. Important, but can't do or no choice**
1.91%	3.19%	**9. No response or non-responsive**

Section F — Preferences for Customary Routine and Activities

F0400. Interview for Daily Preferences - Continued

NAT	OK	G. *how important is it to you to* ***be able to use the phone in private?***
33.95%	39.31%	**1. Very important**
22.88%	21.53%	**2. Somewhat important**
27.51%	24.22%	**3. Not very important**
12.46%	10.71%	**4. Not important at all**
1.22%	0.94%	**5. Important, but can't do or no choice**
1.99%	3.30%	**9. No response or non-responsive**

NAT	OK	H. *how important is it to you to* ***have a place to lock your things to keep them safe?***
337.84%	42.15%	**1. Very important**
20.02%	19.98%	**2. Somewhat important**
25.31%	21.52%	**3. Not very important**
14.13%	12.20%	**4. Not important at all**
0.68%	0.76%	**5. Important, but can't do or no choice**
2.02%	3.39%	**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. *how important is it to you to* ***have books, newspapers, and magazines to read?***
39.80%	38.38%	**1. Very important**
28.47%	24.75%	**2. Somewhat important**
20.89%	22.43%	**3. Not very important**
7.40%	9.75%	**4. Not important at all**
1.62%	1.60%	**5. Important, but can't do or no choice**
1.82%	3.08%	**9. No response or non-responsive**

NAT	OK	B . *how important is it to you to* ***listen to music you like?***
53.03%	49.54%	**1. Very important**
31.59%	29.32%	**2. Somewhat important**
10.89%	13.56%	**3. Not very important**
2.54%	4.42%	**4. Not important at all**
0.22%	0.22%	**5. Important, but can't do or no choice**
1.74%	2.93%	**9. No response or non-responsive**

NAT	OK	C. *how important is it to you to* ***be around animals such as pets?***
33.24%	31.92%	**1. Very important**
28.13%	22.93%	**2. Somewhat important**
25.87%	28.30%	**3. Not very important**
10.60%	13.28%	**4. Not important at all**
0.33%	0.47%	**5. Important, but can't do or no choice**
1.83%	3.10%	**9. No response or non-responsive**

NAT	OK	D. *how important is it to you to* ***keep up with the news?***
48.45%	44.28%	**1. Very important**
30.20%	28.84%	**2. Somewhat important**
14.66%	17.27%	**3. Not very important**
4.48%	6.23%	**4. Not important at all**
0.36%	0.29%	**5. Important, but can't do or no choice**
1.84%	3.10%	**9. No response or non-responsive**

NAT	OK	E. *how important is it to you to* ***do things with groups of people?***
35.51%	35.37%	**1. Very important**
37.64%	32.73%	**2. Somewhat important**
19.11%	20.85%	**3. Not very important**
5.56%	7.67%	**4. Not important at all**
0.36%	0.30%	**5. Important, but can't do or no choice**
1.81%	3.08%	**9. No response or non-responsive**

Section F — Preferences for Customary Routine and Activities

F0500. Interview for Activity Preferences - Continued

NAT	OK	
		F. *how important is it to you to* ***do your favorite activities?***
61.39%	61.40%	**1. Very important**
28.73%	24.92%	**2. Somewhat important**
5.24%	7.23%	**3. Not very important**
1.46%	2.41%	**4. Not important at all**
1.27%	0.96%	**5. Important, but can't do or no choice**
1.91%	3.09%	**9. No response or non-responsive**
NAT	**OK**	G. *how important is it to you to* ***go outside to get fresh air when the weather is good?***
57.46%	56.14%	**1. Very important**
27.53%	24.54%	**2. Somewhat important**
10.38%	12.01%	**3. Not very important**
2.42%	3.93%	**4. Not important at all**
0.44%	0.36%	**5. Important, but can't do or no choice**
1.77%	3.02%	**9. No response or non-responsive**
NAT	**OK**	H. *how important is it to you to* ***participate in religious services or practices?***
49.19%	49.07%	**1. Very important**
27.06%	26.79%	**2. Somewhat important**
15.61%	15.29%	**3. Not very important**
5.94%	5.38%	**4. Not important at all**
0.35%	0.32%	**5. Important, but can't do or no choice**
1.86%	3.15%	**9. No response or non-responsive**

F0600. Daily and Activity Preferences Primary Respondent

NAT	OK	**Indicate primary respondent** for Daily and Activity Preferences (F0400 and F0500)
88.58%	92.08%	1. **Resident**
9.24%	4.31%	2. **Family or significant other** (close friend or other representative)

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?

NAT	OK	
97.08%	95.59%	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
2.92%	4.35%	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

F0800. Staff Assessment of Daily and Activity Preferences

Do not conduct if Interview for Daily and Activity Preferences (F0400 - F0500) was completed

Resident Prefers:

↓ **Check all that apply**

NAT	OK	
		A. Choosing clothes to wear
77.85%	76.52%	No
22.15%	23.48%	Yes
NAT	**OK**	**B. Caring for personal belongings**
80.36%	78.54%	No
19.64%	21.46%	Yes
NAT	**OK**	**C. Receiving tub bath**
90.42%	88.93%	No
9.58%	11.07%	Yes
NAT	**OK**	**D. Receiving shower**
39.14%	42.90%	No
60.86%	57.10%	Yes
NAT	**OK**	**E. Receiving bed bath**
71.87%	90.64%	No
28.13%	9.36%	Yes

Section F		Preferences for Customary Routine and Activities
F0800. Staff Assessment of Daily and Activity Preferences - Continued		
NAT	**OK**	**F. Receiving sponge bath**
78.50%	93.31%	No
21.50%	6.69%	Yes
NAT	**OK**	**G. Snacks between meals**
46.01%	50.74%	No
53.99%	49.26%	Yes
NAT	**OK**	**H. Staying up past 8:00 p.m.**
82.31%	82.57%	No
17.69%	17.43%	Yes
NAT	**OK**	**I. Family or significant other involvement in care discussions**
28.27%	39.31%	No
71.73%	60.69%	Yes
NAT	**OK**	**J. Use of phone in private**
94.80%	95.35%	No
5.20%	4.65%	Yes
NAT	**OK**	**K. Place to lock personal belongings**
90.16%	94.44%	No
9.84%	5.56%	Yes
NAT	**OK**	**L. Reading books, newspapers, or magazines**
77.00%	87.64%	No
23.00%	12.36%	Yes
NAT	**OK**	**M. Listening to music**
21.64%	38.61%	No
78.36%	61.39%	Yes
NAT	**OK**	**N. Being around animals such as pets**
65.49%	79.37%	No
34.51%	20.63%	Yes
NAT	**OK**	**O. Keeping up with the news**
85.28%	91.31%	No
14.72%	8.69%	Yes
NAT	**OK**	**P. Doing things with groups of people**
47.65%	61.36%	No
52.35%	38.64%	Yes
NAT	**OK**	**Q. Participating in favorite activities**
42.39%	52.55%	No
57.61%	47.45%	Yes
NAT	**OK**	**R. Spending time away from the nursing home**
91.45%	92.46%	No
8.55%	7.54%	Yes
NAT	**OK**	**S. Spending time outdoors**
59.96%	71.52%	No
40.04%	28.48%	Yes
NAT	**OK**	**T. Participating in religious activities or practices**
51.72%	60.63%	No
48.28%	39.37%	Yes
NAT	**OK**	**Z. None of the above**
95.24%	89.36%	No
4.76%	10.64%	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

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
11.03%	24.20%	0. Independent	10.39%	25.64%	0. No setup or physical help from staff
8.90%	13.18%	1. Supervision	6.49%	9.75%	1. Setup help only
12.17%	15.82%	2. Limited assistance	45.46%	41.03%	2. One person physical assist
57.66%	37.50%	3. Extensive assistance	37.64%	23.52%	3. Two+ persons physical assist
10.15%	9.11%	4. Total dependence	*	0.06%	8. Activity did not occur
0.07%	0.13%	7. Activity occurred only once or twice			
*	0.06%	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
9.21%	19.20%	0. Independent	9.12%	21.39%	0. No setup or physical help from staff
9.40%	13.08%	1. Supervision	6.48%	8.96%	1. Setup help only
13.03%	15.56%	2. Limited assistance	41.46%	37.52%	2. One person physical assist
50.18%	37.80%	3. Extensive assistance	41.73%	31.57%	3. Two+ persons physical assist
15.97%	13.34%	4. Total dependence	1.21%	0.55%	8. Activity did not occur
1.02%	0.48%	7. Activity occurred only once or twice			
1.21%	0.54%	8. Activity did not occur			

Section G Functional Status

G0110. Activities of Daily Living (ADL) Assistance - Continued

C. Walk in room - how resident walks between locations in his/her room

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
9.61%	18.12%	0. Independent	10.49%	21.14%	0. No setup or physical help from staff
11.25%	13.24%	1. Supervision	7.90%	9.06%	1. Setup help only
12.69%	11.73%	2. Limited assistance	29.12%	21.85%	2. One person physical assist
14.08%	10.09%	3. Extensive assistance	3.84%	3.90%	3. Two+ persons physical assist
0.25%	0.35%	4. Total dependence	48.64%	44.06%	8. Activity did not occur
3.49%	2.36%	7. Activity occurred only once or twice			
48.63%	44.11%	8. Activity did not occur			

D. Walk in corridor - how resident walks in corridor on unit

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
7.86%	14.63%	0. Independent	9.71%	18.91%	0. No setup or physical help from staff
11.55%	13.77%	1. Supervision	7.74%	8.66%	1. Setup help only
12.14%	9.92%	2. Limited assistance	27.98%	18.58%	2. One person physical assist
12.88%	7.83%	3. Extensive assistance	3.54%	3.07%	3. Two+ persons physical assist
0.26%	0.30%	4. Total dependence	51.03%	50.78%	8. Activity did not occur
4.27%	2.75%	7. Activity occurred only once or twice			
51.03%	50.80%	8. Activity did not occur			

E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
13.83%	25.25%	0. Independent	13.43%	27.54%	0. No setup or physical help from staff
16.80%	20.27%	1. Supervision	12.59%	15.38%	1. Setup help only
13.72%	15.78%	2. Limited assistance	68.21%	51.87%	2. One person physical assist
31.81%	21.83%	3. Extensive assistance	2.79%	2.66%	3. Two+ persons physical assist
18.96%	13.18%	4. Total dependence	2.98%	2.54%	8. Activity did not occur
1.88%	1.15%	7. Activity occurred only once or twice			
2.99%	2.55%	8. Activity did not occur			

F. Locomotion off unit - 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

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
11.37%	21.97%	0. Independent	11.85%	25.32%	0. No setup or physical help from staff
15.03%	20.22%	1. Supervision	10.82%	14.32%	1. Setup help only
11.71%	15.38%	2. Limited assistance	67.14%	52.91%	2. One person physical assist
27.57%	22.15%	3. Extensive assistance	1.96%	2.45%	3. Two+ persons physical assist
21.07%	13.69%	4. Total dependence	8.23%	5.00%	8. Activity did not occur
5.04%	1.61%	7. Activity occurred only once or twice			
8.21%	4.99%	8. Activity did not occur			

G. Dressing - 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

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
5.08%	12.80%	0. Independent	4.47%	13.44%	0. No setup or physical help from staff
6.80%	11.39%	1. Supervision	5.11%	8.91%	1. Setup help only
13.56%	21.80%	2. Limited assistance	77.35%	62.83%	2. One person physical assist
60.88%	43.32%	3. Extensive assistance	12.99%	14.76%	3. Two+ persons physical assist
13.44%	10.32%	4. Total dependence	0.08%	0.06%	8. Activity did not occur
0.15%	0.31%	7. Activity occurred only once or twice			
0.09%	0.06%	8. Activity did not occur			

Section G Functional Status

G0110. Activities of Daily Living (ADL) Assistance - Continued

H. Eating - 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)

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
26.06%	32.58%	0. Independent	5.07%	16.49%	0. No setup or physical help from staff
39.39%	40.34%	1. Supervision	51.87%	53.19%	1. Setup help only
10.64%	10.54%	2. Limited assistance	42.50%	29.73%	2. One person physical assist
14.54%	8.97%	3. Extensive assistance	0.50%	0.47%	3. Two+ persons physical assist
9.22%	7.26%	4. Total dependence	0.06%	0.12%	8. Activity did not occur
0.08%	0.15%	7. Activity occurred only once or twice			
0.06%	0.17%	8. Activity did not occur			

I. Toilet use - 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

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
7.20%	16.18%	0. Independent	6.81%	17.48%	0. No setup or physical help from staff
7.39%	12.05%	1. Supervision	5.15%	8.58%	1. Setup help only
10.95%	16.18%	2. Limited assistance	56.35%	48.01%	2. One person physical assist
56.47%	39.80%	3. Extensive assistance	31.47%	34.78%	3. Two+ persons physical assist
17.69%	14.44%	4. Total dependence	0.21%	1.15%	8. Activity did not occur
0.09%	0.20%	7. Activity occurred only once or twice			
0.21%	1.15%	8. Activity did not occur			

J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** baths and showers)

NAT	OK	ADL Self-Performance	NAT	OK	ADL Support Provided
5.54%	13.32%	0. Independent	4.11%	12.23%	0. No setup or physical help from staff
8.87%	14.08%	1. Supervision	7.37%	11.74%	1. Setup help only
15.62%	23.20%	2. Limited assistance	79.62%	68.66%	2. One person physical assist
53.95%	37.24%	3. Extensive assistance	8.86%	7.35%	3. Two+ persons physical assist
15.84%	12.98%	4. Total dependence	*	*	8. Activity did not occur
0.12%	0.16%	7. Activity occurred only once or twice			
0.05%	*	8. Activity did not occur			

G0120. Bathing

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair). Code for **most dependent** in self-performance and support.

NAT	OK	A. Self-performance
1.87%	2.39%	0. **Independent** - no help provided
3.94%	9.02%	1. **Supervision** - oversight help only
4.54%	7.29%	2. **Physical help limited to transfer only**
49.80%	54.13%	3. **Physical help in part of bathing activity**
38.24%	24.50%	4. **Total dependence**
2.53%	2.67%	8. **Activity itself did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the

NAT	OK	B. Support provided
1.39%	1.90%	0. **No setup or physical help from staff**
3.94%	8.27%	1. **Setup help only**
75.75%	74.12%	2. **One person physical assist**
16.43%	13.07%	3. **Two+ persons physical assist**
2.49%	2.63%	8. **Activity did not occur**

G0300. Balance During Transitions and Walking

After observing the resident, **code the following walking and transition items for most dependent**

NAT	OK	A. Moving from seated to standing position
10.57%	15.47%	0. **Steady at all times**
17.09%	25.04%	1. **Not steady, but able to stabilize without staff assistance**
52.19%	44.21%	2. **Not steady, only able to stabilize with staff assistance**
20.15%	15.28%	8. **Activity did not occur**

Section G Functional Status

G0300. Balance During Transitions and Walking - Continued

NAT	OK	
		B. Walking (with assistive device if used)
10.46%	15.23%	0. **Steady at all times**
16.80%	21.88%	1. **Not steady, but able to stabilize without staff assistance**
28.90%	20.68%	2. **Not steady, only able to stabilize with staff assistance**
43.85%	42.21%	8. **Activity did not occur**
NAT	**OK**	**C. Turning around** and facing the opposite direction while walking
9.63%	13.71%	0. **Steady at all times**
16.21%	22.21%	1. **Not steady, but able to stabilize without staff assistance**
26.06%	19.30%	2. **Not steady, only able to stabilize with staff assistance**
48.07%	44.78%	8. **Activity did not occur**
NAT	**OK**	**D. Moving on and off toilet**
10.38%	15.82%	0. **Steady at all times**
16.02%	23.93%	1. **Not steady, but able to stabilize without staff assistance**
50.01%	43.95%	2. **Not steady, only able to stabilize with staff assistance**
23.58%	16.30%	8. **Activity did not occur**
NAT	**OK**	**E. Surface-to-surface transfer** (transfer between bed and chair or wheelchair)
10.45%	15.83%	0. **Steady at all times**
16.49%	24.52%	1. **Not steady, but able to stabilize without staff assistance**
67.61%	53.64%	2. **Not steady, only able to stabilize with staff assistance**
5.45%	6.01%	8. **Activity did not occur**

G0400. Functional Limitation in Range of Motion

Code for limitation that interfered with daily functions or placed resident at risk of injury

NAT	OK	
NAT	**OK**	**A. Upper extremity** (shoulder, elbow, wrist, hand)
75.19%	78.68%	0. **No impairment**
14.09%	13.01%	1. **Impairment on one side**
10.72%	8.31%	2. **Impairment on both sides**
NAT	**OK**	**B. Lower extremity** (hip, knee, ankle, foot)
64.00%	65.15%	0. **No impairment**
16.38%	16.57%	1. **Impairment on one side**
19.61%	18.28%	2. **Impairment on both sides**

G0600. Mobility Devices

↓ **Check all that were normally used**

NAT	OK	
NAT	**OK**	**A. Cane/crutch**
97.91%	97.57%	No
2.09%	2.43%	Yes
NAT	**OK**	**B. Walker**
61.47%	69.30%	No
38.53%	30.70%	Yes
NAT	**OK**	**C. Wheelchair** (manual or electric)
22.40%	27.79%	No
77.60%	72.21%	Yes
NAT	**OK**	**D. Limb prosthesis**
99.61%	99.65%	No
0.39%	0.35%	Yes
NAT	**OK**	**Z. None of the above** were used
86.89%	83.92%	No
13.11%	16.08%	Yes

G0900. Functional Rehabilitation Potential

Complete only if A0310A = 01

Enter Code	
	A. Resident believes he or she is capable of increased independence in at least some ADLs
	0. No
	1. Yes
	9. Unable to determine

Section G Functional Status

G0900. Functional Rehabilitation Potential - Continued

Enter Code	
☐	B. **Direct care staff believe resident is capable of increased independence** in at least some ADLs **0. No** **1. Yes**

Section H Bladder and Bowel

H0100. Appliances

↓ **Check all that apply**

NAT	OK	
		A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
93.85%	93.98%	0. No
6.15%	6.02%	1. Yes
		B. External catheter
99.74%	99.79%	0. No
0.26%	0.21%	1. Yes
		C. Ostomy (including urostomy, ileostomy, and colostomy)
98.06%	98.04%	0. No
1.94%	1.96%	1. Yes
		D. Intermittent catheterization
99.58%	99.66%	0. No
0.42%	0.34%	1. Yes
		Z. None of the above
8.15%	7.85%	0. No
91.85%	92.15%	1. Yes

H0200. Urinary Toileting Program

NAT	OK	
		A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) been attempted on
85.07%	85.89%	0. **No** → Skip to H0300, Urinary Continence
14.06%	13.60%	1. **Yes** → Continue to H0200B, Response
0.87%	0.51%	9. **Unable to determine** → Skip to H0200C, Current toileting program or trial
		B. Response - What was the resident's response to the trial program?
49.36%	53.55%	0. **No Improvement**
25.47%	23.03%	1. **Decreased wetness**
9.28%	12.02%	2. **Completely dry** (continent)
15.89%	11.40%	9. **Unable to determine** or trial in progress
		C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)
37.57%	39.60%	0. **No** → Skip to H0300, Urinary Continence
62.43%	69.51%	1. **Yes** → Continue to H0200B, Response

H0300. Urinary Continence

NAT	OK	
		Urinary continence - Select the one category that best describes the resident
22.66%	29.20%	0. **Always continent**
16.36%	20.46%	1. **Occasionally incontinent** (less than 7 episodes of incontinence)
26.20%	20.53%	2. **Frequently incontinent** (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
28.83%	24.21%	3. **Always incontinent** (no episodes of continent voiding)
5.94%	5.60%	9. **Not rated**, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

H0400. Bowel Continence

NAT	OK	
		Bowel continence - Select the one category that best describes the resident
38.55%	45.28%	0. **Always continent**
11.04%	12.93%	1. **Occasionally incontinent** (one episode of bowel incontinence)
19.74%	16.51%	2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
29.18%	23.56%	3. **Always incontinent** (no episodes of continent bowel movements)
1.76%	1.73%	9. **Not rated**, resident had an ostomy or did not have a bowel movement for the entire 7 days

Section H Bladder and Bowel

H0500. Bowel Toileting Program

NAT	OK	Is a toileting program currently being used to manage the resident's bowel continence?
95.09%	93.58%	0. **No**
4.91%	6.42%	1. **Yes**

H0600. Bowel Patterns

NAT	OK	Constipation present?
95.32%	92.89%	0. **No**
4.68%	7.11%	1. **Yes**

Section I Active Diagnoses

Active Diagnoses in the last 7 days - Check all that apply

Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists

Cancer

NAT	OK	I0100. **Cancer** (with or without metastasis)
94.42%	95.48%	No
5.58%	4.52%	Yes

Heart/Circulation

NAT	OK	I0200. **Anemia** (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
70.19%	76.86%	No
29.81%	23.14%	Yes

NAT	OK	I0300. **Atrial Fibrillation or Other Dysrhythmias** (e.g., bradycardias and tachycardias)
81.09%	84.74%	No
18.10%	15.26%	Yes

NAT	OK	I0400. **Coronary Artery Disease (CAD)** (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
79.21%	82.20%	No
20.79%	17.80%	Yes

NAT	OK	I0500. **Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)**
97.11%	97.81%	No
2.89%	2.19%	Yes

NAT	OK	I0600. **Heart Failure** (e.g., congestive heart failure (CHF) and pulmonary edema)
79.94%	78.16%	No
20.06%	21.84%	Yes

NAT	OK	I0700. **Hypertension**
24.63%	23.11%	No
75.37%	76.89%	Yes

NAT	OK	I0800. **Orthostatic Hypotension**
98.66%	98.95%	No
1.34%	1.05%	Yes

NAT	OK	I0900. **Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)**
88.74%	95.12%	No
11.26%	4.88%	Yes

Gastrointestinal

NAT	OK	I1100. **Cirrhosis**
99.33%	99.38%	No
0.67%	0.62%	Yes

NAT	OK	I1200. **Gastroesophageal Reflux Disease (GERD) or Ulcer** (e.g., esophageal, gastric, and peptic ulcers)
65.87%	55.41%	No
34.13%	44.59%	Yes

NAT	OK	I1300. **Ulcerative Colitis, Chron's Disease, or Inflammatory Bowel Disease**
99.29%	99.28%	No
0.71%	0.72%	Yes

Section I		Active Diagnoses
	Genitourinary	
NAT	OK	**I1400. Benign Prostatic Hyperplasia (BPH)**
92.16%	93.82%	No
7.84%	6.18%	Yes
NAT	OK	**I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)**
88.54%	91.39%	No
11.46%	8.61%	Yes
NAT	OK	**I1550. Neurogenic Bladder**
97.30%	97.67%	No
2.70%	2.33%	Yes
NAT	OK	**I1650. Obstructive Uropathy**
99.13%	99.40%	No
0.87%	0.60%	Yes
	Infections	
NAT	OK	**I1700. Multidrug-Resistant Organism (MDRO)**
98.90%	99.24%	No
1.10%	0.76%	Yes
NAT	OK	**I2000. Pneumonia**
96.86%	96.17%	No
3.14%	3.83%	Yes
NAT	OK	**I2100. Septicemia**
99.36%	99.49%	No
0.64%	0.51%	Yes
NAT	OK	**I2200. Tuberculosis**
99.97%	99.94%	No
*	0.06%	Yes
NAT	OK	**I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)**
93.06%	91.91%	No
6.94%	8.09%	Yes
NAT	OK	**I2400. Viral Hepatitis** (e.g., Hepatitis A, B, C, D, and E)
99.26%	99.24%	No
0.74%	0.76%	Yes
NAT	OK	**I2500. Wound Infection** (other than foot)
99.08%	98.80%	No
0.92%	1.20%	Yes
	Metabolic	
NAT	OK	**I2900. Diabetes Mellitus (DM)** (e.g., diabetic retinopathy, nephropathy, and neuropathy)
66.57%	67.46%	No
33.43%	32.54%	Yes
NAT	OK	**I3100. Hyponatremia**
98.28%	98.27%	No
1.72%	1.73%	Yes
NAT	OK	**I3200. Hyperkalemia**
99.16%	99.10%	No
0.84%	0.90%	Yes
NAT	OK	**I3300. Hyperlipidemia** (e.g., hypercholesterolemia)
58.84%	59.78%	No
41.16%	40.22%	Yes
NAT	OK	**I3400. Thyroid Disorder** (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
78.54%	75.62%	No
21.46%	24.38%	Yes
	Musculoskeletal	
NAT	OK	**I3700. Arthritis** (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
72.05%	74.25%	No
27.95%	25.75%	Yes

Section I		Active Diagnoses
		Musculoskeletal - Continued
NAT	OK	**I3800. Osteoporosis**
85.33%	87.33%	No
14.67%	12.67%	Yes
NAT	OK	**I3900. Hip Fracture** - 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)
97.16%	96.79%	No
2.84%	3.21%	Yes
NAT	OK	**I4000. Other Fracture**
95.37%	95.52%	No
4.63%	4.48%	Yes
		Neurological
NAT	OK	**I4200. Alzheimer's Disease**
85.96%	87.59%	No
14.04%	12.41%	Yes
NAT	OK	**I4300. Aphasia**
95.51%	97.47%	No
4.49%	2.53%	Yes
NAT	OK	**I4400. Cerebral Palsy**
99.04%	98.82%	No
0.96%	1.18%	Yes
NAT	OK	**I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke**
82.73%	82.44%	No
17.27%	17.56%	Yes
NAT	OK	**I4800. Non-Alzheimer's Dementia** (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)
57.62%	63.14%	No
42.38%	36.86%	Yes
NAT	OK	**I4900. Hemiplegia or Hemiparesis**
90.90%	94.65%	No
9.10%	5.35%	Yes
NAT	OK	**I5000. Paraplegia**
99.10%	99.21%	No
0.90%	0.79%	Yes
NAT	OK	**I5100. Quadriplegia**
99.23%	99.44%	No
0.77%	0.56%	Yes
NAT	OK	**I5200. Multiple Sclerosis (MS)**
98.56%	98.95%	No
1.44%	1.05%	Yes
NAT	OK	**I5250. Huntington's Disease**
99.75%	99.69%	No
0.25%	0.31%	Yes
NAT	OK	**I5300. Parkinson's Disease**
93.86%	94.72%	No
6.14%	5.28%	Yes
NAT	OK	**I5350. Tourette's Syndrome**
99.98%	99.94%	No
*	*	Yes
NAT	OK	**I5400. Seizure Disorder or Epilepsy**
88.76%	88.66%	No
11.24%	11.34%	Yes
NAT	OK	**I5500. Traumatic Brain Injury (TBI)**
98.76%	98.93%	No
1.24%	1.07%	Yes
		Nutritional
NAT	OK	**I5600. Malnutrition** (protein or calorie) or at risk for malnutrition
96.88%	95.42%	No
3.12%	4.58%	Yes

Section I Active Diagnoses

NAT	OK	Psychiatric/Mood Disorder
		I5700. Anxiety Disorder
71.95%	66.63%	No
28.05%	33.37%	Yes
		I5800. Depression (other than bipolar)
50.79%	42.93%	No
49.21%	57.07%	Yes
		I5900. Manic Depression (bipolar disease)
65.02%	94.37%	No
4.98%	5.63%	Yes
		I5950. Psychotic Disorder (other than schizophrenia)
89.36%	89.30%	No
10.64%	10.70%	Yes
		I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
92.80%	91.98%	No
7.20%	8.02%	Yes
		I6100. Post Traumatic Stress Disorder (PTSD)
99.56%	99.60%	No
0.44%	0.40%	Yes
		Pulmonary
		I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
78.62%	79.18%	No
21.38%	20.82%	Yes
		I6300. Respiratory Failure
97.38%	97.97%	No
2.62%	2.03%	Yes
		Vision
		I6500. Cataracts, Glaucoma, or Macular Degeneration
85.78%	89.88%	No
14.22%	10.12%	Yes
		None of Above
		I7900. None of the above active diagnoses within the last 7 days
99.26%	98.72%	No
0.74%	1.28%	Yes
		Other

I800. Additional active diagnoses

Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.

A. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

B. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

C. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

D. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

E. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

F. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

G. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

H. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

I. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

J. _____ [ ][ ][ ][ ][ ][ ][ ][ ]

Section J — Health Conditions

J0100. Pain Management - Complete for all residents, regardless of current pain level

At any time in the last **5** days, has the resident:

NAT	OK	
		A. Received scheduled pain medication regimen?
58.61%	55.34%	0. **No**
41.39%	44.66%	1. **Yes**
		B. Received PRN pain medications OR was offered and declined?
67.79%	56.97%	0. **No**
32.21%	43.03%	1. **Yes**
		C. Received non-medication intervention for pain?
81.63%	80.02%	0. **No**
18.37%	19.98%	1. **Yes**

J0200. Should Pain Assessment Interview be Conducted?

Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)

NAT	OK	
10.88%	11.01%	0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
89.12%	88.99%	1. **Yes** → Continue to J0300, Pain Presence

Pain Assessment Interview

J0300. Pain Presence

NAT	OK	Ask resident: ***"Have you had pain or hurting at any time*** in the last 5 days?"
62.89%	54.25%	0. **No** → Skip to J1100, Shortness of Breath
31.75%	42.40%	1. **Yes** → Continue to J0400, Pain Frequency
5.37%	3.35%	9. **Unable to answer** → Skip to J0800, Indicators of Pain or Possible Pain

J0400. Pain Frequency

NAT	OK	Ask resident: ***"How much of the time have you experienced pain or hurting*** over the last 5 days?"
9.36%	12.78%	1. **Almost constantly**
28.72%	31.46%	2. **Frequently**
51.29%	46.76%	3. **Occasionally**
8.74%	7.55%	4. **Rarely**
1.89%	1.45%	9. **Unable to answer**

J0500. Pain Effect on Function

NAT	OK	
		A. Ask resident: *"Over the past 5 days,* ***has pain made it hard for your to sleep at night?"***
79.27%	76.25%	1. **No**
19.10%	22.52%	2. **Yes**
1.64%	1.23%	9. **Unable to answer**
		B. Ask resident: *"Over the past 5 days,* ***have you limited your day-to-day activities because of pain?"***
72.89%	72.37%	1. **No**
25.16%	26.22%	2. **Yes**
1.95%	1.40%	9. **Unable to answer**

J0600. Pain Intensity - Administer **ONLY ONE** of the following pain intensity questions (A or B)

A. Numeric Rating Scale (00-10)

Ask resident: *"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*

Enter two-digit response. Enter 99 if unable to answer.

NAT	OK	
0.12%	0.11%	**00**
1.01%	0.66%	**01**
4.69%	2.86%	**02**
9.90%	7.09%	**03**
13.60%	10.80%	**04**
17.94%	17.78%	**05**

NAT	OK	
14.55%	14.21%	**06**
11.71%	12.91%	**07**
13.78%	17.91%	**08**
3.84%	5.27%	**09**
5.80%	7.76%	**10**

Section J Health Conditions

J0600. Pain Intensity - Continued

NAT	OK	
		B. Verbal Descriptor Scale
		Ask resident: *"Please rate the intensity of your worst pain over the last 5 days."* (Show resident verbal scale)
36.35%	28.75%	1. **Mild**
49.49%	56.53%	2. **Moderate**
9.22%	10.81%	3. **Severe**
1.07%	1.29%	4. **Very severe, horrible**
3.87%	2.62%	9. **Unable to answer**

J0700. Should the Staff Assessment for Pain be Conducted?

NAT	OK	
96.52%	98.37%	0. **No** (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
3.48%	1.63%	1. **Yes** (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain

Staff Assessment for Pain

J0800. Indicators of Pain or Possible Pain in the last 5 days

NAT	OK	↓ Check all that apply
NAT	OK	**A.** Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
93.25%	86.52%	0. No
6.75%	13.48%	1. Yes
NAT	OK	**B. Vocal complaints of pain** (e.g., that hurts, ouch, stop)
88.93%	85.04%	0. No
11.07%	14.96%	1. Yes
NAT	OK	**C. Facial expressions** (e.g., grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
89.30%	76.86%	0. No
10.70%	23.14%	1. Yes
NAT	OK	**D. Protective body movements or postures** (e.g., bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
96.31%	91.55%	0. No
3.69%	8.45%	1. Yes
NAT	OK	**Z. None of these signs observed or documented** → If checked, skip to J1100, Shortness of Breath (dyspnea)
19.81%	31.48%	0. No
80.19%	68.52%	1. Yes

J0850. Frequency of Indicator of Pain or Possible Pain in the last 5 days

NAT	OK	Frequency with which resident complaints or shows evidence of pain or possible pain
53.85%	55.15%	1. **Indicators of pain** or possible pain observed **1 to 2 days**
27.90%	30.06%	2. **Indicators of pain** or possible pain observed **3 to 4 days**
18.25%	14.79%	3. **Indicators of pain** or possible pain observed **daily**

Other Health Conditions

J1100. Shortness of Breath (dyspnea)

NAT	OK	↓ Check all that apply
NAT	OK	**A. Shortness of breath** or trouble breathing **with exertion** (e.g., walking, bathing, transferring)
91.31%	85.32%	No
8.69%	14.68%	Yes
NAT	OK	**B. Shortness of breath** or trouble breathing **when sitting at rest**
96.95%	94.79%	No
3.05%	5.21%	Yes
NAT	OK	**C. Shortness of breath** or trouble breathing **when lying flat**
93.21%	92.46%	No
6.79%	7.54%	Yes
NAT	OK	**Z. None of the above**
11.90%	16.33%	No
88.10%	83.67%	Yes

Section J Health Conditions

J1300. Current Tobacco Use

NAT	OK	Tobacco use
94.03%	88.05%	**0. No**
5.97%	11.95%	**1. Yes**

J1400. Prognosis

NAT	OK	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)
96.98%	93.06%	**0. No**
3.02%	6.94%	**1. Yes**

J1550. Problem Conditions

↓ **Check all that apply**

NAT	OK	**A. Fever**
98.79%	99.20%	No
1.21%	0.80%	Yes

NAT	OK	**B. Vomiting**
98.90%	99.07%	No
1.10%	0.93%	Yes

NAT	OK	**C. Dehydrated**
99.85%	99.80%	No
0.15%	0.20%	Yes

NAT	OK	**D. Internal bleeding**
99.64%	99.79%	No
0.36%	0.26%	Yes

NAT	OK	**Z. None of the above**
2.59%	2.00%	No
97.41%	98.00%	Yes

J1700. Fall History on Admission/Entry or Reentry

Complete only if A0310A = 01 or A0310E = 1

NAT	OK	A. Did the resident have a fall any time in the **last month** prior to admission/entry or reentry?
62.89%	60.19%	0. **No**
28.70%	30.89%	1. **Yes**
8.41%	8.92%	9. **Unable to determine**

NAT	OK	B. Did the resident have a fall any time in the **last 2-6 months** prior to admission/entry or reentry?
65.14%	59.14%	0. **No**
21.61%	27.72%	1. **Yes**
13.24%	13.14%	9. **Unable to determine**

NAT	OK	C. Did the resident have any **fracture related to a fall in the 6 months** prior to admission/entry or reentry?
79.26%	79.83%	0. **No**
12.00%	11.61%	1. **Yes**
8.74%	8.57%	9. **Unable to determine**

J1800. Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

NAT	OK	Has the resident **had any falls since admission/entry or reentry or the prior assessment** (OBRA or Scheduled PPS), whichever is more recent?
83.03%	76.04%	0. **No** → Skip to K0100, Swallowing Disorder
16.97%	23.96%	1. **Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)**

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent

NAT	OK	A. **No Injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
19.24%	20.60%	0. **None**
56.34%	50.78%	1. **One**
24.43%	28.62%	2. **Two or more**

Section J — Health Conditions

J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment - Continued

NAT	OK	
		B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
69.59%	61.37%	0. **None**
25.58%	29.11%	1. **One**
4.82%	9.52%	2. **Two or more**
NAT	**OK**	**C. Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
97.07%	95.61%	0. **None**
2.85%	4.13%	1. **One**
0.08%	0.26%	2. **Two or more**

Section K — Swallowing/Nutritional Status

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

NAT	OK	↓ Check all that apply
		A. Loss of liquids/solids from mouth when eating or drinking
99.21%	98.45%	0. **No**
0.79%	1.55%	1. **Yes**
NAT	**OK**	**B. Holding food in mouth/cheeks or residual food in mouth after meals**
99.12%	98.88%	0. **No**
0.88%	1.12%	1. **Yes**
NAT	**OK**	**C. Coughing or choking during meals or when swallowing medications**
98.05%	96.78%	0. **No**
1.95%	3.22%	1. **Yes**
NAT	**OK**	**D. Complaints of difficulty or pain with swallowing**
98.85%	98.80%	0. **No**
1.15%	1.20%	1. **Yes**
NAT	**OK**	**Z. None of the above**
3.74%	5.26%	0. **No**
96.26%	94.74%	1. **Yes**

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up

Enter Code	
	A. Height (in inches). Record most recent height measure since the most recent admission/entry or reentry
	B. Weight (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.)

K0300. Weight Loss

NAT	OK	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
92.93%	92.63%	0. **No** or unknown
1.03%	0.98%	1. **Yes, on** physician-prescribed weight-loss regimen
6.04%	6.39%	2. **Yes, not on** physician-prescribed weight-loss regimen

K0310. Weight Gain

NAT	OK	Gain of 5% or more in the last month or gain of 10% or more in last 6 months
94.37%	93.06%	0. **No** or unknown
1.23%	1.68%	1. **Yes, on** physician-prescribed weight-gain regimen
4.40%	5.26%	2. **Yes, not on** physician-prescribed weight-gain regimen

K0510. Nutritional Approaches

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.

		A. Parenteral/IV feeding			
NAT	**OK**	1. **While NOT a Resident**	**NAT**	**OK**	2. **While a Resident**
95.10%	99.41%	**No**	99.49%	99.93%	**No**
4.90%	0.59%	**Yes**	0.51%	0.07%	**Yes**

Section K	Swallowing/Nutritional Status				
K0510. Nutritional Approaches - Continued					
		B. Feeding tube - nasogastric or abdominal (PEG)			
NAT	**OK**	1. **While NOT a Resident**	**NAT**	**OK**	2. **While a Resident**
92.97%	97.94%	**No**	94.49%	95.84%	**No**
7.03%	2.06%	**Yes**	5.51%	4.16%	**Yes**
		C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed food, thickened liquids)			
NAT	**OK**	1. **While NOT a Resident**	**NAT**	**OK**	2. **While a Resident**
81.46%	82.80%	**No**	65.08%	69.82%	**No**
18.54%	17.20%	**Yes**	34.92%	30.18%	**Yes**
		D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)			
NAT	**OK**	1. **While NOT a Resident**	**NAT**	**OK**	2. **While a Resident**
61.78%	66.77%	**No**	49.67%	60.48%	**No**
38.22%	33.23%	**Yes**	50.33%	39.52%	**Yes**
		Z. None of the above			
NAT	**OK**	1. **While NOT a Resident**	**NAT**	**OK**	2. **While a Resident**
55.16%	45.69%	**No**	71.82%	61.43%	**No**
44.84%	54.31%	**Yes**	28.18%	38.57%	**Yes**

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

A. Proportion of total calories the resident received through parenteral or tube feeding

1. **While NOT a Resident**
   1. **25% or less**
   2. **26-50%**
   3. **51% or more**
2. **While a Resident**
   1. **25% or less**
   2. **26-50%**
   3. **51% or more**
3. **During Entire 7 Days**
   1. **25% or less**
   2. **26-50%**
   3. **51% or more**

B. Average fluid intake per day by IV or tube feeding

1. **While NOT a Resident**
   1. **500 cc/day or less**
   2. **501 cc/day or more**
2. **While a Resident**
   1. **500 cc/day or less**
   2. **501 cc/day or more**
3. **During Entire 7 Days**
   1. **500 cc/day or less**
   2. **501 cc/day or more**

Section L	Oral/Dental Status	
L0200. Dental		
		↓ **Check all that apply**
NAT	**OK**	**A. Broken or loosely fitting full or partial denture** (chipped, cracked, uncleanable, or loose)
98.81%	98.20%	0. **No**
1.19%	1.80%	1. **Yes**
NAT	**OK**	**B. No natural teeth or tooth fragment(s)** (endentulous)
81.24%	76.55%	0. **No**
18.76%	23.45%	1. **Yes**
NAT	**OK**	**C. Abnormal mouth tissue** (ulcers, masses, oral lesions, including under denture or partial if one is worn)
99.77%	99.76%	0. **No**
0.23%	0.24%	1. **Yes**

Section L — Oral/Dental Status

L0200. Dental - Continued

NAT	OK	
		D. Obvious or likely cavity or broken natural teeth
91.43%	90.31%	0. **No**
8.57%	9.69%	1. **Yes**
		E. Inflamed or bleeding gums or loose natural teeth
99.45%	99.42%	0. **No**
0.55%	0.58%	1. **Yes**
		F. Mouth or facial pain discomfort or difficulty with chewing
98.86%	98.25%	0. **No**
1.14%	1.75%	1. **Yes**
		G. Unable to examine
98.46%	98.69%	0. **No**
1.54%	1.31%	1. **Yes**
		Z. None of the above were present
30.25%	36.09%	0. **No**
69.75%	63.91%	1. **Yes**

Section M — Skin Conditions

Report based on highest stage of existing ulcer(s) at its worst; do not "reverse" stage

M0100. Determination of Pressure Ulcer Risk

↓ **Check all that apply**

NAT	OK	
		A. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device
92.39%	93.64%	No
7.61%	6.36%	Yes
		B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
15.99%	10.93%	No
84.01%	89.07%	Yes
		C. Clinical assessment
10.26%	11.15%	No
89.74%	88.85%	Yes
		Z. None of the above
97.46%	96.79%	No
2.54%	3.21%	Yes

M0150. Risk of Pressure Ulcers

NAT	OK	
		Is this resident at risk of developing pressure ulcers?
17.41%	27.49%	0. No
82.59%	72.51%	1. Yes

M0210. Unhealed Pressure Ulcer(s)

NAT	OK	
		Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?
92.62%	93.20%	0. **No** → Skip to M0900, Healed Pressure Ulcers
7.38%	6.80%	1. **Yes** → Continue to 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	
84.15%	87.65%	**0**	0.13%	*	**5**
10.96%	10.12%	**1**	*	*	**6**
3.33%	1.56%	**2**	*	*	**7**
1.07%	0.49%	**3**	*	*	**8**
0.29%	0.08%	**4**	*	*	**9**

Section M — Skin Conditions

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

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	
59.64%	53.54%	**0**	0.15%	0.25%	**5**
31.51%	35.28%	**1**	0.07%	0.08%	**6**
6.72%	8.22%	**2**	*	*	**7**
1.45%	1.73%	**3**	*	*	**8**
0.40%	0.74%	**4**	*	0.16%	**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	
43.83%	55.10%	**0**	0.28%	0.36%	**5**
43.41%	34.70%	**1**	0.10%	*	**6**
9.39%	7.69%	**2**	0.05%	*	**7**
2.21%	1.61%	**3**	*	*	**8**
0.66%	0.18%	**4**	0.05%	0.36%	**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	
83.24%	82.30%	**0**	0.06%	0.16%	**5**
14.17%	14.57%	**1**	*	*	**6**
1.83%	1.73%	**2**	*	*	**7**
0.55%	1.07%	**3**	*	*	**8**
0.11%	0.08%	**4**	*	0.08%	**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	
36.12%	45.33%	**0**	0.22%	0.47%	**5**
53.48%	45.33%	**1**	0.08%	0.47%	**6**
7.46%	4.21%	**2**	0.06%	*	**7**
2.03%	3.74%	**3**	*	*	**8**
0.49%	*	**4**	*	0.47%	**9**

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	
84.63%	90.13%	**0**	0.05%	*	**5**
12.73%	8.47%	**1**	*	*	**6**
1.78%	1.07%	**2**	*	*	**7**
0.57%	0.25%	**3**	*	*	**8**
0.20%	0.08%	**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	
19.86%	28.21%	**0**	0.29%	*	**5**
66.57%	61.54%	**1**	0.09%	*	**6**
9.18%	6.84%	**2**	*	*	**7**
2.98%	2.56%	**3**	*	*	**8**
0.92%	0.85%	**4**	*	*	**9**

Section M — Skin Conditions

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

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	
99.24%	98.53%	0	*	*	5
0.61%	1.23%	1	*	*	6
0.11%	0.25%	2	*	*	7
*	*	3	*	*	8
*	*	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	
39.86%	36.84%	0	0.14%	*	5
47.17%	57.89%	1	0.14%	*	6
9.66%	5.26%	2	0.28%	*	7
1.93%	*	3	*	*	8
0.83%	*	4	*	*	9

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	
80.99%	79.84%	0	0.14%	0.08%	5
14.36%	14.81%	1	0.08%	0.16%	6
3.09%	3.21%	2	*	*	7
0.89%	1.15%	3	*	0.16%	8
0.35%	0.58%	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	
32.84%	39.66%	0	0.61%	0.42%	5
48.72%	43.46%	1	0.40%	0.42%	6
11.81%	10.55%	2	0.20%	0.42%	7
3.53%	3.38%	3	0.11%	0.84%	8
1.59%	0.84%	4	0.18%	*	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	
85.66%	89.43%	0	0.12%	0.08%	5
10.31%	8.44%	1	0.07%	*	6
2.81%	1.39%	2	*	*	7
0.68%	0.49%	3	*	*	8
0.28%	0.16%	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	
32.53%	55.91%	0	0.69%	0.79%	5
46.16%	34.65%	1	0.44%	*	6
14.51%	6.30%	2	0.18%	*	7
3.64%	1.57%	3	0.14%	*	8
1.60%	0.79%	4	0.12%	*	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 pressuer 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	**A. Pressure ulcer length**: Longest length from head to toe
☐☐.☐cm	**B. Pressure ulcer width**: Widest width of the same pressure ulcer, side-to-side perpendicular (90-degree angle) to length
☐☐.☐cm	**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	
20.12%	17.85%	**1. Epithelial tissue** - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin.
30.35%	38.30%	**2. Granulation tissue** - pink or red tissue with shiny, moist, granular appearance.
16.91%	14.81%	**3. Slough** - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous.
14.48%	15.49%	**4. Eschar** - black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.
18.14%	13.55%	**9. None of the above.**

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	
87.75%	81.92%	0	*	0.10%	5
10.25%	14.11%	1	*	0.10%	6
1.62%	2.51%	2	*	*	7
0.27%	1.04%	3	*	*	8
0.06%	0.21%	4	*	*	9

B. Stage 3

NAT	OK		NAT	OK	
96.62%	94.88%	0	*	*	5
3.60%	4.39%	1	*	*	6
0.27%	0.73%	2	*	*	7
*	*	3	*	*	8
*	*	4	*	*	9

C. Stage 4

NAT	OK		NAT	OK	
98.73%	97.91%	0	*	*	5
1.49%	1.88%	1	*	*	6
0.11%	0.21%	2	*	*	7
*	*	3	*	*	8
*	*	4	*	*	9

M0900. Healed Pressure Ulcers

Complete only if A0310 = 0

A. Were pressure ulcers present on the prior assessment (OBRA or scheduled PPS)?

NAT	OK	
94.64%	94.83%	0. **No** → Skip to M1030, Number of Venous and Arterial Ulcers
5.36%	5.17%	0. **Yes** → Continue to M0900B, Stage 2

B. Stage 2

NAT	OK		NAT	OK	
67.69%	59.83%	0	0.07%	0.12%	5
26.74%	33.00%	1	*	*	6
4.19%	5.44%	2	*	*	7
0.79%	1.48%	3	*	*	8
0.20%	0.12%	4	*	*	9

Section M Skin Conditions

M0900. Healed Pressure Ulcers - Continued

C. Stage 3

NAT	OK		NAT	OK	
90.24%	86.03%	0	*	0.12%	5
8.57%	11.50%	1	*	0.12%	6
0.87%	1.85%	2	*	*	7
0.26%	0.25%	3	*	*	8
*	0.12%	4	*	*	9

D. Stage 4

NAT	OK		NAT	OK	
93.86%	94.31%	0	*	0.12%	5
5.33%	5.32%	1	*	*	6
0.57%	0.12%	2	*	*	7
0.13%	0.12%	3	*	*	8
0.08%	*	4	*	*	9

M01030. Number of Venous and Arterial Ulcers

Enter the total number of venous and arterial ulcers present.

NAT	OK		NAT	OK	
98.34%	98.56%	0	*	*	5
0.96%	0.88%	1	*	*	6
0.39%	0.37%	2	*	*	7
0.15%	0.07%	3	*	*	8
0.07%	0.07%	4	*	*	9

M01040. Other Ulcers, Wounds and Skin Problems

↓ **Check all that apply**

Foot Problems

NAT	OK	
		A. Infection of the foot (e.g., cellulitis, purulent drainage)
99.48%	99.39%	No
0.52%	0.61%	Yes
		B. Diabetic foot ulcer(s)
99.43%	99.35%	No
0.57%	0.65%	Yes
		C. Other open lesion(s) on the foot
99.45%	99.26%	No
0.55%	0.74%	Yes

Other Problems

NAT	OK	
		D. Open lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesion)
98.50%	97.17%	No
1.50%	1.83%	Yes
		E. Surgical wound(s)
94.64%	95.94%	No
5.36%	4.06%	Yes
		F. Burn(s) (second or third degree)
99.92%	99.84%	No
0.08%	0.16%	Yes
		G. Skin tear(s)
		No
		Yes
		H. Moisture Associated Skin Damage (MASD) (i.e., incontinence (IAD), perspiration, drainage)
		No
		Yes

None of the Above

NAT	OK	
		Z. None of the above were present
18.16%	19.22%	No
81.84%	80.78%	Yes

Section M Skin Conditions

M01200. Skin and Ulcer Treatments

↓ Check all that apply

NAT	OK	
		A. Pressure reducing device for chair
40.95%	64.26%	No
59.05%	35.74%	Yes
		B. Pressure reducing device for bed
17.83%	39.30%	No
82.17%	60.70%	Yes
		C. Turning/repositioning program
76.29%	77.50%	No
23.71%	22.50%	Yes
		D. Nutrition or hydration intervention to manage skin problems
86.16%	85.62%	No
13.84%	14.38%	Yes
		E. Pressure ulcer care
93.01%	93.71%	No
6.99%	6.29%	Yes
		F. Surgical wound care
95.22%	96.54%	No
4.78%	3.46%	Yes
		G. Application of nonsurgical dressings (with or without topical medications) other than to feet
86.06%	89.23%	No
13.94%	10.77%	Yes
		H. Applications of ointments/medications other than to feet
52.23%	61.89%	No
47.77%	38.11%	Yes
		I. Application of dressings to feet (with or without topical medications)
96.17%	96.00%	No
3.83%	4.00%	Yes
		Z. None of the above were provided
91.74%	79.30%	No
8.26%	20.70%	Yes

Section N Medications

N0300. Injections

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

NAT	OK		NAT	OK	
71.51%	75.18%	**0**	0.44%	0.36%	**4**
7.06%	5.38%	**1**	0.49%	0.36%	**5**
0.81%	0.75%	**2**	0.82%	0.61%	**6**
0.52%	0.37%	**3**	18.34%	16.97%	**7**

N0350. Insulin

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.

NAT	OK		NAT	OK	
37.58%	29.51%	**0**	1.00%	1.03%	**4**
1.23%	1.24%	**1**	1.24%	0.99%	**5**
0.99%	1.06%	**2**	2.20%	2.31%	**6**
0.99%	0.92%	**3**	54.77%	62.95%	**7**

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	
92.45%	90.46%	0	0.11%	0.20%	4
5.78%	7.18%	1	0.05%	*	5
1.16%	1.39%	2	*	*	6
0.31%	0.45%	3	0.13%	0.27%	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	
77.58%	75.44%	0	0.18%	0.18%	4
0.30%	0.25%	1	0.25%	0.22%	5
0.14%	0.12%	2	0.67%	0.56%	6
0.17%	0.16%	3	20.73%	23.07%	7

B. Antianxiety

NAT	OK		NAT	OK	
79.11%	74.10%	0	0.62%	0.73%	4
1.55%	1.53%	1	0.59%	0.66%	5
0.97%	1.14%	2	0.78%	0.62%	6
0.79%	0.83%	3	15.85%	20.39%	7

C. Antidepressant

NAT	OK		NAT	OK	
47.74%	41.40%	0	0.38%	0.35%	4
0.25%	0.20%	1	0.55%	0.40%	5
0.23%	0.22%	2	1.80%	1.27%	6
0.31%	0.26%	3	48.76%	55.90%	7

D. Hypnotic

NAT	OK		NAT	OK	
95.41%	90.49%	0	0.21%	0.22%	4
0.32%	0.38%	1	0.23%	0.30%	5
0.25%	0.37%	2	0.34%	0.48%	6
0.23%	0.30%	3	3.01%	7.46%	7

E. Anticoagulant (warfarin, heparin, or low-molesu8lar weight heparin)

NAT	OK		NAT	OK	
83.73%	87.17%	0	0.40%	0.21%	4
0.16%	0.11%	1	0.65%	0.35%	5
0.19%	0.13%	2	1.30%	0.65%	6
0.27%	0.16%	3	13.29%	11.23%	7

F. Antibiotic

NAT	OK		NAT	OK	
84.79%	86.40%	0	1.42%	1.34%	4
1.31%	1.27%	1	1.57%	1.39%	5
1.32%	1.22%	2	1.43%	1.03%	6
1.57%	1.21%	3	6.60%	6.15%	7

G. Diuretic

NAT	OK		NAT	OK	
65.99%	60.26%	0	0.64%	0.36%	4
0.27%	0.20%	1	0.45%	0.33%	5
0.34%	0.30%	2	1.22%	0.89%	6
0.93%	0.54%	3	30.17%	37.12%	7

Section O — Special Treatments, Procedures, and Programs

O0100. 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			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
99.48%	99.49%	No	99.57%	99.82%	No
0.52%	0.51%	Yes	0.43%	0.18%	Yes
		B. Radiation			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
99.79%	99.84%	No	99.91%	99.92%	No
0.21%	0.16%	Yes	0.09%	0.08%	Yes

Respiratory Treatments

		C. Oxygen therapy			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
77.57%	76.30%	No	86.69%	84.59%	No
22.43%	23.70%	Yes	13.31%	15.41%	Yes
		D. Suctioning			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.34%	98.19%	No	98.68%	98.89%	No
1.33%	1.81%	Yes	1.32%	1.11%	Yes
		E. Tracheostomy care			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.23%	98.43%	No	98.64%	99.00%	No
1.77%	1.57%	Yes	1.36%	1.00%	Yes
		F. Ventilator or respirator			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.73%	98.66%	No	99.43%	99.54%	No
1.27%	1.34%	Yes	0.57%	0.46%	Yes
		G. BiPAP/CPAP			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
97.91%	97.99%	No	98.53%	98.62%	No
2.09%	2.01%	Yes	1.47%	1.38%	Yes

Other

		H. IV medications			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
64.65%	74.41%	No	97.60%	99.40%	No
35.35%	35.59%	Yes	2.40%	0.96%	Yes
		I. Transfusions			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
97.48%	98.29%	No	99.86%	99.90%	No
2.52%	1.71%	Yes	0.14%	0.10%	Yes
		J. Dialysis			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
97.05%	97.76%	No	97.99%	98.47%	No
2.95%	2.24%	Yes	2.01%	1.53%	Yes
		K. Hospice care			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.68%	97.85%	No	95.80%	90.51%	No
1.32%	2.15%	Yes	4.20%	9.49%	Yes
		L. Respite care			
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
0.00%	0.00%	No (Not included in	99.91%	99.83%	No
0.00%	0.00%	Yes current report)	0.09%	0.17%	Yes

Section O — Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs - Continued

M. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)

NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
99.26%	98.67%	No	99.40%	99.28%	No
0.74%	1.33%	Yes	0.60%	0.72%	Yes

None of the Above

Z. None of the above

NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
46.83%	41.08%	No	22.54%	25.48%	No
53.17%	58.92%	Yes	77.46%	74.52%	Yes

O0250. Influenza Vaccine - Refer to current version of RAI manual for current flu season and reporting period

NAT	OK	A. Did the **resident receive the influenza vaccine in this facility** for this year's influenza season?
41.88%	39.66%	0. **No** → Skip to O0250C, If Influenza vaccine not received, state reason
58.12%	60.34%	1. **Yes** → Continue to O0250B, Date vaccine received.

B. Date vaccine received → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?

Month – Day – Year

NAT	OK	C. If influenza vaccine not received, state reason:
5.47%	13.35%	1. **Resident not in facility** during this year's flu season
33.08%	37.47%	2. **Received outside of this facility**
2.57%	2.49%	3. **Not eligible** - medical contraindication
34.59%	26.78%	4. **Offered and declined**
10.48%	11.80%	5. **Not offered**
0.60%	26.00%	6. **Inability to obtain vaccine** due to a declared shortage
13.21%	7.85%	9. **None of the above**

O0300. Pneumococcal Vaccine

NAT	OK	A. Is the resident's Pneumococcal vaccination up to date?
26.63%	29.82%	0. **No** → Continue to O0300B If Pneumococcal vaccine not received, state reason
73.37%	70.18%	1. **Yes** → Skip to O0400, Therapies

NAT	OK	B. If Pneumococcal vaccine not received, state reason:
5.39%	10.61%	1. **Not eligible** - medical contraindication
76.54%	55.94%	2. **Offered and declined**
18.07%	33.45%	3. **Not offered**

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

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	
0.56%	0.21%	01-44	*	*	720-999
4.02%	2.21%	45-149	*	*	1000-1999
7.43%	5.69%	150-324	*	*	2000-2999
0.12%	0.07%	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	
*	*	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

O0400. 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	
*	*	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.

NAT	OK		NAT	OK	
		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	
0.11%	0.07%	**0**	16.66%	19.59%	**4**
5.94%	3.99%	**1**	51.68%	54.65%	**5**
7.38%	8.12%	**2**	5.06%	3.71%	**6**
13.00%	9.59%	**3**	0.16%	0.28%	**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

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	
0.60%	0.27%	01-44	*	*	720-999
4.47%	2.40%	45-149	*	*	1000-1999
17.84%	11.36%	150-324	*	*	2000-2999
4.70%	2.07%	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	
0.21%	*	01-44	*	*	720-999
0.21%	*	45-149	*	*	1000-1999
0.06%	*	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	
0.08%	*	01-44	*	*	720-999
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.

Section O — Special Treatments, Procedures, and Programs

O0400. 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.

NAT	OK		NAT	OK	
		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	
0.05%	0.14%	**0**	11.17%	12.65%	**4**
3.07%	2.44%	**1**	56.49%	67.48%	**5**
3.98%	3.40%	**2**	15.89%	6.45%	**6**
7.81%	7.16%	**3**	1.56%	0.28%	**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

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	
0.59%	0.43%	01-44	*	*	720-999
4.56%	2.61%	45-149	*	*	1000-1999
18.09%	11.39%	150-324	*	*	2000-2999
6.05%	2.23%	325-499	*	*	3000-3999
0.11%	*	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	
0.24%	*	01-44	*	*	720-999
0.23%	*	45-149	*	*	1000-1999
0.07%	*	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	
0.09%	*	01-44	*	*	720-999
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.

NAT	OK		NAT	OK	
		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

O0400. 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	
0.06%	0.14%	**0**	9.70%	13.00%	**4**
2.84%	3.04%	**1**	53.44%	64.59%	**5**
3.95%	4.52%	**2**	19.44%	7.12%	**6**
7.74%	7.05%	**3**	2.83%	0.55%	**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	
0.32%	0.12%	01-44	0.13%	*	720-999
0.91%	0.20%	45-149	0.12%	*	1000-1999
1.32%	0.60%	150-324	*	*	2000-2999
1.04%	0.61%	325-499	*	*	3000-3999
0.30%	0.10%	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	
93.73%	97.55%	**0**	0.19%	0.07%	**4**
0.35%	0.14%	**1**	0.25%	0.12%	**5**
0.22%	0.08%	**2**	0.28%	0.10%	**6**
0.19%	0.05%	**3**	4.78%	1.90%	**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%	0.28%	01-44	*	*	720-999
0.68%	0.06%	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	
96.77%	99.40%	**0**	*	*	**4**
2.81%	0.44%	**1**	*	*	**5**
0.32%	0.14%	**2**	*	*	**6**
0.05%	*	**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	
0.05%	*	01-44	*	*	720-999
0.08%	*	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	
3.36%	14.29%	**0**	7.80%	*	**4**
26.53%	28.57%	**1**	13.43%	*	**5**
13.84%	57.14%	**2**	5.26%	*	**6**
13.36%	*	**3**	16.42%	*	**7**

Section O — Special Treatments, Procedures, and Programs

O0420. 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.

NAT	OK		NAT	OK	
		0			4
		1			5
		2			6
		3			7

O0450. 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

O0500. 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 les than 15 minutes daily)

Technique

A. Range of motion (passive)

NAT	OK		NAT	OK	
93.03%	93.33%	0	0.41%	0.45%	4
0.37%	0.52%	1	0.92%	0.91%	5
0.41%	0.66%	2	1.18%	0.17%	6
0.75%	1.86%	3	2.93%	2.11%	7

B. Range of motion (active)

NAT	OK		NAT	OK	
85.13%	89.89%	0	0.98%	0.73%	4
0.84%	0.90%	1	1.78%	1.33%	5
1.00%	1.33%	2	3.06%	0.30%	6
1.66%	3.02%	3	5.55%	2.49%	7

C. Splint or brace assistance

NAT	OK		NAT	OK	
97.49%	99.37%	0	0.13%	0.08%	4
0.10%	0.06%	1	0.33%	0.14%	5
0.10%	*	2	0.45%	*	6
0.13%	0.08%	3	1.26%	0.22%	7

Training and Skill Practice in:

D. Bed mobility

NAT	OK		NAT	OK	
97.69%	97.58%	0	0.09%	0.06%	4
0.07%	0.06%	1	0.14%	0.21%	5
0.06%	0.05%	2	0.43%	*	6
0.09%	0.20%	3	1.43%	1.83%	7

E. Transfer

NAT	OK		NAT	OK	
95.15%	96.00%	0	0.26%	0.16%	4
0.22%	0.30%	1	0.42%	0.43%	5
0.22%	0.24%	2	1.03%	*	6
0.34%	0.76%	3	2.35%	2.09%	7

Section O — Special Treatments, Procedures, and Programs

O0500. Restorative Nursing Programs - Continued

F. Walking

NAT	OK		NAT	OK	
90.04%	94.82%	0	0.77%	0.30%	4
0.70%	0.50%	1	1.39%	0.84%	5
0.75%	0.57%	2	1.91%	0.14%	6
1.12%	1.55%	3	3.31%	1.28%	7

G. Dressing and/or grooming

NAT	OK		NAT	OK	
94.76%	97.44%	0	0.17%	0.06%	4
0.12%	0.07%	1	0.28%	0.20%	5
0.11%	0.07%	2	0.95%	*	6
0.14%	0.14%	3	3.47%	2.01%	7

H. Eating and/or swallowing

NAT	OK		NAT	OK	
97.76%	97.86%	0	0.08%	*	4
0.07%	*	1	0.15%	0.12%	5
0.05%	*	2	0.33%	*	6
0.07%	*	3	1.50%	1.89%	7

I. Amputation/prostheses care

NAT	OK		NAT	OK	
99.94%	99.94%	0	*	*	4
*	*	1	*	*	5
*	*	2	*	*	6
*	*	3	*	*	7

J. Communication

NAT	OK		NAT	OK	
99.35%	98.32%	0	*	*	4
*	*	1	*	0.11%	5
*	*	2	0.12%	*	6
*	*	3	0.36%	1.46%	7

O0600. Physician Examinations

Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?**

NAT	OK		NAT	OK	
		0			8
		1			9
		2			10
		3			11
		4			12
		5			13
		6			14
		7			

O0700. Physician Orders

Over the last 14 days, **on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?**

NAT	OK		NAT	OK	
		0			8
		1			9
		2			10
		3			11
		4			12
		5			13
		6			14
		7			

Section P Restraints

P0100. Physical Restraints

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

NAT	OK	
		Used in Bed
NAT	OK	**A. Bed rail**
98.62%	99.22%	0. Not used
0.05%	*	1. Used less than daily
1.33%	0.75%	2. Used daily
NAT	OK	**B. Trunk restraint**
99.96%	99.97%	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
NAT	OK	**C. Limb restraint**
99.91%	99.98%	0. Not used
*	*	1. Used less than daily
0.07%	*	2. Used daily
NAT	OK	**D. Other**
99.85%	99.98%	0. Not used
*	*	1. Used less than daily
0.13%	*	2. Used daily
		Used in Chair or Out of Bed
NAT	OK	**E. Trunk restraint**
99.36%	99.66%	0. Not used
0.07%	*	1. Used less than daily
0.57%	0.31%	2. Used daily
NAT	OK	**F. Limb restraint**
99.91%	99.99%	0. Not used
*	*	1. Used less than daily
0.06%	*	2. Used daily
NAT	OK	**G. Chair prevents rising**
99.66%	99.83%	0. Not used
0.05%	*	1. Used less than daily
0.30%	0.15%	2. Used daily
NAT	OK	**H. Other**
99.80%	99.66%	0. Not used
*	*	1. Used less than daily
0.17%	0.33%	2. Used daily

Section Q Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

NAT	OK	
NAT	OK	**A. Resident participated in assessment**
15.03%	11.15%	0. No
84.97%	88.85%	1. Yes
NAT	OK	**B. Family or significant other participated in assessment**
67.97%	76.60%	0. No
31.07%	22.49%	1. Yes
0.95%	0.91%	9. Resident has no family or significant other
NAT	OK	**C. Guardian or legally authorized representative participated in assessment**
73.20%	84.91%	0. No
10.02%	7.92%	1. Yes
16.78%	7.17%	9. Resident has no guardian or legally authorized representative

Section Q Participation in Assessment and Goal Setting

Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

NAT	OK	A. Select one for resident's overall goal established during assessment process
29.57%	21.28%	1. Expects to be **discharged to the community**
59.61%	66.08%	2. Expects to **remain in this facility**
1.76%	0.91%	3. Expects to be **discharged to another facility/institution**
9.05%	11.74%	9. **Unknown or uncertain**

NAT	OK	B. Indicate information source for Q0300A
61.52%	71.62%	1. **Resident**
31.48%	22.20%	2. If not resident, then **family or significant other**
4.67%	3.00%	3. If not resident, family, or significant other, then **guardian or legally authorized representative**
2.32%	3.17%	9. **Unknown or uncertain**

Q0400. Discharge Plan

NAT	OK	A. Is active discharge planning already occurring for the resident to return to the community?
84.56%	91.19%	0. **No**
15.44%	8.81%	1. **Yes** → Skip to Q0600, Referral

Q0490. Resident's Preference to Avoid Being Asked Question Q0500B

Complete only if A0310A = 02, 06, or 99

Does the resident's clinical record document a request that this question be asked only on comprehensive assessments?

0. **No**
1. **Yes** → Skip to Q0600, Referral
9. **Information not available**

Q0500. Return to Community

B. Ask the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond)**: "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?"**

0. **No**
1. **Yes**
9. **Unknown or uncertain**

Q0550. Resident's Preference to Avoid Being Asked Question Q0500B Again

NAT	OK	A. Does the resident (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) want to be asked about returning to the community on all assessments? (Rather than only on comprehensive assessments.)
79.75%	73.39%	0. **No** - then document in resident's clinical record and ask again only on the next comprehensive assessment
13.69%	16.27%	1. **Yes**
6.56%	10.34%	9. **Information not available**

NAT	OK	B. Indicate information source for Q0550A
52.86%	66.51%	1. **Resident**
35.18%	20.86%	2. If not resident, then **family or significant other**
5.99%	2.87%	3. If not resident, family, or significant other, then **guardian or legally authorized representative**
5.98%	9.76%	9. **No information source available**

Q0600. Referral

NAT	OK	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record)
94.99%	95.83%	0. **No** - referral not needed
2.87%	3.46%	1. **No** - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)
2.14%	0.70%	9. **Yes** - referral made

Section V Care Area Assessment (CAA) Summary

V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment

Complete only if A0310E = 0 and if the following is true for the **prior assessment:** A0310A = 01 - 06 or A0301B = 01 - 06

Enter Score

A. Prior Assessment Federal OBRA Reason for Assessment (A0310A value from prior assessment)

01. **Admission** assessment (required by day 14)
02. **Quarterly** review assessment
03. **Annual** assessment
04. **Significant change in status** assessment
05. **Significant correction** to **prior comprehensive** assessment
06. **Significant correction** to **prior quarterly** assessment
99. **None of the above**

Section V Care Area Assessment (CAA) Summary

V0100. Items From the Most Recent Prior OBRA or Scheduled PPS Assessment - Continued

Enter Code	
☐☐	**B. Prior Assessment PPS Reason for Assessment** (A0310B value from prior assessment) 01. **5-day** scheduled assessment 02. **14-day** scheduled assessment 03. **30-day** scheduled assessment 04. **60-day** scheduled assessment 05. **90-day** scheduled assessment 06. **Readmission/return** assessment 07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment) 99. **None of the above**
	C. Prior Assessment Reference Date (A2300 value from prior assessment) ☐☐ - ☐☐ - ☐☐☐☐ Month Day Year
Enter Code ☐☐	**D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score** (C0500 value from prior assessment)
Enter Code ☐☐	**E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score** (D0300 value from prior assessment)
Enter Code ☐☐	**F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score** (D0600 value from prior assessment)

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each trigggered 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.

A. CAA Results

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

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** ☐☐ - ☐☐ - ☐☐☐☐ (Month Day Year)

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

1. Signature **2. Date** ☐☐ - ☐☐ - ☐☐☐☐ (Month Day Year)

Section X — Correction Request

Complete Section X only if A0050 = 2 or 3

Identification of Record to be Modified/Inactivated - The following items identify the existing assessment rescord that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database.

X0150. Type of Provider (A0200 on existing record to be modified/inactivated)

Enter Code ☐☐

Type of provider
1. **Nursing home (SNF/NF)**
2. **Swing Bed**

X0200. Name of Resident (A0500 on existing record to be modified/inactivated)

A. First name: ☐☐☐☐☐☐☐☐☐☐

C. Last name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

X0300. Gender (A0800 on existing record to be modified/inactivated)

Enter Code ☐☐

1. Male
2. Female

X0400. Birthdate (A0900 on existing record to be modified/inactivated)

☐☐ – ☐☐ – ☐☐☐☐ (Month Day Year)

X0500. Social Security Number (A0600A on existing record to be modified/inactivated)

Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

X0600. Type of Assessment (A0310 on existing record to be modified/inactivated)

Enter Code ☐☐

A. Federal OBRA Reason for Assessment
- 01. **Admission** assessment (required by day 14)
- 02. **Quarterly** review assessment
- 03. **Annual** assessment
- 04. **Significant change in status** assessment
- 05. **Significant correction** to **prior comprehensive** assessment
- 06. **Significant correction** to **prior quarterly** assessment
- 99. **None of the above**

Enter Code ☐☐

B. PPS Assessment

PPS Scheduled Assessments for a Medicare Part A Stay
- 01. **5-day** scheduled assessment
- 02. **14-day** scheduled assessment
- 03. **30-day** scheduled assessment
- 04. **60-day** scheduled assessment
- 05. **90-day** scheduled assessment

PPS Unscheduled Assessments for a Medicare Part A Stay
- 07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)

Not PPS Assessment
- 99. **None of the above**

Section X Correction Request

X0600. Type of Assessment - Continued

Enter Code

C. PPS Other Medicare Required Assessment - OMRA

0. **No**
1. **Start of therapy** assessment
2. **End of therapy** assessment
3. **Both Start and End of therapy** assessment
4. **Change of therapy** assessment

Enter Code

D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2

0. **No**
1. **Yes**

Enter Code

F. Entry/discharge reporting

01. **Entry** tracking record
10. **Discharge** assessment-**return not anticipated**
11. **Discharge** assessment-**return anticipated**
12. **Death in facility** tracking record
99. **None of the above**

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

A. Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99

Month – Day – Year

B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12

Month – Day – Year

C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01

Month – Day – Year

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

X0800. Correction Number

Enter Number

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**

- ☐ **A. Transcription error**
- ☐ **B. Data entry error**
- ☐ **C. Software product error**
- ☐ **D. Item coding error**
- ☐ **E. End of Therapy - Resumption (EOT-R) date**
- ☐ **Z. Other error requiring modification**
  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**

- ☐ **A. Event did not occur**
- ☐ **Z. Other error requiring inactivation**
  If "Other" checked, please specify: _____

X1100. RN Assessment Coordinator Attestation of Completion

A. Attesting individual's first name:

B. Attesting individual's last name:

C. Attesting individuals title:

D. Signature

Section X	Correction Request

X1100. RN Assessment Coordinator Attestation of Completion - Continued

E. Attestation date

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:

Enter Code

C. Is this a Medicare Short Stay assessment?

0. **No**
1. **Yes**

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: