

MINIMUM DATA SET (MDS) - Version 3.0

RESIDENT ASSESSMENT AND CARE SCREENING

4th Quarter 2016

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 <input type="checkbox"/>	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): <input type="text"/> <input type="text"/>			
B. CMS Certification Number (CCN): <input type="text"/> <input type="text"/>			
C. State Provider Number: <input type="text"/> <input type="text"/>			
A0200. Type of Provider			
Enter Code <input type="checkbox"/>	Type of provider 1. Nursing Home (SNF/NF) 2. Swing Bed		
A0310. Type of Assessment			
Enter Code <input type="checkbox"/> <input type="checkbox"/>	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 <input type="checkbox"/> <input type="checkbox"/>	B. PPS Assessment <u>PPS Scheduled Assessments for a Medicare Part A Stay</u> 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 <u>PPS Unscheduled Assessments for a Medicare Part A Stay</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) <u>Not PPS Assessment</u> 99. None of the above		
Enter Code <input type="checkbox"/>	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 <input type="checkbox"/>	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2 0. No 1. Yes		
Enter Code <input type="checkbox"/>	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
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A0310. Type of Assessment - Continued	
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Enter Code <input style="width:30px; height:20px;" type="text"/>	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 <input style="width:30px; height:20px;" type="text"/>	G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned

A0410. Submission Requirement	
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Enter Code <input style="width:30px; height:20px;" type="text"/>	1. Neither federal nor state required submission 2. State but not federal required submission (FOR NURSING HOMES ONLY) 3. Federal required submission
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A0500. Legal Name of Resident	
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	A. First name: <input style="width:100%; height:20px;" type="text"/>	B. Middle initial: <input style="width:30px; height:20px;" type="text"/>
	C. Last name: <input style="width:100%; height:20px;" type="text"/>	D. Suffix: <input style="width:30px; height:20px;" type="text"/>

A0600. Social Security and Medicare Numbers	
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	A. Social Security Number: <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/>
	B. Medicare Number (or comparable railroad insurance number): <input style="width:100%; height:20px;" type="text"/>

A0700. Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	
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	<input style="width:100%; height:20px;" type="text"/>
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A0800. Gender	
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NAT	OK	
35.62%	32.96%	1. Male
64.38%	67.04%	2. Female

A0900. Birth Date	
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	<input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/> - <input style="width:30px; height:20px;" type="text"/>
	Month Day Year

NAT	OK	Age of Residents
0.54%	0.39%	Residents 0-30 years of age
15.83%	17.79%	Residents 31-64 years of age
18.24%	19.69%	Residents 65-74 years of age
26.76%	28.07%	Residents 75-84 years of age
33.41%	30.23%	Residents 85-95 years of age
5.23%	3.84%	Residents > 95 years of age

A1000. Race/Ethnicity	
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NAT	OK	↓ Check all that apply
0.45%	4.32%	A. American Indian or Alaska Native
2.00%	0.32%	B. Asian
14.36%	7.37%	C. Black or African American
5.44%	1.26%	D. Hispanic or Latino
0.35%	0.14%	E. Native Hawaiian or Other Pacific Islander
75.08%	84.43%	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? 0. No 1. Yes → Specify in A1100B, Preferred language 9. Unable to determine
96.04%	99.27%	
3.65%	0.52%	
0.31%	0.21%	
		B. Preferred language: <input type="text"/>
A1200. Marital Status		
NAT	OK	1. Never Married 2. Married 3. Widowed 4. Separated 5. Divorced
20.43%	14.61%	
21.74%	19.96%	
42.11%	45.00%	
1.51%	1.15%	
14.21%	19.28%	
A1300. Optional Resident Items		
		A. Medical record number: <input type="text"/>
		B. Room number: <input type="text"/>
		C. Name by which resident prefers to be addressed: <input type="text"/>
		D. Lifetime occupation(s) - put "/" between two occupations: <input type="text"/>
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? 0. No → Skip to A1550, Conditions Related to ID/DD Status 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status
91.85%	89.56%	
7.10%	9.07%	
1.05%	1.38%	
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
69.34%	59.46%	A. Serious mental illness
22.93%	23.47%	B. Intellectual Disability ("mental retardation" in federal regulation)
11.86%	7.22%	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
0.20%	0.23%	A. Down syndrome
0.06%	0.07%	B. Autism
0.61%	0.83%	C. Epilepsy
0.46%	0.39%	D. Other organic condition related to ID/DD
ID/DD Without Organic Condition		
0.55%	0.64%	E. ID/DD with no organic condition
No ID/DD		
98.29%	97.97%	Z. None of the above
A1600. Entry Date (date of this admission/entry or reentry into the facility)		
<input type="text"/> - <input type="text"/> - <input type="text"/> Month Day Year		

Section A	Identification Information
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A1700. Type of Entry		
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NAT	OK	
61.08%	55.54%	1. Admission
38.92%	44.46%	2. Reentry

A1800. Entered From		
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NAT	OK	
10.05%	15.88%	01. Community (private home/apt., board/care, assisted living, group home)
7.14%	9.82%	02. Another nursing home or swing bed
79.04%	65.74%	03. Acute hospital
2.06%	6.21%	04. Psychiatric hospital
0.57%	0.84%	05. Inpatient rehabilitation facility
*	0.10%	06. ID/DD facility
0.23%	0.12%	07. Hospice
0.23%	0.56%	09. Long Term Care Hospital (LTCH)
0.64%	0.74%	99. Other

A2000. Discharge Date		
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Complete only if A0310F = 10, 11, or 12

	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
	<small>Month Day Year</small>

A2100. Discharge Status		
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Complete only if A0310F = 10, 11, or 12

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

	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
	<small>Month Day Year</small>

A2300. Assessment Reference Date		
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Observation end date:

	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
	<small>Month Day Year</small>

A2400. Medicare Stay		
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NAT	OK	
61.96%	67.60%	A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
38.04%	32.40%	B. Start date of most recent Medicare stay:

	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
	<small>Month Day Year</small>

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

	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/>
	<small>Month Day Year</small>

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
99.73%	99.77%	0. No → Continue to B0200, Hearing
0.27%	0.23%	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)
74.04%	71.84%	0. Adequate - no difficulty in normal conversation, social interaction, listening to TV
17.23%	18.31%	1. Minimal difficulty - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
7.45%	8.22%	2. Moderate difficulty - speaker has to increase volume and speak distinctly
1.28%	1.63%	3. Highly impaired - absence of useful hearing

B0300. Hearing Aid

NAT	OK	Hearing aid or other hearing appliance used in completing B0200, Hearing
92.32%	93.87%	0. No
7.68%	6.13%	1. Yes

B0600. Speech Clarity

NAT	OK	Select best description of speech pattern
83.26%	85.88%	0. Clear speech - distinct intelligible words
12.82%	11.66%	1. Unclear speech - slurred or mumbled words
3.92%	2.46%	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
63.05%	73.09%	0. Understood
19.04%	15.03%	1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time
10.55%	6.73%	2. Sometimes understood - ability is limited to making concrete requests
7.36%	5.16%	3. Rarely/never understood

B0800. Ability to Understand Others

NAT	OK	Understanding verbal content, however able (with hearing aid or device if used)
59.27%	69.19%	0. Understands - clear comprehension
22.45%	19.39%	1. Usually understands - misses some part/intent of message but comprehends most conversation
12.19%	7.61%	2. Sometimes understands - responds adequately to simple, direct communication only
6.08%	3.81%	3. Rarely/never understands

B1000. Vision

NAT	OK	Ability to see in adequate light (with glasses or other visual appliances)
70.20%	76.54%	0. Adequate - sees fine detail, such as regular print in newspapers/books
17.75%	15.52%	1. Impaired - sees large print, but not regular print in newspapers/books
5.03%	3.22%	2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects
5.31%	3.02%	3. Highly impaired - object identification in question, but eyes appear to follow objects
1.71%	1.69%	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
47.67%	46.22%	0. No
52.33%	53.78%	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	
11.43%	9.65%	0. No (resident is rarely/never understood) → Skip to and complete C0700 - C1000, Staff Assessment for Mental Status
88.57%	90.35%	1. Yes → Continue to C0200, Repetition of Three Words

Section C	Cognitive Patterns
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Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

			Ask resident: <i>"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: sock, blue, and bed. Now tell me the three words."</i>
NAT	OK	Number of words repeated after first attempt	
7.36%	7.44%	0. None	
2.53%	2.90%	1. One	
5.20%	5.55%	2. Two	
84.92%	84.11%	3. Three	
After the resident's first attempt, repeat the words using cues (<i>"sock, something to wear; blue, a color; bed, a piece of furniture"</i>). You may repeat the words up to two more times.			

C0300. Temporal Orientation (orientation to year, month, and day)
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			Ask resident: <i>"Please tell me what year it is right now."</i>
NAT	OK	A. Able to report correct year	
38.64%	34.65%	0. Missed by > 5 years or no answer	
3.75%	4.67%	1. Missed by 2-5 years	
3.76%	4.48%	2. Missed by 1 year	
53.85%	56.19%	3. Correct	

			Ask resident: <i>"What month are we in right now?"</i>
NAT	OK	B. Able to report correct month	
33.26%	31.01%	0. Missed by > 1 month or no answer	
6.97%	6.63%	1. Missed by 6 days to 1 month	
59.77%	62.36%	2. Accurate within 5 days	

			Ask resident: <i>"What day of the week is today?"</i>
NAT	OK	C. Able to report correct day of the week	
49.90%	45.55%	0. Incorrect or no answer	
50.10%	54.45%	1. Correct	

C0400. Recall

			Ask resident: <i>"Let's go back to an earlier question. What were those three words that I asked you to repeat?"</i> If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.
NAT	OK	A. Able to recall "sock"	
32.30%	28.88%	0. No - could not recall	
17.59%	19.13%	1. Yes, after cueing ("something to wear")	
50.12%	51.99%	2. Yes, no cue required	
NAT	OK	B. Able to recall "blue"	
26.13%	25.51%	0. No - could not recall	
21.84%	21.31%	1. Yes, after cueing ("a color")	
52.02%	53.18%	2. Yes, no cue required	
NAT	OK	C. Able to recall "bed"	
35.51%	32.14%	0. No - could not recall	
21.04%	22.02%	1. Yes, after cueing ("a piece of furniture")	
43.46%	45.85%	2. Yes, no cue required	

C0500. Summary Score

			Add scores for questions C0200 - C0400 and fill in total score (00 - 15)
NAT	OK	Severe impairment (high subcategory)	
17.24%	17.29%	Severe impairment (low subcategory)	
12.15%	10.77%	Moderate impairment (high subcategory)	
8.99%	8.43%	Moderate impairment (low subcategory)	
14.84%	13.93%	Intact or borderline impairment	
41.33%	45.34%	Unable to complete interview	
5.45%	4.24%		

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

NAT	OK		
93.21%	94.94%	0. No (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium	
6.79%	5.06%	1. Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK	

Section C	Cognitive Patterns
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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
11.72%	17.77%	0. Memory OK
88.28%	82.23%	1. Memory problem

C0800. Long-term Memory OK

NAT	OK	Seems or appears to recall long past
7.84%	9.16%	0. Memory OK
92.16%	90.84%	1. Memory problem

C0900. Memory/Recall Ability

↓ Check all that the resident was normally able to recall		
NAT	OK	A. Current season
92.81%	90.36%	No
7.19%	9.64%	Yes
NAT	OK	B. Location of own room
78.76%	73.04%	No
21.24%	26.96%	Yes
NAT	OK	C. Staff names and faces
74.16%	71.47%	No
25.84%	28.53%	Yes
NAT	OK	D. That he or she is in a nursing home
81.59%	76.55%	No
18.41%	23.45%	Yes
NAT	OK	Z. None of the above were recalled
36.36%	41.53%	No
63.64%	58.47%	Yes

C1000. Cognitive Skills for Daily Decision Making
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NAT	OK	Made decisions regarding tasks of daily life
6.16%	7.83%	0. Independent - decisions consistent/reasonable
8.34%	13.76%	1. Modified independence - some difficulty in new situations only
28.68%	30.92%	2. Moderately impaired - decisions poor; cues/supervision required
56.83%	47.50%	3. Severely impaired - never/rarely made decisions

Delirium

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

NAT	OK	A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
82.18%	80.34%	0. Behavior not present
6.72%	5.49%	1. Behavior continuously present, does not fluctuate
11.10%	14.17%	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)?
84.04%	80.57%	0. Behavior not present
5.57%	5.59%	1. Behavior continuously present, does not fluctuate
10.39%	13.84%	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)?
96.96%	96.96%	0. Behavior not present
0.89%	0.74%	1. Behavior continuously present, does not fluctuate
2.15%	2.96%	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?
96.93%	97.60%	0. Behavior not present
1.32%	0.93%	1. Behavior continuously present, does not fluctuate
1.75%	1.47%	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?
98.44%	97.78%	0. No
1.56%	2.22%	1. Yes

Section D		Mood
D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents		
NAT	OK	
12.72%	10.85%	0. No (resident is rarely/never understood) → Skip to D0500 - D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
87.28%	89.15%	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, Symptom 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
85.41%	83.35%	0. No	90.37%	87.85%	0. Never or 1 day
9.48%	12.01%	1. Yes	4.42%	5.37%	1. 2 - 6 days (several days)
5.12%	4.64%	9. No response	2.55%	3.09%	2. 7 - 11 days (half or more of the days)
			2.67%	3.70%	3. 12 - 14 days (nearly every day)
B. Feeling down, depressed, or hopeless					
NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
71.44%	73.87%	0. No	76.21%	78.13%	0. Never or 1 day
23.65%	21.58%	1. Yes	13.90%	12.23%	1. 2 - 6 days (several days)
4.91%	4.55%	9. No response	5.51%	5.02%	2. 7 - 11 days (half or more of the days)
			4.39%	4.61%	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
77.22%	77.28%	0. No	81.82%	81.49%	0. Never or 1 day
17.90%	18.17%	1. Yes	9.24%	8.90%	1. 2 - 6 days (several days)
4.89%	4.55%	9. No response	4.40%	4.62%	2. 7 - 11 days (half or more of the days)
			4.54%	4.98%	3. 12 - 14 days (nearly every day)
D. Feeling tired or having little energy					
NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
65.14%	62.58%	0. No	69.17%	65.94%	0. Never or 1 day
30.26%	33.30%	1. Yes	15.38%	15.53%	1. 2 - 6 days (several days)
4.61%	4.11%	9. No response	7.59%	8.88%	2. 7 - 11 days (half or more of the days)
			7.87%	9.65%	3. 12 - 14 days (nearly every day)
E. Poor appetite or overeating					
NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
83.34%	84.40%	0. No	87.71%	88.19%	0. Never or 1 day
12.14%	11.58%	1. Yes	6.61%	5.49%	1. 2 - 6 days (several days)
4.52%	4.02%	9. No response	2.92%	2.92%	2. 7 - 11 days (half or more of the days)
			2.76%	3.40%	3. 12 - 14 days (nearly every day)

Section D	Mood
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D0200. Resident Mood Interview (PHQ-9©) - Continued

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

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
88.06%	90.34%	0. No	92.88%	94.55%	0. Never or 1 day
7.09%	5.60%	1. Yes	4.06%	2.75%	1. 2 - 6 days (several days)
4.85%	4.06%	9. No response	1.53%	1.17%	2. 7 - 11 days (half or more of the days)
			1.53%	1.53%	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
82.62%	84.13%	0. No	87.28%	88.25%	0. Never or 1 day
12.56%	11.62%	1. Yes	6.67%	5.54%	1. 2 - 6 days (several days)
4.82%	4.25%	9. No response	3.01%	2.69%	2. 7 - 11 days (half or more of the days)
			3.04%	3.52%	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
88.30%	91.77%	0. No	93.16%	96.04%	0. Never or 1 day
6.78%	3.99%	1. Yes	3.66%	1.87%	1. 2 - 6 days (several days)
4.92%	4.23%	9. No response	1.47%	0.83%	2. 7 - 11 days (half or more of the days)
			1.71%	1.26%	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
94.47%	95.29%	0. No	99.14%	99.37%	0. Never or 1 day
0.92%	0.67%	1. Yes	0.47%	0.32%	1. 2 - 6 days (several days)
4.61%	4.04%	9. No response	0.14%	0.11%	2. 7 - 11 days (half or more of the days)
			0.24%	0.20%	3. 12 - 14 days (nearly every day)

D0300. Total Severity Score

NAT	OK	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).
78.97%	78.78%	Not Depressed
10.77%	12.46%	Mild Depression
3.77%	2.79%	Moderate Depression
0.74%	0.97%	Moderate to Severe Depression
0.16%	0.14%	Severe Depression
5.58%	4.86%	Unable to complete interview

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

NAT	OK	Was responsible staff or provider informed that there is a potential for resident self harm?
3.28%	4.04%	0. No
96.72%	95.96%	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
82.08%	73.26%	0. No	82.74%	73.60%	0. Never or 1 day
17.92%	26.74%	1. Yes	4.86%	6.07%	1. 2 - 6 days (several days)
			4.56%	5.69%	2. 7 - 11 days (half or more of the days)
			7.85%	14.64%	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
84.92%	86.23%	0. No	85.56%	86.53%	0. Never or 1 day
15.08%	13.77%	1. Yes	6.92%	5.73%	1. 2 - 6 days (several days)
			4.13%	3.56%	2. 7 - 11 days (half or more of the days)
			3.40%	4.19%	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
83.62%	80.27%	0. No	84.27%	80.42%	0. Never or 1 day
16.38%	19.73%	1. Yes	6.21%	6.38%	1. 2 - 6 days (several days)
			4.77%	5.52%	2. 7 - 11 days (half or more of the days)
			4.74%	7.68%	3. 12 - 14 days (nearly every day)
D. Feeling tired or having little energy					
NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
75.44%	68.84%	0. No	76.09%	69.25%	0. Never or 1 day
24.56%	31.16%	1. Yes	8.73%	9.84%	1. 2 - 6 days (several days)
			6.97%	8.94%	2. 7 - 11 days (half or more of the days)
			8.21%	11.97%	3. 12 - 14 days (nearly every day)
E. Poor appetite or overeating					
NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
80.98%	77.91%	0. No	81.69%	78.40%	0. Never or 1 day
19.02%	22.09%	1. Yes	8.48%	8.87%	1. 2 - 6 days (several days)
			5.20%	5.74%	2. 7 - 11 days (half or more of the days)
			4.63%	6.99%	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
98.69%	98.91%	0. No	98.83%	98.94%	0. Never or 1 day
1.31%	1.09%	1. Yes	0.60%	0.49%	1. 2 - 6 days (several days)
			0.31%	0.30%	2. 7 - 11 days (half or more of the days)
			0.25%	0.26%	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
65.56%	59.79%	0. No	65.99%	60.02%	0. Never or 1 day
34.44%	40.21%	1. Yes	5.02%	4.84%	1. 2 - 6 days (several days)
			6.10%	6.12%	2. 7 - 11 days (half or more of the days)
			22.89%	29.02%	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
89.61%	91.92%	0. No	90.05%	92.07%	0. Never or 1 day
10.39%	8.08%	1. Yes	3.55%	1.98%	1. 2 - 6 days (several days)
			2.47%	1.80%	2. 7 - 11 days (half or more of the days)
			3.94%	4.15%	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
99.73%	99.70%	0. No	99.79%	99.77%	0. Never or 1 day
0.27%	0.30%	1. Yes	0.14%	0.11%	1. 2 - 6 days (several days)
			*	*	2. 7 - 11 days (half or more of the days)
			*	0.11%	3. 12 - 14 days (nearly every day)

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

J. Being short-tempered, easily annoyed
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NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
81.70%	81.11%	0. No	82.72%	81.56%	0. Never or 1 day
18.30%	18.89%	1. Yes	9.18%	8.08%	1. 2 - 6 days (several days)
			4.24%	4.32%	2. 7 - 11 days (half or more of the days)
			3.86%	6.04%	3. 12 - 14 days (nearly every day)

D0600. Total Severity Score

NAT	OK	Symptom Severity
72.99%	65.12%	Not Depressed
17.12%	23.25%	Mild Depression
7.54%	7.90%	Moderate Depression
2.03%	3.31%	Moderate-Severe Depression
0.32%	0.41%	Severe Depression

D0650. Safety Notification - Complete only if D050011 = 1 indicating possibility of resident self harm

NAT	OK	Was responsible staff or provider informed that there is a potential for resident self harm?
4.80%	12.50%	0. No
95.20%	87.50%	1. Yes

Section E	Behavior
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E0100. Potential Indicators of Psychosis

↓ Check all that apply		
NAT	OK	Indicator
A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)		
97.83%	97.99%	No
2.17%	2.01%	Yes
B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality)		
94.75%	93.94%	No
5.25%	6.06%	Yes
Z. None of the above		
6.01%	6.65%	No
93.99%	93.35%	Yes

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency
--

NAT	OK	Symptom Description
A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)		
96.07%	96.70%	0. Behavior not exhibited
3.09%	2.72%	1. Behavior of this type occurred 1 to 3 days
0.59%	0.41%	2. Behavior of this type occurred 4 to 6 days, but less than daily
0.25%	0.17%	3. Behavior of this type occurred daily
B. Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cursing at others)		
93.19%	94.08%	0. Behavior not exhibited
5.09%	4.60%	1. Behavior of this type occurred 1 to 3 days
1.19%	0.94%	2. Behavior of this type occurred 4 to 6 days, but less than daily
0.53%	0.39%	3. Behavior of this type occurred daily
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)		
94.40%	96.01%	0. Behavior not exhibited
3.48%	2.48%	1. Behavior of this type occurred 1 to 3 days
1.08%	0.65%	2. Behavior of this type occurred 4 to 6 days, but less than daily
1.03%	0.86%	3. Behavior of this type occurred daily

Section E		Behavior
E0300. Overall Presence of Behavioral Symptoms		
Enter Code <input type="checkbox"/>	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?
87.56%	90.00%	0. No
12.44%	10.00%	1. Yes
NAT	OK	B. Significantly interfere with the resident's care?
77.95%	77.27%	0. No
22.05%	22.73%	1. Yes
NAT	OK	C. Significantly interfere with the resident's participation in activities or social interactions?
81.19%	80.53%	0. No
18.81%	19.47%	1. Yes
E0600. Impact on Others		
Did any of the identified symptom(s):		
NAT	OK	A. Put others at significant risk for physical injury?
87.51%	89.45%	0. No
12.49%	10.55%	1. Yes
NAT	OK	B. Significantly intrude on the privacy or activity of others?
86.85%	85.27%	0. No
13.15%	14.73%	1. Yes
NAT	OK	C. Significantly disrupt care or living environment?
77.92%	77.33%	0. No
22.08%	22.67%	1. Yes
E0800. Rejection of Care - Presence & Frequency		
NAT	OK	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.
91.77%	91.82%	0. Behavior not exhibited
5.94%	5.96%	1. Behavior of this type occurred 1 to 3 days
1.48%	1.36%	2. Behavior of this type occurred 4 to 6 days, but less than daily
0.82%	0.87%	3. Behavior of this type occurred daily
E0900. Wandering - Presence & Frequency		
NAT	OK	Has the resident wandered?
95.69%	95.82%	0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms
2.26%	1.79%	1. Behavior of this type occurred 1 to 3 days
0.73%	0.54%	2. Behavior of this type occurred 4 to 6 days, but less than daily
1.32%	1.85%	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)?
77.99%	82.18%	0. No
22.01%	17.82%	1. Yes
NAT	OK	B. Does the wandering significantly intrude on the privacy or activities of others?
79.38%	78.48%	0. No
20.62%	21.52%	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 <i>choose what clothes to wear?</i>
54.04%	56.24%	1. Very important
27.41%	24.90%	2. Somewhat important
13.08%	11.79%	3. Not very important
2.91%	3.12%	4. Not important at all
0.68%	0.42%	5. Important, but can't do or no choice
1.88%	3.54%	9. No response or non-responsive
		B. how important is it to you to <i>take care of your personal belongings or things?</i>
#REF!	69.96%	1. Very important
#REF!	18.68%	2. Somewhat important
#REF!	5.14%	3. Not very important
#REF!	1.52%	4. Not important at all
#REF!	0.99%	5. Important, but can't do or no choice
#REF!	3.70%	9. No response or non-responsive
		C. how important is it to you to <i>choose between a tub bath, shower, bed bath, or sponge bath?</i>
62.09%	61.31%	1. Very important
24.36%	22.65%	2. Somewhat important
8.88%	9.19%	3. Not very important
1.74%	2.28%	4. Not important at all
0.92%	0.85%	5. Important, but can't do or no choice
2.01%	3.71%	9. No response or non-responsive
		D. how important is it to you to <i>have snacks available between meals?</i>
44.48%	45.01%	1. Very important
32.09%	29.69%	2. Somewhat important
16.55%	16.66%	3. Not very important
4.36%	4.88%	4. Not important at all
0.74%	0.44%	5. Important, but can't do or no choice
1.78%	3.32%	9. No response or non-responsive
		E. how important is it to you to <i>choose your own bedtime?</i>
68.34%	72.16%	1. Very important
20.18%	17.12%	2. Somewhat important
7.60%	5.68%	3. Not very important
1.68%	1.55%	4. Not important at all
0.40%	0.12%	5. Important, but can't do or no choice
1.79%	3.37%	9. No response or non-responsive
		F. how important is it to you to <i>have your family or a close friend involved in discussions about your care?</i>
75.54%	70.12%	1. Very important
13.78%	14.91%	2. Somewhat important
6.16%	7.73%	3. Not very important
2.30%	3.32%	4. Not important at all
0.41%	0.53%	5. Important, but can't do or no choice
1.82%	3.38%	9. No response or non-responsive

Section F Preferences for Customary Routine and Activities

F0400. Interview for Daily Preferences - Continued

NAT	OK	G. <i>how important is it to you to be able to use the phone in private?</i>
34.30%	40.55%	1. Very important
22.94%	21.56%	2. Somewhat important
27.49%	22.56%	3. Not very important
12.27%	10.96%	4. Not important at all
1.11%	0.83%	5. Important, but can't do or no choice
1.88%	3.54%	9. No response or non-responsive

NAT	OK	H. <i>how important is it to you to have a place to lock your things to keep them safe?</i>
38.35%	43.45%	1. Very important
20.20%	19.60%	2. Somewhat important
25.17%	21.98%	3. Not very important
13.80%	10.68%	4. Not important at all
0.57%	0.62%	5. Important, but can't do or no choice
1.91%	3.67%	9. No response or non-responsive

F0500. Interview for Activity Preferences

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

NAT	OK	A. <i>how important is it to you to have books, newspapers, and magazines to read?</i>
39.47%	37.44%	1. Very important
29.05%	25.15%	2. Somewhat important
21.05%	22.95%	3. Not very important
7.21%	9.69%	4. Not important at all
1.47%	1.39%	5. Important, but can't do or no choice
1.75%	3.38%	9. No response or non-responsive

NAT	OK	B. <i>how important is it to you to listen to music you like?</i>
53.88%	48.61%	1. Very important
31.50%	30.68%	2. Somewhat important
10.41%	13.48%	3. Not very important
2.35%	3.80%	4. Not important at all
0.20%	0.23%	5. Important, but can't do or no choice
1.67%	3.20%	9. No response or non-responsive

NAT	OK	C. <i>how important is it to you to be around animals such as pets?</i>
34.19%	30.71%	1. Very important
28.44%	24.38%	2. Somewhat important
25.41%	28.31%	3. Not very important
9.88%	12.75%	4. Not important at all
0.31%	0.49%	5. Important, but can't do or no choice
1.76%	3.35%	9. No response or non-responsive

NAT	OK	D. <i>how important is it to you to keep up with the news?</i>
48.19%	42.13%	1. Very important
30.36%	30.47%	2. Somewhat important
14.86%	17.35%	3. Not very important
4.50%	6.44%	4. Not important at all
0.33%	0.21%	5. Important, but can't do or no choice
1.76%	3.41%	9. No response or non-responsive

NAT	OK	E. <i>how important is it to you to do things with groups of people?</i>
35.18%	34.54%	1. Very important
38.10%	33.71%	2. Somewhat important
19.15%	20.80%	3. Not very important
5.49%	7.35%	4. Not important at all
0.35%	0.25%	5. Important, but can't do or no choice
1.74%	3.36%	9. No response or non-responsive

Section F	Preferences for Customary Routine and Activities
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F0500. Interview for Activity Preferences - Continued		
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NAT	OK	F. <i>how important is it to you to do your favorite activities?</i>
62.48%	62.50%	1. Very important
28.43%	24.61%	2. Somewhat important
4.78%	6.48%	3. Not very important
1.34%	2.12%	4. Not important at all
1.16%	0.99%	5. Important, but can't do or no choice
1.82%	3.30%	9. No response or non-responsive

NAT	OK	G. <i>how important is it to you to go outside to get fresh air when the weather is good?</i>
57.11%	55.15%	1. Very important
27.90%	25.40%	2. Somewhat important
10.46%	12.26%	3. Not very important
2.39%	3.56%	4. Not important at all
0.43%	0.36%	5. Important, but can't do or no choice
1.71%	3.27%	9. No response or non-responsive

NAT	OK	H. <i>how important is it to you to participate in religious services or practices?</i>
48.11%	47.12%	1. Very important
27.45%	28.16%	2. Somewhat important
16.20%	15.80%	3. Not very important
6.13%	5.26%	4. Not important at all
0.33%	0.29%	5. Important, but can't do or no choice
1.78%	3.37%	9. No response or non-responsive

F0600. Daily and Activity Preferences Primary Respondent		
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NAT	OK	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)
88.22%	91.91%	1. Resident
9.70%	4.18%	2. Family or significant other (close friend or other representative)

F0700. Should the Staff Assessment of Daily and Activity Preferences be Conducted?		
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NAT	OK	
97.17%	94.83%	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
2.83%	5.17%	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		
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Do not conduct if Interview for Daily and Activity Preferences (F0400 - F0500) was completed

Resident Prefers:		
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↓ Check all that apply

NAT	OK	A. Choosing clothes to wear
75.56%	74.49%	No
24.44%	25.51%	Yes
NAT	OK	B. Caring for personal belongings
77.33%	74.71%	No
22.67%	25.29%	Yes
NAT	OK	C. Receiving tub bath
89.97%	88.97%	No
10.03%	11.03%	Yes
NAT	OK	D. Receiving shower
36.03%	39.15%	No
63.97%	60.85%	Yes
NAT	OK	E. Receiving bed bath
68.38%	87.98%	No
31.62%	12.02%	Yes

Section F		Preferences for Customary Routine and Activities	
F0800. Staff Assessment of Daily and Activity Preferences - Continued			
NAT	OK	F. Receiving sponge bath	
75.18%	91.86%	No	
24.82%	8.14%	Yes	
NAT	OK	G. Snacks between meals	
42.96%	46.32%	No	
57.04%	53.68%	Yes	
NAT	OK	H. Staying up past 8:00 p.m.	
80.01%	79.18%	No	
19.99%	20.82%	Yes	
NAT	OK	I. Family or significant other involvement in care discussions	
25.73%	34.49%	No	
74.27%	65.51%	Yes	
NAT	OK	J. Use of phone in private	
93.99%	93.80%	No	
6.01%	6.20%	Yes	
NAT	OK	K. Place to lock personal belongings	
87.97%	91.20%	No	
12.03%	8.80%	Yes	
NAT	OK	L. Reading books, newspapers, or magazines	
75.64%	86.41%	No	
24.36%	13.59%	Yes	
NAT	OK	M. Listening to music	
20.25%	38.37%	No	
79.75%	61.63%	Yes	
NAT	OK	N. Being around animals such as pets	
63.71%	77.67%	No	
36.29%	22.33%	Yes	
NAT	OK	O. Keeping up with the news	
83.92%	90.01%	No	
16.08%	9.99%	Yes	
NAT	OK	P. Doing things with groups of people	
45.75%	59.33%	No	
54.25%	40.67%	Yes	
NAT	OK	Q. Participating in favorite activities	
39.07%	48.83%	No	
60.93%	51.17%	Yes	
NAT	OK	R. Spending time away from the nursing home	
90.59%	90.92%	No	
9.41%	9.08%	Yes	
NAT	OK	S. Spending time outdoors	
57.49%	68.37%	No	
42.51%	31.63%	Yes	
NAT	OK	T. Participating in religious activities or practices	
50.91%	59.12%	No	
49.09%	40.88%	Yes	
NAT	OK	Z. None of the above	
95.68%	90.60%	No	
4.32%	9.40%	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
9.30%	20.11%	0. Independent	8.52%	21.13%	0. No setup or physical help from staff
10.51%	16.27%	1. Supervision	7.10%	11.81%	1. Setup help only
11.80%	15.26%	2. Limited assistance	46.40%	40.34%	2. One person physical assist
60.00%	40.40%	3. Extensive assistance	37.96%	26.69%	3. Two+ persons physical assist
8.29%	7.78%	4. Total dependence	*	*	8. Activity did not occur
0.08%	0.14%	7. Activity occurred only once or twice			
*	*	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
8.01%	16.56%	0. Independent	7.78%	18.25%	0. No setup or physical help from staff
10.99%	16.24%	1. Supervision	7.21%	11.25%	1. Setup help only
12.72%	15.27%	2. Limited assistance	41.38%	36.24%	2. One person physical assist
50.83%	38.82%	3. Extensive assistance	42.31%	33.52%	3. Two+ persons physical assist
14.77%	11.85%	4. Total dependence	1.32%	0.75%	8. Activity did not occur
1.35%	0.51%	7. Activity occurred only once or twice			
1.32%	0.74%	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
8.42%	15.40%	0. Independent	9.26%	18.45%	0. No setup or physical help from staff
12.68%	16.44%	1. Supervision	8.75%	11.03%	1. Setup help only
12.14%	11.10%	2. Limited assistance	29.08%	22.16%	2. One person physical assist
12.64%	8.88%	3. Extensive assistance	3.46%	4.16%	3. Two+ persons physical assist
0.22%	0.33%	4. Total dependence	49.45%	44.20%	8. Activity did not occur
4.46%	3.60%	7. Activity occurred only once or twice			
49.44%	44.24%	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
6.88%	12.67%	0. Independent	8.62%	16.48%	0. No setup or physical help from staff
12.67%	16.54%	1. Supervision	8.49%	10.76%	1. Setup help only
11.54%	9.58%	2. Limited assistance	27.79%	19.64%	2. One person physical assist
11.44%	6.86%	3. Extensive assistance	3.20%	3.17%	3. Two+ persons physical assist
0.22%	0.30%	4. Total dependence	51.89%	49.95%	8. Activity did not occur
5.35%	4.11%	7. Activity occurred only once or twice			
51.91%	49.94%	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
12.17%	20.97%	0. Independent	11.54%	23.18%	0. No setup or physical help from staff
19.38%	24.43%	1. Supervision	13.47%	17.52%	1. Setup help only
13.01%	16.37%	2. Limited assistance	68.57%	52.82%	2. One person physical assist
33.13%	23.65%	3. Extensive assistance	3.26%	4.08%	3. Two+ persons physical assist
16.67%	11.08%	4. Total dependence	3.15%	2.40%	8. Activity did not occur
2.47%	1.03%	7. Activity occurred only once or twice			
3.17%	2.47%	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
10.27%	18.66%	0. Independent	10.55%	21.55%	0. No setup or physical help from staff
17.38%	24.81%	1. Supervision	11.89%	17.02%	1. Setup help only
11.22%	15.69%	2. Limited assistance	67.10%	53.29%	2. One person physical assist
28.62%	23.17%	3. Extensive assistance	2.34%	3.66%	3. Two+ persons physical assist
18.27%	11.24%	4. Total dependence	8.13%	4.49%	8. Activity did not occur
6.11%	1.91%	7. Activity occurred only once or twice			
8.12%	4.53%	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
4.53%	11.14%	0. Independent	3.85%	11.48%	0. No setup or physical help from staff
7.92%	13.29%	1. Supervision	5.34%	9.77%	1. Setup help only
12.97%	21.56%	2. Limited assistance	76.02%	59.81%	2. One person physical assist
63.14%	45.34%	3. Extensive assistance	14.71%	18.89%	3. Two+ persons physical assist
11.17%	8.47%	4. Total dependence	0.08%	0.05%	8. Activity did not occur
0.19%	0.15%	7. Activity occurred only once or twice			
0.08%	0.05%	8. Activity did not occur			

Section G	Functional Status
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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
23.76%	26.22%	0. Independent	3.92%	13.43%	0. No setup or physical help from staff
43.60%	49.90%	1. Supervision	52.97%	57.11%	1. Setup help only
10.00%	8.96%	2. Limited assistance	42.52%	28.77%	2. One person physical assist
14.49%	8.94%	3. Extensive assistance	0.53%	0.58%	3. Two+ persons physical assist
7.97%	5.72%	4. Total dependence	0.06%	0.11%	8. Activity did not occur
0.12%	0.14%	7. Activity occurred only once or twice			
0.06%	0.12%	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
6.22%	14.38%	0. Independent	5.69%	15.31%	0. No setup or physical help from staff
8.66%	13.98%	1. Supervision	5.63%	10.05%	1. Setup help only
10.59%	15.31%	2. Limited assistance	56.84%	46.00%	2. One person physical assist
58.77%	42.26%	3. Extensive assistance	31.67%	27.66%	3. Two+ persons physical assist
15.45%	12.74%	4. Total dependence	0.17%	0.97%	8. Activity did not occur
0.14%	0.33%	7. Activity occurred only once or twice			
0.17%	1.00%	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
5.01%	11.32%	0. Independent	3.53%	11.03%	0. No setup or physical help from staff
10.27%	15.59%	1. Supervision	7.58%	11.91%	1. Setup help only
15.01%	23.44%	2. Limited assistance	79.16%	67.21%	2. One person physical assist
56.29%	38.98%	3. Extensive assistance	9.69%	9.74%	3. Two+ persons physical assist
13.23%	10.38%	4. Total dependence	*	0.11%	8. Activity did not occur
0.15%	0.17%	7. Activity occurred only once or twice			
0.05%	0.12%	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
1.81%	2.63%	0. Independent - no help provided
4.07%	9.38%	1. Supervision - oversight help only
4.28%	6.90%	2. Physical help limited to transfer only
49.80%	51.60%	3. Physical help in part of bathing activity
40.54%	25.52%	4. Total dependence
3.58%	3.97%	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
1.21%	2.35%	0. No setup or physical help from staff
4.17%	8.45%	1. Setup help only
74.56%	71.61%	2. One person physical assist
16.53%	13.68%	3. Two+ persons physical assist
3.52%	3.91%	8. Activity did not occur

G0300. Balance During Transitions and Walking
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After observing the resident, **code the following walking and transition items for most dependent**

NAT	OK	A. Moving from seated to standing position
9.77%	13.73%	0. Steady at all times
17.91%	27.21%	1. Not steady, but able to stabilize without staff assistance
51.77%	44.05%	2. Not steady, only able to stabilize with staff assistance
20.56%	15.02%	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)
9.67%	13.41%	0. Steady at all times
17.75%	24.16%	1. Not steady, but able to stabilize without staff assistance
27.32%	19.18%	2. Not steady, only able to stabilize with staff assistance
45.26%	43.25%	8. Activity did not occur
NAT	OK	C. Turning around and facing the opposite direction while walking
8.99%	12.45%	0. Steady at all times
17.23%	24.19%	1. Not steady, but able to stabilize without staff assistance
24.42%	17.52%	2. Not steady, only able to stabilize with staff assistance
49.36%	45.84%	8. Activity did not occur
NAT	OK	D. Moving on and off toilet
9.52%	14.00%	0. Steady at all times
16.82%	26.16%	1. Not steady, but able to stabilize without staff assistance
49.71%	43.22%	2. Not steady, only able to stabilize with staff assistance
23.96%	16.62%	8. Activity did not occur
NAT	OK	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)
9.64%	13.98%	0. Steady at all times
17.44%	26.70%	1. Not steady, but able to stabilize without staff assistance
68.00%	54.01%	2. Not steady, only able to stabilize with staff assistance
4.93%	5.31%	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	A. Upper extremity (shoulder, elbow, wrist, hand)
76.25%	79.59%	0. No impairment
14.03%	13.10%	1. Impairment on one side
9.71%	7.31%	2. Impairment on both sides
NAT	OK	B. Lower extremity (hip, knee, ankle, foot)
65.60%	66.40%	0. No impairment
16.07%	16.54%	1. Impairment on one side
18.33%	17.07%	2. Impairment on both sides
G0600. Mobility Devices		
↓ Check all that were normally used		
NAT	OK	A. Cane/crutch
98.04%	97.48%	No
1.96%	2.52%	Yes
NAT	OK	B. Walker
62.29%	69.69%	No
37.71%	30.31%	Yes
NAT	OK	C. Wheelchair (manual or electric)
21.94%	28.12%	No
78.06%	71.88%	Yes
NAT	OK	D. Limb prosthesis
99.60%	99.57%	No
0.40%	0.43%	Yes
NAT	OK	Z. None of the above were used
87.34%	84.03%	No
12.66%	15.97%	Yes
G0900. Functional Rehabilitation Potential		
Complete only if A0310A = 01		
Enter Code <input type="text"/>	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
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G0900. Functional Rehabilitation Potential - Continued

Enter Code <input style="width: 30px; height: 20px;" type="text"/>	B. Direct care staff believe resident is capable of increased independence in at least some ADLs 0. No 1. Yes
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Section H	Bladder and Bowel
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H0100. Appliances

↓ Check all that apply		
NAT	OK	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)
93.85%	93.44%	0. No
6.15%	6.56%	1. Yes
NAT	OK	B. External catheter
99.71%	99.81%	0. No
0.29%	0.19%	1. Yes
NAT	OK	C. Ostomy (including urostomy, ileostomy, and colostomy)
98.00%	97.89%	0. No
2.00%	2.11%	1. Yes
NAT	OK	D. Intermittent catheterization
99.60%	99.64%	0. No
0.40%	0.36%	1. Yes
NAT	OK	Z. None of the above
8.18%	8.26%	0. No
91.82%	91.74%	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
88.31%	87.55%	0. No → Skip to H0300, Urinary Continence
11.17%	12.02%	1. Yes → Continue to H0200B, Response
0.52%	0.43%	9. Unable to determine → Skip to H0200C, Current toileting program or trial
NAT	OK	B. Response - What was the resident's response to the trial program?
52.05%	59.48%	0. No Improvement
23.26%	19.20%	1. Decreased wetness
8.92%	8.31%	2. Completely dry (continent)
15.77%	13.01%	9. Unable to determine or trial in progress
NAT	OK	C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)
41.60%	39.14%	0. No → Skip to H0300, Urinary Continence
58.40%	60.86%	1. Yes → Continue to H0200B, Response

H0300. Urinary Continence

NAT	OK	Urinary continence - Select the one category that best describes the resident
20.47%	27.01%	0. Always continent
17.62%	22.06%	1. Occasionally incontinent (less than 7 episodes of incontinence)
26.93%	22.61%	2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
29.09%	22.26%	3. Always incontinent (no episodes of continent voiding)
5.88%	6.06%	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
36.34%	43.60%	0. Always continent
10.96%	13.31%	1. Occasionally incontinent (one episode of bowel incontinence)
20.89%	18.63%	2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
29.96%	22.68%	3. Always incontinent (no episodes of continent bowel movements)
1.85%	1.78%	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?
96.36%	94.06%	0. No
3.64%	5.94%	1. Yes
H0600. Bowel Patterns		
NAT	OK	Constipation present?
95.92%	95.08%	0. No
4.08%	4.92%	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)
93.93%	94.74%	No
6.07%	5.26%	Yes
Heart/Circulation		
NAT	OK	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell)
70.77%	75.81%	No
29.23%	24.19%	Yes
NAT	OK	I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias)
80.88%	82.62%	No
19.12%	17.38%	Yes
NAT	OK	I0400. Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic heart disease (ASHD))
80.31%	82.02%	No
19.69%	17.98%	Yes
NAT	OK	I0500. Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombo-Embolism (PTE)
96.83%	97.23%	No
3.17%	2.77%	Yes
NAT	OK	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)
79.61%	77.48%	No
20.39%	22.52%	Yes
NAT	OK	I0700. Hypertension
23.76%	22.29%	No
76.24%	77.71%	Yes
NAT	OK	I0800. Orthostatic Hypotension
98.44%	98.35%	No
1.56%	1.65%	Yes
NAT	OK	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)
88.65%	94.69%	No
11.35%	5.31%	Yes
Gastrointestinal		
NAT	OK	I1100. Cirrhosis
99.21%	99.24%	No
0.79%	0.76%	Yes
NAT	OK	I1200. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and peptic ulcers)
63.45%	51.96%	No
36.55%	48.04%	Yes
NAT	OK	I1300. Ulcerative Colitis, Chron's Disease, or Inflammatory Bowel Disease
99.06%	99.06%	No
0.94%	0.94%	Yes

Section I		Active Diagnoses
Genitourinary		
NAT	OK	I1400. Benign Prostatic Hyperplasia (BPH)
91.28%	92.79%	No
8.72%	7.21%	Yes
NAT	OK	I1500. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD)
85.79%	88.27%	No
14.21%	11.73%	Yes
NAT	OK	I1550. Neurogenic Bladder
96.68%	97.13%	No
3.32%	2.87%	Yes
NAT	OK	I1650. Obstructive Uropathy
98.64%	98.94%	No
1.36%	1.06%	Yes
Infections		
NAT	OK	I1700. Multidrug-Resistant Organism (MDRO)
99.23%	99.41%	No
0.77%	0.59%	Yes
NAT	OK	I2000. Pneumonia
97.11%	95.98%	No
2.89%	4.02%	Yes
NAT	OK	I2100. Septicemia
98.70%	98.29%	No
1.30%	1.71%	Yes
NAT	OK	I2200. Tuberculosis
99.97%	99.97%	No
*	*	Yes
NAT	OK	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)
94.96%	92.93%	No
5.04%	7.07%	Yes
NAT	OK	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)
99.06%	99.01%	No
0.94%	0.99%	Yes
NAT	OK	I2500. Wound Infection (other than foot)
99.57%	99.59%	No
0.43%	0.41%	Yes
Metabolic		
NAT	OK	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)
65.98%	66.14%	No
34.02%	33.86%	Yes
NAT	OK	I3100. Hyponatremia
98.05%	97.70%	No
1.95%	2.30%	Yes
NAT	OK	I3200. Hyperkalemia
99.02%	98.69%	No
0.98%	1.31%	Yes
NAT	OK	I3300. Hyperlipidemia (e.g., hypercholesterolemia)
56.00%	57.32%	No
44.00%	42.68%	Yes
NAT	OK	I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
77.73%	73.52%	No
22.27%	26.48%	Yes
Musculoskeletal		
NAT	OK	I3700. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA))
72.15%	72.87%	No
27.85%	27.13%	Yes

Section I		Active Diagnoses
Musculoskeletal - Continued		
NAT	OK	I3800. Osteoporosis
87.22%	88.78%	No
12.78%	11.22%	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)
97.10%	96.61%	No
2.90%	3.39%	Yes
NAT	OK	I4000. Other Fracture
95.45%	95.54%	No
4.55%	4.46%	Yes
Neurological		
NAT	OK	I4200. Alzheimer's Disease
86.14%	86.87%	No
13.86%	13.13%	Yes
NAT	OK	I4300. Aphasia
95.49%	97.22%	No
4.51%	2.78%	Yes
NAT	OK	I4400. Cerebral Palsy
98.97%	98.86%	No
1.03%	1.14%	Yes
NAT	OK	I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke
88.34%	90.34%	No
11.66%	9.66%	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)
57.13%	62.90%	No
42.87%	37.10%	Yes
NAT	OK	I4900. Hemiplegia or Hemiparesis
90.28%	93.77%	No
9.72%	6.23%	Yes
NAT	OK	I5000. Paraplegia
99.04%	99.29%	No
0.96%	0.71%	Yes
NAT	OK	I5100. Quadriplegia
99.12%	99.48%	No
0.88%	0.52%	Yes
NAT	OK	I5200. Multiple Sclerosis (MS)
98.51%	98.96%	No
1.49%	1.04%	Yes
NAT	OK	I5250. Huntington's Disease
99.75%	99.76%	No
0.25%	0.24%	Yes
NAT	OK	I5300. Parkinson's Disease
93.82%	94.77%	No
6.18%	5.23%	Yes
NAT	OK	I5350. Tourette's Syndrome
99.97%	99.96%	No
*	*	Yes
NAT	OK	I5400. Seizure Disorder or Epilepsy
88.26%	88.45%	No
11.74%	11.55%	Yes
NAT	OK	I5500. Traumatic Brain Injury (TBI)
99.20%	99.35%	No
0.80%	0.65%	Yes
Nutritional		
NAT	OK	I5600. Malnutrition (protein or calorie) or at risk for malnutrition
96.43%	94.98%	No
3.57%	5.02%	Yes

Section I	Active Diagnoses	
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Psychiatric/Mood Disorder		
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NAT	OK	I5700. Anxiety Disorder
70.29%	64.56%	No
29.71%	35.44%	Yes
NAT	OK	I5800. Depression (other than bipolar)
51.57%	43.95%	No
48.43%	56.05%	Yes
NAT	OK	I5900. Manic Depression (bipolar disease)
94.69%	94.10%	No
5.31%	5.90%	Yes
NAT	OK	I5950. Psychotic Disorder (other than schizophrenia)
90.90%	89.67%	No
9.10%	10.33%	Yes
NAT	OK	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
91.84%	91.10%	No
8.16%	8.90%	Yes
NAT	OK	I6100. Post Traumatic Stress Disorder (PTSD)
99.37%	99.48%	No
0.63%	0.52%	Yes

Pulmonary		
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NAT	OK	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
77.42%	77.05%	No
22.58%	22.95%	Yes
NAT	OK	I6300. Respiratory Failure
96.48%	96.70%	No
3.52%	3.30%	Yes

Vision		
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NAT	OK	I6500. Cataracts, Glaucoma, or Macular Degeneration
85.91%	89.27%	No
14.09%	10.73%	Yes

None of Above		
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NAT	OK	I7900. None of the above active diagnoses within the last 7 days
99.34%	99.26%	No
0.66%	0.74%	Yes

Other		
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I800. Additional active diagnoses												
Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.												
A.	_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										
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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?	
57.81%	53.02%	0. No	
42.19%	46.98%	1. Yes	
NAT	OK	B. Received PRN pain medications OR was offered and declined?	
68.09%	57.56%	0. No	
31.91%	42.44%	1. Yes	
NAT	OK	C. Received non-medication intervention for pain?	
83.37%	83.38%	0. No	
16.63%	16.62%	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		
9.36%	9.37%	0. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain	
90.64%	90.63%	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?"	
63.99%	56.13%	0. No → Skip to J1100, Shortness of Breath	
30.61%	40.58%	1. Yes → Continue to J0400, Pain Frequency	
5.40%	3.30%	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?"	
7.80%	10.61%	1. Almost constantly	
25.23%	29.71%	2. Frequently	
55.12%	48.24%	3. Occasionally	
10.07%	10.08%	4. Rarely	
1.78%	1.36%	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?"	
81.60%	79.88%	1. No	
16.88%	19.16%	2. Yes	
1.52%	0.95%	9. Unable to answer	
NAT	OK	B. Ask resident: "Over the past 5 days, have you limited your day-to-day activities because of pain?"	
76.39%	75.78%	1. No	
21.80%	22.98%	2. Yes	
1.81%	1.25%	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		NAT	OK	
0.15%	0.43%	00	13.53%	13.51%	06
1.16%	1.45%	01	10.47%	13.44%	07
5.72%	4.70%	02	11.37%	13.19%	08
12.67%	10.33%	03	3.10%	4.09%	09
16.67%	15.30%	04	4.32%	5.47%	10
18.65%	15.34%	05			

Section J	Health Conditions
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J0600. Pain Intensity - Continued		
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		B. Verbal Descriptor Scale
		Ask resident: "Please rate the intensity of your worst pain over the last 5 days." (Show resident verbal scale)
NAT	OK	
43.97%	39.60%	1. Mild
44.65%	46.31%	2. Moderate
6.93%	10.42%	3. Severe
0.76%	1.38%	4. Very severe, horrible
3.69%	2.28%	9. Unable to answer

J0700. Should the Staff Assessment for Pain be Conducted?		
--	--	--

NAT	OK	
96.56%	98.50%	0. No (J0400 = 1 thru 4) → Skip to J1100, Shortness of Breath (dyspnea)
3.44%	1.50%	1. Yes (J0400 = 9) → Continue to J0800, Indicators of Pain or Possible Pain

Staff Assessment for Pain		
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J0800. Indicators of Pain or Possible Pain in the last 5 days		
--	--	--

↓ Check all that apply		
NAT	OK	A. Non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning)
93.60%	89.41%	0. No
6.40%	10.59%	1. Yes
NAT	OK	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)
89.39%	85.65%	0. No
10.61%	14.35%	1. Yes
NAT	OK	C. Facial expressions (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw)
89.97%	81.68%	0. No
10.03%	18.32%	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)
96.45%	93.46%	0. No
3.55%	6.54%	1. Yes
NAT	OK	Z. None of these signs observed or documented → If checked, skip to J1100, Shortness of Breath (dyspnea)
18.98%	27.34%	0. No
81.02%	72.66%	1. Yes

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

NAT	OK	Frequency with which resident complains or shows evidence of pain or possible pain
55.43%	51.05%	1. Indicators of pain or possible pain observed 1 to 2 days
27.17%	30.76%	2. Indicators of pain or possible pain observed 3 to 4 days
17.40%	18.20%	3. Indicators of pain or possible pain observed daily

Other Health Conditions		
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J1100. Shortness of Breath (dyspnea)		
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↓ Check all that apply		
NAT	OK	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
92.13%	86.35%	No
7.87%	13.65%	Yes
NAT	OK	B. Shortness of breath or trouble breathing when sitting at rest
97.28%	95.62%	No
2.72%	4.38%	Yes
NAT	OK	C. Shortness of breath or trouble breathing when lying flat
93.11%	93.10%	No
6.89%	6.90%	Yes
NAT	OK	Z. None of the above
11.37%	15.15%	No
88.63%	84.85%	Yes

Section J		Health Conditions
J1300. Current Tobacco Use		
NAT	OK	Tobacco use
94.12%	87.65%	0. No
5.88%	12.35%	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)
96.35%	91.96%	0. No
3.65%	8.04%	1. Yes
J1550. Problem Conditions		
↓ Check all that apply		
NAT	OK	A. Fever
99.07%	99.42%	No
0.93%	0.58%	Yes
NAT	OK	B. Vomiting
99.01%	99.01%	No
0.99%	0.99%	Yes
NAT	OK	C. Dehydrated
99.88%	99.83%	No
0.12%	0.17%	Yes
NAT	OK	D. Internal bleeding
99.68%	99.80%	No
0.32%	0.20%	Yes
NAT	OK	Z. None of the above
2.17%	1.80%	No
97.83%	98.20%	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?
62.96%	61.24%	0. No
29.85%	31.45%	1. Yes
7.19%	7.31%	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?
65.56%	60.30%	0. No
22.57%	28.63%	1. Yes
11.87%	11.07%	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?
80.01%	81.18%	0. No
12.37%	12.00%	1. Yes
7.62%	6.82%	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?
83.06%	76.57%	0. No → Skip to K0100, Swallowing Disorder
16.94%	23.43%	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
19.50%	22.58%	0. None
55.97%	47.38%	1. One
24.53%	30.03%	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
68.72%	60.31%	0. None
26.14%	29.73%	1. One
5.15%	9.96%	2. Two or more
NAT	OK	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
97.14%	96.26%	0. None
2.80%	3.59%	1. One
0.05%	0.14%	2. Two or more

Section K		Swallowing/Nutritional Status
K0100. Swallowing Disorder		
Signs and symptoms of possible swallowing disorder		
↓ Check all that apply		
NAT	OK	A. Loss of liquids/solids from mouth when eating or drinking
99.35%	99.00%	0. No
0.65%	1.00%	1. Yes
NAT	OK	B. Holding food in mouth/cheeks or residual food in mouth after meals
99.27%	99.10%	0. No
0.73%	0.90%	1. Yes
NAT	OK	C. Coughing or choking during meals or when swallowing medications
98.33%	97.45%	0. No
1.67%	2.55%	1. Yes
NAT	OK	D. Complaints of difficulty or pain with swallowing
98.94%	99.06%	0. No
1.06%	0.94%	1. Yes
NAT	OK	Z. None of the above
3.23%	4.14%	0. No
96.77%	95.86%	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
<input type="text"/>	<input type="text"/>	
Enter Code		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.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
K0300. Weight Loss		
NAT	OK	Loss of 5% or more in the last month or loss of 10% or more in last 6 months
93.18%	92.45%	0. No or unknown
1.03%	1.01%	1. Yes, on physician-prescribed weight-loss regimen
5.79%	6.55%	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
94.29%	92.34%	0. No or unknown
1.28%	1.94%	1. Yes, on physician-prescribed weight-gain regimen
4.42%	5.72%	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
95.91%	99.72%	No
4.09%	0.28%	Yes
NAT	OK	2. While a Resident
99.50%	99.93%	No
0.50%	0.07%	Yes

Section K	Swallowing/Nutritional Status
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K0510. Nutritional Approaches - Continued
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B. Feeding tube - nasogastric or abdominal (PEG)						
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident	
92.93%	97.17%		No	94.84%		96.11%
7.07%	2.83%		Yes	5.16%		3.89%
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	
81.68%	85.11%		No	65.94%		70.85%
18.32%	14.89%		Yes	34.06%		29.15%
D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)						
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident	
64.03%	69.26%		No	52.05%		61.46%
35.97%	30.74%		Yes	47.95%		38.54%
Z. None of the above						
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident	
52.83%	42.21%		No	69.73%		60.46%
47.17%	57.79%		Yes	30.27%		39.54%

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

	<p>A. Proportion of total calories the resident received through parenteral or tube feeding</p> <p>1. While NOT a Resident</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p>2. While a Resident</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p>3. During Entire 7 Days</p> <p style="margin-left: 20px;">1. 25% or less</p> <p style="margin-left: 20px;">2. 26-50%</p> <p style="margin-left: 20px;">3. 51% or more</p> <p>B. Average fluid intake per day by IV or tube feeding</p> <p>1. While NOT a Resident</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p> <p>2. While a Resident</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p> <p>3. During Entire 7 Days</p> <p style="margin-left: 20px;">1. 500 cc/day or less</p> <p style="margin-left: 20px;">2. 501 cc/day or more</p>
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Section L	Oral/Dental Status
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L0200. Dental

		↓ Check all that apply	
NAT	OK	A. Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)	
98.95%	98.39%		0. No
1.05%	1.61%		1. Yes
NAT	OK	B. No natural teeth or tooth fragment(s) (edentulous)	
79.97%	74.36%		0. No
20.03%	25.64%		1. Yes
NAT	OK	C. Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)	
99.80%	99.75%		0. No
0.20%	0.25%		1. Yes

Section L	Oral/Dental Status
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L0200. Dental - Continued		
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NAT	OK	D. Obvious or likely cavity or broken natural teeth
90.85%	89.66%	0. No
9.15%	10.34%	1. Yes
NAT	OK	E. Inflamed or bleeding gums or loose natural teeth
99.53%	99.75%	0. No
0.47%	0.25%	1. Yes
NAT	OK	F. Mouth or facial pain discomfort or difficulty with chewing
99.09%	98.26%	0. No
0.91%	1.74%	1. Yes
NAT	OK	G. Unable to examine
98.50%	98.78%	0. No
1.50%	1.22%	1. Yes
NAT	OK	Z. None of the above were present
31.73%	38.46%	0. No
68.27%	61.54%	1. Yes

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

M0100. Determination of Pressure Ulcer Risk		
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↓ 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
92.35%	92.65%	No
7.65%	7.35%	Yes
NAT	OK	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
17.81%	12.12%	No
82.19%	87.88%	Yes
NAT	OK	C. Clinical assessment
9.38%	10.41%	No
90.62%	89.59%	Yes
NAT	OK	Z. None of the above
97.45%	96.07%	No
2.55%	3.93%	Yes

M0150. Risk of Pressure Ulcers		
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NAT	OK	Is this resident at risk of developing pressure ulcers?
15.78%	26.20%	0. No
84.22%	73.80%	1. Yes

M0210. Unhealed Pressure Ulcer(s)		
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NAT	OK	Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?
92.92%	92.85%	0. No → Skip to M0900, Healed Pressure Ulcers
7.08%	7.15%	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	
0	86.67%	90.24%	0	0.10%	0.08%	5
1	9.31%	8.10%	1	*	0.08%	6
2	2.71%	1.35%	2	*	*	7
3	0.95%	0.08%	3	*	*	8
4	0.22%	*	4	*	0.08%	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	
63.83%	58.04%	0	0.09%	0.08%	5
28.75%	32.10%	1	*	*	6
5.73%	6.62%	2	*	*	7
1.20%	2.05%	3	*	0.16%	8
0.33%	0.87%	4	*	0.08%	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	
42.76%	54.15%	0	0.16%	*	5
44.82%	35.47%	1	0.07%	*	6
9.41%	6.98%	2	0.05%	*	7
2.11%	1.51%	3	*	0.38%	8
0.56%	1.32%	4	*	0.19%	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	
81.40%	81.42%	0	*	*	5
15.78%	15.42%	1	*	*	6
2.01%	2.61%	2	*	*	7
0.60%	0.55%	3	*	*	8
0.12%	*	4	*	*	9

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

NAT	OK		NAT	OK	
36.39%	38.96%	0	0.18%	*	5
53.57%	51.95%	1	0.07%	*	6
7.19%	8.23%	2	*	*	7
2.01%	0.87%	3	*	*	8
0.50%	*	4	*	*	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	
81.91%	84.98%	0	0.08%	*	5
14.89%	12.33%	1	*	*	6
2.12%	2.13%	2	*	*	7
0.69%	0.40%	3	*	*	8
0.26%	0.16%	4	*	*	9

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

NAT	OK		NAT	OK	
21.72%	26.88%	0	0.30%	*	5
64.66%	60.75%	1	0.15%	*	6
9.11%	9.14%	2	0.05%	*	7
3.02%	2.69%	3	*	*	8
0.94%	0.54%	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	
99.32%	98.50%	0	*	*	5
0.55%	1.19%	1	*	*	6
0.09%	0.16%	2	*	*	7
*	0.16%	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	
37.16%	47.37%	0	0.32%	*	5
50.24%	42.11%	1	0.32%	*	6
8.08%	*	2	0.16%	*	7
2.42%	10.53%	3	*	*	8
0.97%	*	4	0.32%	*	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	
80.21%	79.86%	0	0.14%	0.32%	5
15.06%	14.93%	1	0.09%	0.16%	6
3.18%	2.69%	2	*	0.08%	7
0.89%	1.03%	3	*	0.16%	8
0.32%	0.71%	4	0.05%	0.08%	9

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

NAT	OK		NAT	OK	
33.27%	38.89%	0	0.55%	0.79%	5
49.34%	46.03%	1	0.42%	0.79%	6
11.37%	7.14%	2	0.17%	*	7
3.38%	3.57%	3	0.14%	0.40%	8
1.18%	1.98%	4	0.18%	0.40%	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	
83.79%	87.66%	0	0.15%	0.16%	5
11.72%	9.41%	1	0.05%	*	6
3.13%	1.50%	2	*	*	7
0.82%	0.71%	3	*	*	8
0.27%	0.47%	4	*	0.08%	9

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

NAT	OK		NAT	OK	
33.10%	44.23%	0	0.75%	1.28%	5
45.63%	39.10%	1	0.28%	*	6
14.51%	7.05%	2	0.12%	*	7
4.05%	4.49%	3	0.05%	*	8
1.33%	3.21%	4	0.18%	0.64%	9

Section M

Skin Conditions

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

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

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

. cm
 . cm
 . cm

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

M0700. Most Severe Tissue Type for Any Pressure Ulcer

NAT	OK	Select the best description of the most severe type of tissue present in any pressure ulcer bed.
18.89%	14.08%	1. Epithelial tissue - new skin growing in superficial ulcer. It can be light pink and shiny, even in persons with darkly pigmented skin.
28.85%	35.56%	2. Granulation tissue - pink or red tissue with shiny, moist, granular appearance.
18.88%	16.89%	3. Slough - yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous.
13.48%	15.85%	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.
19.90%	17.62%	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		
		89.88%	86.78%	0		*	*	5			
		8.57%	10.29%	1		*	*	6			
		1.22%	1.72%	2		*	*	7			
		0.25%	0.81%	3		*	*	8			
		0.06%	0.40%	4		*	*	9			
B. Stage 3		NAT		OK			NAT		OK		
		96.63%	95.85%	0		*	*	5			
		3.10%	3.44%	1		*	*	6			
		0.24%	0.71%	2		*	*	7			
		*	*	3		*	*	8			
		*	*	4		*	*	9			
C. Stage 4		NAT		OK			NAT		OK		
		98.22%	97.87%	0		*	*	5			
		1.65%	1.92%	1		*	*	6			
		0.10%	0.20%	2		*	*	7			
		*	*	3		*	*	8			
		*	*	4		*	*	9			

M0900. Healed Pressure Ulcers

Complete only if A0310 = 0

NAT	OK	A. Were pressure ulcers present on the prior assessment (OBRA or scheduled PPS)?									
94.99%	94.73%	0. No → Skip to M1030, Number of Venous and Arterial Ulcers									
5.01%	5.27%	0. Yes → Continue to M0900B, Stage 2									
B. Stage 2		NAT		OK			NAT		OK		
		71.74%	66.67%	0		0.07%	0.12%	5			
		23.61%	26.74%	1		*	0.12%	6			
		3.59%	4.98%	2		*	*	7			
		0.75%	0.87%	3		*	*	8			
		0.19%	0.50%	4		*	*	9			

Section M	Skin Conditions
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M0900. Healed Pressure Ulcers - Continued
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	C. Stage 3				
	NAT	OK		NAT	OK
	88.97%	87.73%	0	*	*
	9.81%	10.76%	1	*	*
	0.89%	1.25%	2	*	0.13%
	0.26%	0.13%	3	*	*
	*	*	4	*	*

	D. Stage 4				
	NAT	OK		NAT	OK
	93.49%	92.12%	0	*	*
	5.72%	6.01%	1	*	*
	0.56%	1.63%	2	*	*
	0.15%	0.25%	3	*	*
	0.06%	*	4	*	*

M01030. Number of Venous and Arterial Ulcers

	Enter the total number of venous and arterial ulcers present.				
	NAT	OK		NAT	OK
	98.24%	98.61%	0	*	*
	1.02%	0.81%	1	*	*
	0.42%	0.31%	2	*	*
	0.15%	0.13%	3	*	*
	0.07%	0.08%	4	*	*

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)							
99.52%	99.48%	No							
0.48%	0.52%	Yes							
NAT	OK	B. Diabetic foot ulcer(s)							
99.34%	99.38%	No							
0.66%	0.62%	Yes							
NAT	OK	C. Other open lesion(s) on the foot							
99.54%	99.25%	No							
0.46%	0.75%	Yes							

Other Problems

NAT	OK	D. Open lesion(s) other than ulcers, rashes, cuts (e.g. cancer lesion)							
98.71%	98.46%	No							
1.29%	1.54%	Yes							
NAT	OK	E. Surgical wound(s)							
94.77%	95.75%	No							
5.23%	4.25%	Yes							
NAT	OK	F. Burn(s) (second or third degree)							
99.93%	99.91%	No							
0.07%	0.09%	Yes							
NAT	OK	G. Skin tear(s)							
99.93%	99.91%	No							
0.07%	0.09%	Yes							
NAT	OK	H. Moisture Associated Skin Damage (MASD) (i.e., incontinence (IAD), perspiration, drainage)							
99.93%	99.91%	No							
0.07%	0.09%	Yes							

None of the Above

NAT	OK	Z. None of the above were present							
17.49%	18.88%	No							
82.51%	81.12%	Yes							

Section M		Skin Conditions	
M01200. Skin and Ulcer Treatments			
↓ Check all that apply			
NAT	OK	A. Pressure reducing device for chair	
40.21%	64.05%	No	
59.79%	35.95%	Yes	
NAT	OK	B. Pressure reducing device for bed	
17.24%	38.09%	No	
82.76%	61.91%	Yes	
NAT	OK	C. Turning/repositioning program	
80.72%	79.42%	No	
19.28%	20.58%	Yes	
NAT	OK	D. Nutrition or hydration intervention to manage skin problems	
88.19%	87.67%	No	
11.81%	12.33%	Yes	
NAT	OK	E. Pressure ulcer care	
93.20%	93.49%	No	
6.80%	6.51%	Yes	
NAT	OK	F. Surgical wound care	
95.42%	96.31%	No	
4.58%	3.69%	Yes	
NAT	OK	G. Application of nonsurgical dressings (with or without topical medications) other than to feet	
86.47%	88.80%	No	
13.53%	11.20%	Yes	
NAT	OK	H. Applications of ointments/medications other than to feet	
53.19%	60.76%	No	
46.81%	39.24%	Yes	
NAT	OK	I. Application of dressings to feet (with or without topical medications)	
96.15%	95.68%	No	
3.85%	4.32%	Yes	
NAT	OK	Z. None of the above were provided	
91.71%	79.67%	No	
8.29%	20.33%	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
71.35%	74.00%	0	0.41%
7.40%	6.23%	1	0.50%
0.81%	0.68%	2	0.87%
0.51%	0.39%	3	18.15%
			17.34%
			4
			5
			6
			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
37.71%	30.70%	0	0.97%
1.17%	1.26%	1	1.31%
0.95%	0.65%	2	2.39%
0.93%	0.74%	3	54.57%
			62.62%
			4
			5
			6
			7

Section N	Medications
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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	
	92.70%	90.52%	0	0.09%	0.09%	4
	5.59%	6.74%	1	*	*	5
	1.12%	1.78%	2	*	*	6
	0.30%	0.50%	3	0.14%	0.37%	7

N0410. Medications Received

Indicate the number of DAYS the resident received the following medications during the last 7 days or since admission/entry or reentry if less than 7 days. Enter "0" if medication was not received by the resident during the last 7 days.

	A. Antipsychotic					
	NAT	OK		NAT	OK	
	79.54%	76.10%	0	0.17%	0.14%	4
	0.29%	0.20%	1	0.25%	0.23%	5
	0.13%	0.10%	2	0.73%	0.55%	6
	0.16%	0.13%	3	18.73%	22.55%	7

	B. Antianxiety					
	NAT	OK		NAT	OK	
	79.25%	74.52%	0	0.63%	0.63%	4
	1.58%	1.69%	1	0.61%	0.57%	5
	0.95%	1.14%	2	0.83%	0.77%	6
	0.78%	0.92%	3	15.36%	19.76%	7

	C. Antidepressant					
	NAT	OK		NAT	OK	
	47.57%	41.70%	0	0.40%	0.33%	4
	0.27%	0.23%	1	0.60%	0.46%	5
	0.23%	0.19%	2	2.13%	1.56%	6
	0.31%	0.28%	3	48.49%	55.25%	7

	D. Hypnotic					
	NAT	OK		NAT	OK	
	96.61%	92.95%	0	0.16%	0.17%	4
	0.25%	0.34%	1	0.17%	0.21%	5
	0.17%	0.24%	2	0.26%	0.27%	6
	0.16%	0.21%	3	2.23%	5.61%	7

	E. Anticoagulant (warfarin, heparin, or low-molecular weight heparin)					
	NAT	OK		NAT	OK	
	82.72%	85.37%	0	0.37%	0.20%	4
	0.17%	0.14%	1	0.62%	0.33%	5
	0.18%	0.09%	2	1.32%	0.59%	6
	0.26%	0.23%	3	14.36%	13.06%	7

	F. Antibiotic					
	NAT	OK		NAT	OK	
	85.13%	85.84%	0	1.38%	1.47%	4
	1.27%	1.25%	1	1.50%	1.63%	5
	1.30%	1.19%	2	1.40%	1.21%	6
	1.51%	1.34%	3	6.49%	6.07%	7

	G. Diuretic					
	NAT	OK		NAT	OK	
	66.60%	60.40%	0	0.65%	0.43%	4
	0.28%	0.28%	1	0.50%	0.56%	5
	0.35%	0.25%	2	1.43%	1.15%	6
	0.96%	0.55%	3	29.22%	36.39%	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
99.44%	99.28%	No	99.54%	99.73%	No
0.56%	0.72%	Yes	0.46%	0.27%	Yes
B. Radiation					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
99.81%	99.74%	No	99.92%	99.94%	No
0.19%	0.26%	Yes	0.08%	0.06%	Yes

Respiratory Treatments

C. Oxygen therapy					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
78.09%	72.34%	No	86.80%	83.90%	No
21.91%	27.66%	Yes	13.20%	16.10%	Yes
D. Suctioning					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.38%	99.06%	No	98.66%	99.11%	No
1.62%	0.94%	Yes	1.34%	0.89%	Yes
E. Tracheostomy care					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.26%	99.17%	No	98.60%	99.13%	No
1.74%	0.83%	Yes	1.40%	0.87%	Yes
F. Ventilator or respirator					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.75%	98.76%	No	99.40%	99.56%	No
1.25%	1.24%	Yes	0.60%	0.44%	Yes
G. BiPAP/CPAP					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
97.55%	97.56%	No	98.24%	98.46%	No
2.45%	2.44%	Yes	1.76%	1.54%	Yes

Other

H. IV medications					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
65.12%	70.40%	No	97.65%	98.78%	No
34.88%	29.60%	Yes	2.35%	1.22%	Yes
I. Transfusions					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
97.73%	98.18%	No	99.89%	99.91%	No
2.27%	1.82%	Yes	0.11%	0.09%	Yes
J. Dialysis					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
96.80%	97.59%	No	97.85%	98.33%	No
3.20%	2.41%	Yes	2.15%	1.67%	Yes
K. Hospice care					
NAT	OK	1. While NOT a Resident	NAT	OK	2. While a Resident
98.55%	97.23%	No	95.33%	90.14%	No
1.45%	2.77%	Yes	4.67%	9.86%	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	99.90%	99.83%	No
0.00%	0.00%	Yes current report)	0.10%	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	
99.35%	98.91%	No		99.52%	99.34%	No	
0.65%	1.09%	Yes		0.48%	0.66%	Yes	

None of the Above

Z. None of the above							
NAT	OK	1. While NOT a Resident		NAT	OK	2. While a Resident	
46.01%	45.12%	No		23.01%	26.92%	No	
53.99%	54.88%	Yes		76.99%	73.08%	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?					
42.33%	38.24%	0. No → Skip to O0250C, If Influenza vaccine not received, state reason					
57.67%	61.76%	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?									
<input type="text"/>		-		<input type="text"/>		-		<input type="text"/>	
Month		Day		Year					

NAT	OK	C. If influenza vaccine not received, state reason:					
5.35%	11.64%	1. Resident not in facility during this year's flu season					
32.08%	38.04%	2. Received outside of this facility					
2.45%	2.33%	3. Not eligible - medical contraindication					
38.32%	32.34%	4. Offered and declined					
9.70%	10.11%	5. Not offered					
0.36%	0.18%	6. Inability to obtain vaccine due to a declared shortage					
11.74%	5.35%	9. None of the above					

O0300. Pneumococcal Vaccine

NAT	OK	A. Is the resident's Pneumococcal vaccination up to date?					
28.48%	27.60%	0. No → Continue to O0300B If Pneumococcal vaccine not received, state reason					
71.52%	72.40%	1. Yes → Skip to O0400, Therapies					

NAT	OK	B. If Pneumococcal vaccine not received, state reason:					
5.20%	6.81%	1. Not eligible - medical contraindication					
77.36%	65.73%	2. Offered and declined					
17.44%	27.46%	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			
0.61%	0.27%	01-44	*	*	720-999		
4.45%	2.35%	45-149	*	*	1000-1999		
7.75%	6.78%	150-324	*	*	2000-2999		
0.10%	0.06%	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
*	*
*	*
*	*
*	*
*	*
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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

01-44
45-149
150-324
325-499
500-719

NAT	OK

720-999
1000-1999
2000-2999
3000-3999
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
0.08%	0.06%
5.93%	4.20%
7.50%	6.05%
13.28%	10.44%

0
1
2
3

NAT	OK
16.38%	18.59%
52.80%	58.25%
3.87%	2.41%
0.16%	*

4
5
6
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
0.61%	0.30%
4.58%	2.25%
18.87%	12.66%
5.04%	2.05%
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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
0.23%	*
0.25%	*
0.08%	*
*	*
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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
0.10%	0.05%
0.13%	*
*	*
*	*
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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	10.45%	12.18%	4
3.03%	2.39%	1	56.41%	69.04%	5
3.97%	3.27%	2	16.63%	6.61%	6
7.86%	6.34%	3	1.61%	0.17%	7

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

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

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

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	
0.64%	0.38%	01-44	*	*	720-999
4.77%	2.53%	45-149	*	*	1000-1999
19.20%	12.54%	150-324	*	*	2000-2999
6.11%	2.41%	325-499	*	*	3000-3999
0.08%	*	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	
0.26%	*	01-44	*	*	720-999
0.28%	*	45-149	*	*	1000-1999
0.09%	*	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	
0.12%	*	01-44	*	*	720-999
0.14%	*	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
0.05%	0.07%
2.92%	2.96%
3.94%	4.00%
7.92%	5.92%

0
1
2
3

NAT	OK
9.25%	11.65%
53.13%	67.48%
19.89%	7.39%
2.91%	0.52%

4
5
6
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
0.34%	0.19%
0.95%	0.25%
1.29%	0.53%
1.00%	0.42%
0.30%	0.18%

01-44
45-149
150-324
325-499
500-719

NAT	OK
0.14%	*
0.12%	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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
93.75%	97.66%
0.38%	0.21%
0.23%	0.07%
0.20%	0.06%

0
1
2
3

NAT	OK
0.19%	0.08%
0.25%	0.19%
0.29%	0.13%
4.70%	1.60%

4
5
6
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
1.24%	0.18%
0.60%	0.09%
*	*
*	*
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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
96.93%	99.63%
2.66%	0.25%
0.33%	0.05%
*	*

0
1
2
3

NAT	OK
*	*
*	*
*	*
*	*

4
5
6
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
0.07%	*
0.07%	*
0.05%	*
*	*
*	*

01-44
45-149
150-324
325-499
500-719

NAT	OK
*	*
*	*
*	*
*	*
*	*

720-999
1000-1999
2000-2999
3000-3999
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
4.56%	16.67%
32.34%	*
11.97%	*
9.81%	16.67%

0
1
2
3

NAT	OK
8.23%	16.67%
8.19%	*
5.21%	33.33%
19.69%	16.67%

4
5
6
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 less than 15 minutes daily)

Technique

A. Range of motion (passive)

NAT	OK		NAT	OK	
93.79%	92.83%	0	0.42%	0.40%	4
0.41%	0.48%	1	0.89%	0.69%	5
0.45%	0.71%	2	1.06%	0.19%	6
0.70%	2.01%	3	2.29%	2.70%	7

B. Range of motion (active)

NAT	OK		NAT	OK	
86.02%	89.02%	0	1.00%	0.56%	4
1.00%	1.07%	1	1.71%	1.04%	5
1.12%	1.67%	2	2.86%	0.29%	6
1.62%	3.60%	3	4.68%	2.75%	7

C. Splint or brace assistance

NAT	OK		NAT	OK	
97.64%	99.29%	0	0.15%	*	4
0.13%	0.07%	1	0.34%	0.09%	5
0.12%	0.07%	2	0.43%	*	6
0.16%	0.13%	3	1.03%	0.29%	7

Training and Skill Practice in:

D. Bed mobility

NAT	OK		NAT	OK	
97.85%	97.21%	0	0.09%	0.10%	4
0.08%	0.06%	1	0.14%	0.20%	5
0.07%	0.06%	2	0.45%	*	6
0.09%	0.21%	3	1.23%	2.13%	7

E. Transfer

NAT	OK		NAT	OK	
95.58%	95.55%	0	0.27%	0.16%	4
0.25%	0.24%	1	0.42%	0.35%	5
0.25%	0.33%	2	0.98%	0.05%	6
0.32%	0.86%	3	1.92%	2.46%	7

Section O

Special Treatments, Procedures, and Programs

O0500. Restorative Nursing Programs - Continued

F. Walking						
	NAT	OK		NAT	OK	
	91.20%	94.76%	0	0.75%	0.27%	4
	0.80%	0.59%	1	1.25%	0.56%	5
	0.78%	0.73%	2	1.64%	0.09%	6
	1.07%	1.65%	3	2.50%	1.36%	7

G. Dressing and/or grooming						
	NAT	OK		NAT	OK	
	95.03%	97.07%	0	0.19%	0.05%	4
	0.12%	0.07%	1	0.31%	0.17%	5
	0.12%	0.08%	2	1.02%	0.10%	6
	0.15%	0.19%	3	3.04%	2.26%	7

H. Eating and/or swallowing						
	NAT	OK		NAT	OK	
	98.06%	98.01%	0	0.08%	*	4
	0.06%	*	1	0.15%	0.12%	5
	0.05%	*	2	0.32%	*	6
	0.07%	0.05%	3	1.20%	1.71%	7

I. Amputation/prostheses care						
	NAT	OK		NAT	OK	
	99.94%	99.87%	0	*	*	4
	*	*	1	*	*	5
	*	*	2	*	*	6
	*	*	3	*	0.05%	7

J. Communication						
	NAT	OK		NAT	OK	
	99.45%	98.31%	0	*	*	4
	*	*	1	*	0.10%	5
	*	0.07%	2	0.11%	*	6
	*	0.07%	3	0.28%	1.37%	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		
Used in Bed		
NAT	OK	A. Bed rail
99.39%	99.30%	0. Not used
*	*	1. Used less than daily
0.58%	0.69%	2. Used daily
NAT	OK	B. Trunk restraint
99.98%	99.99%	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
NAT	OK	C. Limb restraint
99.93%	99.99%	0. Not used
*	*	1. Used less than daily
0.05%	*	2. Used daily
NAT	OK	D. Other
99.91%	99.99%	0. Not used
*	*	1. Used less than daily
0.08%	*	2. Used daily
Used in Chair or Out of Bed		
NAT	OK	E. Trunk restraint
99.67%	99.76%	0. Not used
0.05%	*	1. Used less than daily
0.28%	0.21%	2. Used daily
NAT	OK	F. Limb restraint
99.94%	99.99%	0. Not used
*	*	1. Used less than daily
*	*	2. Used daily
NAT	OK	G. Chair prevents rising
99.83%	99.93%	0. Not used
*	*	1. Used less than daily
0.14%	0.06%	2. Used daily
NAT	OK	H. Other
99.90%	99.94%	0. Not used
*	*	1. Used less than daily
0.08%	0.05%	2. Used daily

Section Q		Participation in Assessment and Goal Setting
Q0100. Participation in Assessment		
NAT	OK	A. Resident participated in assessment
13.77%	8.96%	0. No
86.23%	91.04%	1. Yes
NAT	OK	B. Family or significant other participated in assessment
68.96%	75.82%	0. No
30.15%	23.44%	1. Yes
0.89%	0.74%	9. Resident has no family or significant other
NAT	OK	C. Guardian or legally authorized representative participated in assessment
73.22%	85.07%	0. No
9.76%	8.78%	1. Yes
17.03%	6.15%	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
31.23%	21.51%	1. Expects to be discharged to the community
58.09%	67.02%	2. Expects to remain in this facility
1.86%	0.90%	3. Expects to be discharged to another facility/institution
8.82%	10.57%	9. Unknown or uncertain
NAT	OK	B. Indicate information source for Q0300A
61.15%	72.00%	1. Resident
32.01%	22.10%	2. If not resident, then family or significant other
4.87%	3.37%	3. If not resident, family, or significant other, then guardian or legally authorized representative
1.97%	2.52%	9. Unknown or uncertain
Q0400. Discharge Plan		
NAT	OK	A. Is active discharge planning already occurring for the resident to return to the community?
84.18%	91.72%	0. No
15.82%	8.28%	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 <u>all</u> assessments? (Rather than only on comprehensive assessments.)
82.65%	78.64%	0. No - then document in resident's clinical record and ask again only on the next comprehensive assessment
12.39%	15.47%	1. Yes
4.96%	5.89%	9. Information not available
NAT	OK	B. Indicate information source for Q0550A
54.28%	71.93%	1. Resident
35.66%	20.25%	2. If not resident, then family or significant other
6.27%	3.22%	3. If not resident, family, or significant other, then guardian or legally authorized representative
0.48%	0.80%	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)
95.41%	96.04%	0. No - referral not needed
2.52%	3.34%	1. No - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)
2.06%	0.62%	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 <input type="text"/>		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 <input style="width: 20px; height: 15px;" type="text"/>	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) <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> Month - <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> Day - <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> <div style="border: 1px solid black; width: 20px; height: 15px;"></div> Year </div>
Enter Code <input style="width: 20px; height: 15px;" type="text"/>	D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)
Enter Code <input style="width: 20px; height: 15px;" type="text"/>	E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300 value from prior assessment)
Enter Code <input style="width: 20px; height: 15px;" type="text"/>	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 triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

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	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

Section V Care Area Assessment (CAA) Summary

V0200. CAAs and Care Planning - Continued

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

1. Signature _____ 2. Date - -
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 record 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)

<small>Enter Code</small> <input type="text"/>	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: <input type="text"/>
	C. Last name: <input type="text"/>

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

<small>Enter Code</small> <input type="text"/>	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)

<small>Enter Code</small> <input type="text"/>	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
<small>Enter Code</small> <input type="text"/>	B. PPS Assessment <u>PPS Scheduled Assessments for a Medicare Part A Stay</u> 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 <u>PPS Unscheduled Assessments for a Medicare Part A Stay</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) <u>Not PPS Assessment</u> 99. None of the above

Section X

Correction Request

X0600. Type of Assessment - Continued

Enter Code <input type="checkbox"/>	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 <input type="checkbox"/>	D. Is this a Swing Bed clinical change assessment? Complete only if X0150 = 2 0. No 1. Yes
Enter Code <input type="checkbox"/> <input type="checkbox"/>	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 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
	B. Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year
	C. Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01 <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year

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

X0800. Correction Number

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

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

↓ Check all that apply

<input type="checkbox"/>	A. Transcription error
<input type="checkbox"/>	B. Data entry error
<input type="checkbox"/>	C. Software product error
<input type="checkbox"/>	D. Item coding error
<input type="checkbox"/>	E. End of Therapy - Resumption (EOT-R) date
<input type="checkbox"/>	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

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

X1100. RN Assessment Coordinator Attestation of Completion

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

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

E. Attestation date

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

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

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

B. RUG version code:

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: