OKLAHOMA MDS CURRENT RESIDENT INFORMATION REPORT

4th Qtr 2009

Source: MDS National Repository

OK-Oklahoma %
NAT-National %
(*Indicates missing response or less than 10 responses.)

BASIC ASSESSMENT TRACKING FORM

SECTION AA. IDENTIFICATION INFORMATION

			OK %	NAT %
1.	RESIDENT NAME	(First) (Middle Initial) (Last) (Jr/Sr)		
2.	GENDER	1. Male	28.8	31.6
		2. Female	71.2	68.4
3.	BIRTHDATE (AGE OF RESIDENTS)			
		1-30	0.4	0.6
		31-64	15.7	14.0
		65-74	15.8	13.8
		75-84	29.9	29.1
		85-95	33.9	37.2
		>95	4.3	5.2
4.	RACE/ ETHNICITY	1. American Indian/Alaskan Native	4.1	0.5
		2. Asian/Pacific Islander	0.3	1.7
		3. Black, not of Hispanic origin	7.0	13.6
		4. Hispanic	1.1	4.6
		5. White, not of Hispanic origin	87.4	79.7
5.	SOCIAL SECURITY & MEDICARE NUMBERS	a. Social Security Number		
		b. Medicare Number (or comparable railroad insurance number)		
6.	FACILITY PROVIDER NUMBER	a. State Number		
		b. Federal Number		
7.	MEDICAID NUMBER			
8.	REASONS FOR ASSESSMENT	a. Primary reason for assessment		
		1. Admission assessment (required by day 14)		
		2. Annual assessment		
		3. Significant change in status assessment		
		4. Significant correction of prior full assessment		
		5. Quarterly review assessment		
		10. Significant correction of prior quarterly assessment		
		0. NONE OF ABOVE		
		b. Codes for assessments required for Medicare PPS or the State		
		1. Medicare 5 day assessment		
		2. Medicare 30 day assessment		
		3. Medicare 60 day assessment		
		4. Medicare 90 day assessment		
		5. Medicare readmission/return assessment		
		6. Other state required assessment		
		7. Medicare 14 day assessment		
		8. Other Medicare required assessment		

9. Signature of Persons who Completed a Portion of the Accompanying Assessment or Tracking Form.

I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this information or the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

	Signature and Title	Sections	Date
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			

GENERAL INSTRUCTIONS

Complete this information for submission with all full and quarterly assessments (Admission, Annual, Significant Change, State or Medicare required assessments, or Quarterly Reviews, etc.)

OKLAHOMA MDS CURRENT RESIDENT INFORMATION REPORT

4th Qtr 2009

Source: MDS National Repository

OK-Oklahoma %
NAT-National %
(*Indicates missing response or less than 10 responses.)

BACKGROUND (FACE SHEET) INFORMATION AT ADMISSION

SECTION AB. DEMOGRAPHIC INFORMATION

			OK %	NAT %
1.	DATE OF ENTRY	Date the stay began. Note--Does not include readmission if record was closed at time of temporary discharge to hospital, etc. In such cases, use prior admission date.		
		Month Day Year		
2.	ADMITTED FROM (AT ENTRY)	1. Private home/apt. with no home health services	17.8	10.4
		2. Private home/apt. with home health services	7.6	4.3
		3. Board and care/assisted living/ group home	5.3	5.8
		4. Nursing home	16.9	13.4
		5. Acute care hospital	43.1	60.4
		6. Psychiatric hospital, MR/DD facility	5.5	2.7
		7. Rehabilitation hospital	2.5	1.7
		8. Other	1.3	1.2
3.	LIVED ALONE (PRIOR TO ENTRY)	0. No	55.7	55.8
		1. Yes	28.8	27.2
		2. In other facility	15.5	17.0
4.	ZIP CODE OF PRIOR PRIMARY RESIDENCE			
5.	RESIDENTIAL HISTORY 5 YEARS PRIOR TO ENTRY	(Check all settings resident lived in during 5 years prior to date of entry given in item AB1 above)		
		a. Prior stay at this nursing home	15.3	22.6
		b. Stay in other nursing home	25.3	21.7
		c. Other residential facility-board and care home, assisted living, group home	11.1	14.6
		d. MH/psychiatric setting	3.3	3.0
		e. MR/DD setting	0.8	0.4
		f. NONE OF ABOVE	51.7	47.5
6.	LIFETIME OCCUPATION(S)			
7.	EDUCATION (Highest Level Completed)	1. No schooling	2.6	2.0
		2. 8th grade/less	15.8	18.4
		3. 9-11 grades	15.6	14.1
		4. High school	44.0	42.3
		5. Technical or trade school	4.4	4.3
		6. Some college	10.8	10.5
		7. Bachelor's degree	4.5	5.5
		8. Graduate degree	2.3	2.7
8.	LANGUAGE	(Code for correct response)		
		a. Primary language		
		0. English	98.9	94.5
		1. Spanish	0.7	3.1
		2. French	*	0.1
		3. Other	0.5	2.2
		b. If other, specify:		
9.	MENTAL HEALTH HISTORY	Does Resident's RECORD indicate any history of mental retardation, mental illness, or developmental disability problem?		
		0. No	87.7	87.3
		1. Yes	12.3	12.7
10.	CONDITIONS RELATED TO MR/DD STATUS	(Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely.)		
		a. Not applicable--no MR/DD	94.5	95.7
		b. Down's syndrome	5.9	6.9
		c. Autism	1.1	1.3
		d. Epilepsy	10.3	8.8
		e. Other organic condition related to MR/DD	23.4	21.3
		f. MR/DD with no organic condition	59.4	50.3
11.	DATE BACKGROUND INFORMATION COMPLETED	Month Day Year		

SECTION AC. CUSTOMARY ROUTINE

			OK %	NAT %
1.	CUSTOMARY ROUTINE (In year prior to DATE OF ENTRY to this nursing home, or year last in community if now being admitted from another nursing home)	(Check all that apply. If all information unknown, check last box only.)		
		CYCLE OF DAILY EVENTS		
		a. Stays up late at night (e.g., after 9pm)	31.8	34.5
		b. Naps regularly during day (at least 1 hour)	69.6	60.6
		c. Goes out 1+ days a week	33.2	38.0
		d. Stays busy with hobbies, reading, or fixed daily routine	47.3	48.9
		e. Spends most of time alone or watching TV	45.1	41.3
		f. Moves independently indoors (with appliances, if used)	70.0	65.9
		g. Use of tobacco products at least daily	12.9	8.7
		h. NONE OF ABOVE	2.8	5.5
		EATING PATTERNS		
		i. Distinct food preferences	13.3	15.8
		j. Eats between meals all or most days	32.5	33.0
		k. Use of alcoholic beverage(s) at least weekly	3.1	4.6
		l. NONE OF ABOVE	58.4	55.4
		ADL PATTTERNS		
		m. In bed clothes much of day	9.3	7.1
		n. Wakens to toilet all or most nights	53.6	43.7
		o. Has irregular bowel movement pattern	15.1	12.2
		p. Showers for bathing	73.4	64.2
		q. Bathing in PM	14.0	12.5
		r. NONE OF ABOVE	9.1	16.7
		INVOLVEMENT PATTERNS		
		s. Daily contact with relatives/close friends	74.0	75.2
		t. Usually attends church, temple, synagogue, etc.	32.0	28.1
		u. Finds strength in faith	48.8	49.9
		v. Daily animal companion/presence	12.9	11.2
		w. Involved in group activities	26.5	22.9
		x. NONE OF ABOVE	11.5	12.0
		y. **UNKNOWN**--Resident/family unable to provide information	1.2	2.2

SECTION AD. FACE SHEET SIGNATURES

SIGNATURES OF PERSONS COMPLETING FACE SHEET:

a. Signature of RN Assessment Coordinator Date

I certify that the accompanying information accurately reflects resident assessment or tracking information for this resident and that I collected or coordinated collection of this informatior on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature and Title	Sections	Date
b.		
c.		
d.		
e.		
f.		
g.		

OKLAHOMA MDS CURRENT RESIDENT INFORMATION REPORT

4th Qtr 2009

Source: MDS National Repository

OK-Oklahoma %
NAT-National %
(*Indicates missing response or less than 10 responses.)

FULL ASSESSMENT FORM

(Status in last 7 days, unless other time frame indicated)

SECTION A. IDENTIFICATION AND BACKGROUND INFORMATION

			OK %	NAT %
1.	RESIDENT NAME	(First) (Middle Initial) (Last) (Jr/Sr)		
2.	ROOM NUMBER			
3.	ASSESSMENT REFERENCE DATE	a. Last day of MDS observation period		
		Month Day Year		
		b. Original (0) or corrected copy of form (enter number of correction)		
4.	DATE OF REENTRY	Date of reentry from most recent temporary discharge to a hospital in last 90 days (or since last assessment or admission if less than 90 days)		
		Month Day Year		
5.	MARITAL STATUS	1. Never married	13.6	17.5
		2. Married	18.7	20.2
		3. Widowed	51.6	49.4
		4. Separated	1.4	1.6
		5. Divorced	14.7	11.3
6.	MEDICAL RECORD NO.			
7.	CURRENT PAYMENT SOURCES FOR N.H. STAY	(Billing Office to indicate; check all that apply in last 30 days)		
		a. Medicaid per diem	53.3	54.3
		b. Medicare per diem	23.7	24.8
		c. Medicare ancillary part A	11.4	10.5
		d. Medicare ancillary part B	4.1	8.3
		e. CHAMPUS per diem	0.1	<0.05
		f. VA per diem	0.7	0.9
		g. Self or family pays for full per diem	18.4	13.0
		h. Medicaid resident liability or Medicare co-payment	11.1	13.4
		i. Private insurance per diem (including co-payment	8.0	8.7
		j. Other per diem	0.9	3.0
8.	REASONS FOR ASSESSMENT [Note--if this is a discharge or reentry assessment, only a limited subset of MDS items need be completed]	a. Primary reason for assessment		
		1. Admission assessment (required by day 14)		
		2. Annual assessment		
		3. Significant change in status assessment		
		4. Significant correction of prior full assessment		
		5. Quarterly review assessment		
		6. Discharged--return not anticipated		
		7. Discharged--return anticipated		
		8. Discharged prior to completing initial assessment		
		9. Reentry		
		10. Significant correction of prior quarterly assessment		
		0. NONE OF ABOVE		
		b. Codes for assessments required for Medicare PPS or the State		
		1. Medicare 5 day assessment		
		2. Medicare 30 day assessment		
		3. Medicare 60 day assessment		
		4. Medicare 90 day assessment		
		5. Medicare readmission/return assessment		
		6. Other state required assessment		
		7. Medicare 14 day assessment		
		8. Other Medicare required assessment		
9.	RESPONSIBILITY/ LEGAL GUARDIAN	(Check all that apply)		
		a. Legal guardian	6.7	6.4
		b. Other legal oversight	2.2	2.6
		c. Durable power of attorney/health care	35.4	35.9
		d. Durable power attorney/financial	33.6	24.8
		e. Family member responsible	54.0	62.9
		f. Patient responsible for self	28.7	31.2
		g. NONE OF ABOVE	3.8	4.0
10.	ADVANCED DIRECTIVES	(For those items with supporting documentation in the medical record, check all that apply)		
		a. Living will	25.8	16.7
		b. Do not resuscitate	42.0	51.4
		c. Do not hospitalize	0.3	3.3
		d. Organ donation	0.9	0.4
		e. Autopsy request	*	0.1
		f. Feeding restrictions	4.2	10.4
		g. Medication restrictions	0.8	2.9
		h. Other treatment restrictions	1.8	8.1
		i. NONE OF THE ABOVE	(No Data)	(No Data)

			OK %	NAT %
3.	MEMORY/ RECALL ABILITY	(Check all that resident was normally able to recall during last 7 days)		
		a. Current season	51.0	46.2
		b. Location of own room	68.3	62.1
		c. Staff names/faces	67.2	68.7
		d. That he/she is in a nursing home	70.5	64.6
		e. NONE OF ABOVE are recalled	17.8	19.1
4.	COGNITIVE SKILLS FOR DAILY DECISION-MAKING	(Made decisions regarding tasks of daily life)		
		0. INDEPENDENT--decisions consistent/ reasonable	25.4	18.4
		1. MODIFIED INDEPENDENCE--some difficulty in new situations only	25.7	22.2
		2. MODERATELY IMPAIRED--decisions poor; cues/supervision required	36.2	43.9
		3. SEVERELY IMPAIRED--never/rarely made decisions	12.8	15.5
5.	INDICATORS OF DELIRIUM--PERIODIC DISORDERED THINKING/ AWARENESS	(Code for behavior in the last 7 days.) [Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time.]		
		a. EASILY DISTRACTED--(e.g., difficulty paying attention; gets sidetracked)		
		0. Behavior not present	83.8	83.4
		1. Behavior present, not of recent onset	15.7	16.2
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.5	0.4
		b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS--(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)		
		0. Behavior not present	86.4	88.0
		1. Behavior present, not of recent onset	13.1	11.5
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.9	0.5
		c. EPISODES OF DISORGANIZED SPEECH--(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)		
		0. Behavior not present	86.4	85.9
		1. Behavior present, not of recent onset	13.2	13.6
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.4	0.5
		d. PERIODS OF RESTLESSNESS--(e.g., fidgeting or picking at skin, clothing, napkins, etc.; frequent position changes; repetitive physica movements or calling out)		
		0. Behavior not present	85.8	85.0
		1. Behavior present, not of recent onset	13.5	14.3
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.7	0.7
		e. PERIODS OF LETHARGY--(e.g., sluggishness; staring into space; difficult to arouse; little body movement)		
		0. Behavior not present	94.3	93.0
		1. Behavior present, not of recent onset	5.2	6.4
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.5	0.6
		f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY--(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)		
		0. Behavior not present	76.2	74.4
		1. Behavior present, not of recent onset	23.1	24.9
		2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	0.7	0.7
6.	CHANGE IN COGNITIVE STATUS	Resident's cognitive status, skills, or abilities have changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	89.4	90.1
		1. Improved	2.1	1.6
		2. Deteriorated	8.5	8.3

SECTION B. COGNITIVE PATTERNS

1.	COMATOSE	(Persistent vegetative state/no discernible consciousness)		
		0. No	99.8	99.7
		1. Yes (If yes, skip to Section G)	0.2	0.3
2.	MEMORY	(Recall of what was learned or known)		
		a. Short-term memory OK--seems/appears to recall after 5 minutes		
		0. Memory OK	35.0	25.7
		1. Memory problem	65.0	74.3
		b. Long-term memory OK--seems/appears to recall long past		
		0. Memory OK	53.6	49.1
		1. Memory problem	46.4	50.9

SECTION C. COMMUNICATION/HEARING PATTERNS

1.	HEARING	(With hearing appliance, if used)		
		0. HEARS ADEQUATELY--normal talk, TV, phone	74.9	72.0
		1. MINIMAL DIFFICULTY when not in quiet setting	16.9	19.0
		2. HEARS IN SPECIAL SITUATIONS ONLY--speaker has to adjust tonal quality and speak distinctly	6.7	7.6
		3. HIGHLY IMPAIRED/absence of useful hearing	1.6	1.4

			OK %	NAT %
2.	COMMUNI-CATION DEVICES/ TECHNIQUES	(Check all that apply during last 7 days)		
		a. Hearing aid, present and used	5.4	7.0
		b. Hearing aid, present and not used regularly	1.9	2.1
		c. Other receptive communication techniques used (e.g., lip reading)	0.5	0.5
		d. NONE OF ABOVE	92.3	90.6
3.	MODES OF EXPRESSION	(Check all used by resident to make needs known)		
		a. Speech	96.3	94.9
		b. Writing messages to express or clarify needs	0.7	0.8
		c. American sign language or Braille	0.1	0.1
		d. Signs/gestures/sounds	9.4	11.7
		e. Communication board	0.5	0.8
		f. Other	0.4	0.6
		g. NONE OF ABOVE	1.3	1.9
4.	MAKING SELF UNDER STOOD	(Expressing information content--however able)		
		0. UNDERSTOOD	66.0	54.6
		1. USUALLY UNDERSTOOD--difficulty finding words or finishing thoughts	18.5	22.3
		2. SOMETIMES UNDERSTOOD--ability is limited to making concrete requests	10.3	15.2
		3. RARELY/NEVER UNDERSTOOD	5.2	7.9
5.	SPEECH CLARITY	(Code for speech in the last 7 days)		
		0. CLEAR SPEECH--distinct, intelligible words	82.1	80.5
		1. UNCLEAR SPEECH--slurred, mumbled words	15.1	15.5
		2. NO SPEECH--absence of spoken words	2.8	3.9
6.	ABILITY TO UNDER-STAND OTHERS	(Understanding verbal information content--however able)		
		0. UNDERSTANDS	59.7	47.7
		1. USUALLY UNDERSTANDS--may miss some part/intent of message	24.3	27.7
		2. SOMETIMES UNDERSTANDS--responds adequately to simple, direct communication	12.5	18.5
		3. RARELY/NEVER UNDERSTANDS	3.6	6.2
7.	CHANGE IN COMMUNI-CATION/ HEARING	Resident's ability to express, understand, or hear information has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	93.6	93.3
		1. Improved	0.9	0.9
		2. Deteriorated	5.4	5.8

SECTION D. VISION PATTERNS

1.	VISION	(Ability to see in adequate light and with glasses if used)		
		0. ADEQUATE--sees fine detail, including regular print in newspapers/books	71.6	64.3
		1. IMPAIRED--sees large print, but not regular print in newspapers/books	15.6	19.3
		2. MODERATELY IMPAIRED--limited vision; not able to see newspaper headlines, but can identify objects	5.3	6.7
		3. HIGHLY IMPAIRED--object identification in question, but eyes appear to follow objects	5.5	7.7
		4. SEVERELY IMPAIRED--no vision or sees only light, colors, or shapes; eyes do not appear to follow objects	2.0	2.0
2.	VISUAL LIMITATIONS/ DIFFICULTIES	a. Side vision problems--decreased peri-pheral vision (e.g., leaves food on one side of tray, difficulty traveling, bumps into people and objects, misjudges placement of chair when seating self)	2.0	2.2
		b. Experiences any of the following: sees halos or rings around lights; sees flashes of light; sees "curtains" over eyes	0.4	0.4
		c. NONE OF ABOVE	97.7	97.5
3.	VISUAL APPLIANCES	Glasses; contact lenses; magnifying glass		
		0. No	36.8	38.2
		1. Yes	63.2	61.8

SECTION E. MOOD AND BEHAVIOR PATTERNS

			OK %	NAT %
1.	INDICATORS OF DEPRES-SION, ANXIETY SAD MOOD	(Code for indicators observed in last 30 days, irrespective of the assumed cause)		
		VERBAL EXPRESSIONS OF DISTRESS		
		a. Resident made negative statements--e.g., "Nothing matters" Would rather be dead; What's the use; Regrets having lived so long; Let me die"		
		0. Indicator not exhibited in last 30 days	97.4	95.5
		1. Indicator of this type exhibited up to five days a week	2.3	4.1
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.3	0.4
		b. Repetitive questions--e.g., "Where do I go; What do I do?"		
		0. Indicator not exhibited in last 30 days	95.3	92.5
		1. Indicator of this type exhibited up to five days a week	3.3	5.9
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.3	1.6
		c. Repetitive verbalizations--e.g., calling out for help, ("God help me")		
		0. Indicator not exhibited in last 30 days	95.5	92.2
		1. Indicator of this type exhibited up to five days a week	3.1	6.1
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.4	1.7
		d. Persistent anger with self or others--e.g., easily annoyed, anger at placement in nursing home; anger at care received		
		0. Indicator not exhibited in last 30 days	90.0	85.1
		1. Indicator of this type exhibited up to five days a week	8.5	13.0
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.5	1.9
		e. Self deprecation--e.g., "I am nothing; I am of no use to anyone"		
		0. Indicator not exhibited in last 30 days	99.3	98.3
		1. Indicator of this type exhibited up to five days a week	0.6	1.6
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.1	0.1
		f. Expressions of what appear to be unrealistic fears--e.g., fear of being abandoned, left alone, being with others		
		0. Indicator not exhibited in last 30 days	96.7	95.7
		1. Indicator of this type exhibited up to five days a week	2.8	3.8
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.5	0.5
		g. Recurrent statements that something terrible is about to happen--e.g., believes he or she is about to die, have a heart attack		
		0. Indicator not exhibited in last 30 days	99.1	98.4
		1. Indicator of this type exhibited up to five days a week	0.8	1.4
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.1	0.2
		h. Repetitive health complaints--e.g., persistently seeks medical attention, obsessive concern with body functions		
		0. Indicator not exhibited in last 30 days	93.1	90.1
		1. Indicator of this type exhibited up to five days a week	5.4	8.1
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.5	1.8
		i. Repetitive anxious complaints/concerns (non-health related) e.g., persistently seeks attention/reassurance regarding schedules, meals, laundry, clothing, relationship issues		
		0. Indicator not exhibited in last 30 days	90.9	86.1
		1. Indicator of this type exhibited up to five days a week	7.1	11.4
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	2.0	2.5
		SLEEP CYCLE ISSUES		
		j. Unpleasant mood in morning		
		0. Indicator not exhibited in last 30 days	97.6	95.1
		1. Indicator of this type exhibited up to five days a week	1.9	4.3
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.4	0.6
		k. Insomnia/change in usual sleep pattern		
		0. Indicator not exhibited in last 30 days	94.8	92.4
		1. Indicator of this type exhibited up to five days a week	4.2	6.8
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.0	0.8
		SAD, APATHETIC, ANXIOUS APPEARANCE		
		l. Sad, pained, worried facial expressions--e.g., furrowed brows		
		0. Indicator not exhibited in last 30 days	86.6	73.9
		1. Indicator of this type exhibited up to five days a week	10.8	21.0
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	2.6	5.0
		m. Crying, tearfulness		
		0. Indicator not exhibited in last 30 days	95.5	93.5
		1. Indicator of this type exhibited up to five days a week	4.0	6.1
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	0.4	0.5
		n. Repetitive physical movements--e.g., pacing, hand wringing, restlessness, fidgeting, picking		
		0. Indicator not exhibited in last 30 days	90.0	85.7
		1. Indicator of this type exhibited up to five days a week	6.6	10.7
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	3.4	3.7
		LOSS OF INTEREST		
		o. Withdrawal from activities of interest--e.g., no interest in long standing activities or being with family/friends		
		0. Indicator not exhibited in last 30 days	96.2	95.1
		1. Indicator of this type exhibited up to five days a week	2.7	3.7
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.1	1.2
		p. Reduced social interaction		
		0. Indicator not exhibited in last 30 days	94.7	93.8
		1. Indicator of this type exhibited up to five days a week	3.6	4.8
		2. Indicator of this type exhibited daily or almost daily (6, 7 days a week)	1.6	1.4
2.	MOOD PERSIS-TENCE	One or more indicators of depressed, sad or anxious mood were not easily altered by attempts to "cheer up", console, or reassure the resident over last 7 days		
		0. No mood indicators	69.0	55.6
		1. Indicators present, easily altered	19.4	28.5
		2. Indicators present, not easily altered	11.6	15.9
3.	CHANGE IN MOOD	Resident's mood status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		1. No change	91.0	88.8
		2. Improved	2.9	3.5
		3. Deteriorated	6.1	7.7

			OK %	NAT %
4.	BEHAVIORAL SYMPTOMS	a. **WANDERING** (moved with no rational purpose, seemingly oblivious to needs or safety)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	94.2	93.3
		1. Behavior of this type occurred 1 to 3 days in last 7 days	2.1	3.3
		2. Behavior of this type occurred 4 to 6 days, but less than daily	1.0	1.2
		3. Behavior of this type occurred daily	2.6	2.2
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	97.0	96.6
		1. Behavior was not easily altered	3.0	3.4
		b. **VERBALLY ABUSIVE BEHAVIORAL SYMPTOMS** (others were threatened, screamed at, cursed at)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	93.8	92.1
		1. Behavior of this type occurred 1 to 3 days in last 7 days	4.8	6.0
		2. Behavior of this type occurred 4 to 6 days, but less than daily	0.9	1.3
		3. Behavior of this type occurred daily	0.5	0.6
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	96.4	95.5
		1. Behavior was not easily altered	3.6	4.5
		c. **PHYSICALLY ABUSIVE BEHAVIORAL SYMPTOMS** (others were hit, shoved, scratched, sexually abused)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	96.3	95.4
		1. Behavior of this type occurred 1 to 3 days in last 7 days	2.9	3.6
		2. Behavior of this type occurred 4 to 6 days, but less than daily	0.5	0.7
		3. Behavior of this type occurred daily	0.2	0.3
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	98.0	97.3
		1. Behavior was not easily altered	2.0	2.7
		d. **SOCIALLY INAPPROPRIATE/DISRUPTIVE BEHAVIORAL SYMPTOMS** (made disruptive sounds, noisiness, screaming, self-abusive acts, sexual behavior or disrobing in public, smeared/threw food/feces, hoarding, rummaged through other's belongings)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	93.1	89.5
		1. Behavior of this type occurred 1 to 3 days in last 7 days	4.3	6.7
		2. Behavior of this type occurred 4 to 6 days, but less than daily	1.4	2.1
		3. Behavior of this type occurred daily	1.2	1.8
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	95.8	93.4
		1. Behavior was not easily altered	4.2	6.6
		e. **RESISTS CARE** (resisted taking medications;/injections, ADL assistance, or eating)		
		(A) Behavioral symptom frequency in last 7 days		
		0. Behavior not exhibited in last 7 days	84.4	82.8
		1. Behavior of this type occurred 1 to 3 days in last 7 days	10.9	11.9
		2. Behavior of this type occurred 4 to 6 days, but less than daily	2.9	3.2
		3. Behavior of this type occurred daily	1.8	2.2
		(B) Behavioral symptom alterability in last 7 days		
		0. Behavior was not present OR behavior was easily altered	89.3	88.4
		1. Behavior was not easily altered	10.7	11.6
5.	CHANGE IN BEHAVIORAL SYMPTOMS	Resident's behavior status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	93.0	92.0
		1. Improved	2.3	2.6
		2. Deteriorated	4.8	5.4

SECTION F. PSYCHOSOCIAL WELL-BEING

			OK %	NAT %
1.	SENSE OF INITIATIVE/ INVOLVEMENT	a. At east interacting with others	83.8	81.2
		b. At ease doing planned or structured activities	55.6	53.4
		c. At ease doing self-initiated activities	55.3	50.3
		d. Establishes own goals	21.6	21.5
		e. Pursues involvement in life of facility (e.g, makes/keeps friends; involved in group activities; responds positively to new activities; assists at religious services)	23.0	16.0
		f. Accepts invitations to most group activities	36.7	22.8
		g. NONE OF ABOVE	9.7	12.2
2.	UNSETTLED RELATION-SHIPS	a. Covert/open conflict with or repeated criticism of staff	3.1	2.8
		b. Unhappy with roommate	0.9	0.9
		c. Unhappy with residents other than roommate	1.2	1.1
		d. Openly expresses conflict/anger with family/friends	2.5	1.8
		e. Absence of personal contact with family/friends	2.9	2.4
		f. Recent loss of close family member/friend	1.3	1.1
		g. Does not adjust easily to change in routines	7.4	7.7
		h. NONE OF ABOVE	85.7	86.6
3.	PAST ROLES	a. Strong identification with past roles and life status	8.4	9.2
		b. Expresses sadness/anger/empty feeling over lost roles/status	2.9	3.6
		c. Resident perceives that daily routine (customary routine, activities) is very different from prior pattern in the community	4.0	4.8
		d. NONE OF ABOVE	89.0	87.3

SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

			OK %	NAT %
1.	a. BED MOBILITY	*How resident moves to and from lying position, turns side to side, and positions body while in bed*		
		(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
		0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	39.9	20.6
		1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	7.6	6.4
		2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	17.3	15.5
		3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	23.0	42.2
		4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	12.2	15.3
		8. ACTIVITY DID NOT OCCUR during entire 7 days	0.1	<0.05
		(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
		0. No setup or physical help from staff	40.6	18.4
		1. Set up help only	5.8	6.7
		2. One person physical assist	38.5	45.1
		3. Two+ persons physical assist	15.0	29.8
		8. ADL activity itself did not occur during entire 7 days	0.1	<0.05
	b. TRANSFER	*How resident moves between surfaces--to/from bed, chair, wheelchair, standing position (EXCLUDE to/from bath/toilet)*		
		(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
		0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	27.3	15.5
		1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	8.2	6.9
		2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	19.1	16.4
		3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	26.4	38.8
		4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	18.6	21.4
		8. ACTIVITY DID NOT OCCUR during entire 7 days	0.4	0.9
		(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
		0. No setup or physical help from staff	28.3	13.8
		1. Set up help only	5.4	6.2
		2. One person physical assist	39.7	42.2
		3. Two+ persons physical assist	26.3	36.9
		8. ADL activity itself did not occur during entire 7 days	0.4	0.9
	c. WALK IN ROOM	*How resident walks between locations in his/her room*		
		(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
		0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	25.6	15.8

		OK %	NAT %
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	9.0	8.4
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	13.3	14.5
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	10.2	12.3
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	0.7	0.5
	8. ACTIVITY DID NOT OCCUR during entire 7 days	41.2	48.4
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	27.5	14.8
	1. Set up help only	5.4	6.9
	2. One person physical assist	22.1	26.5
	3. Two+ persons physical assist	4.2	3.9
	8. ADL activity itself did not occur during entire 7 days	40.8	47.9
d. WALK IN COORIDOR	*How resident walks in corridor on unit*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	21.3	12.9
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	10.0	9.6
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	11.9	14.7
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	8.0	12.0
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	0.5	0.5
	8. ACTIVITY DID NOT OCCUR during entire 7 days	48.3	50.4
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	24.2	13.0
	1. Set up help only	5.4	7.0
	2. One person physical assist	19.8	26.1
	3. Two+ persons physical assist	3.0	3.8
	8. ADL activity itself did not occur during entire 7 days	47.6	50.1
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.*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	38.8	22.9
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	12.7	12.5
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	15.6	15.1
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	12.8	21.2
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	18.6	26.2
	8. ACTIVITY DID NOT OCCUR during entire 7 days	1.5	2.1

		OK %	NAT %
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	38.7	19.9
	1. Set up help only	10.5	12.0
	2. One person physical assist	48.0	64.1
	3. Two+ persons physical assist	1.2	1.7
	8. ADL activity itself did not occur during entire 7 days	1.6	2.2
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.*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	33.5	18.3
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	12.8	11.3
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	15.9	13.2
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	14.5	19.7
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	20.0	31.5
	8. ACTIVITY DID NOT OCCUR during entire 7 days	3.3	6.0
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	34.2	16.0
	1. Set up help only	9.5	9.7
	2. One person physical assist	51.6	67.0
	3. Two+ persons physical assist	1.2	1.3
	8. ADL activity itself did not occur during entire 7 days	3.5	5.9
g. DRESSING	*How resident puts on, fastens, and takes off all items of street clothing, including donning/removing prosthesis*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	16.1	7.9
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	8.8	5.7
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	26.2	17.0
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	32.7	48.3
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	16.2	21.0
	8. ACTIVITY DID NOT OCCUR during entire 7 days	0.1	0.1
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	16.2	6.3
	1. Set up help only	7.8	5.9
	2. One person physical assist	67.6	80.5
	3. Two+ persons physical assist	8.3	7.3
	8. ADL activity itself did not occur during entire 7 days	0.1	0.1
h. EATING	*How resident eats and drinks (regardless of skill). Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition)*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	46.9	38.4

		OK %	NAT %
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	25.3	27.0
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	10.2	10.3
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	7.3	11.0
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	10.3	13.2
	8. ACTIVITY DID NOT OCCUR during entire 7 days	0.1	<0.05
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	31.4	9.5
	1. Set up help only	40.4	52.8
	2. One person physical assist	27.9	37.4
	3. Two+ persons physical assist	0.2	0.3
	8. ADL activity itself did not occur during entire 7 days	0.1	<0.05
i. TOILET USE	*How resident uses the toilet room (or commode, bedpan, urinal); transfers on/off toilet, cleanses, changed pad, manages ostomy or catheter, adjusts clothes*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	22.4	11.9
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	7.2	5.5
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	19.0	13.7
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	27.3	41.3
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	23.7	27.4
	8. ACTIVITY DID NOT OCCUR during entire 7 days	0.5	0.2
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	23.1	10.4
	1. Set up help only	5.3	5.1
	2. One person physical assist	53.1	59.5
	3. Two+ persons physical assist	18.0	24.8
	8. ADL activity itself did not occur during entire 7 days	0.5	0.2
j. PERSONAL HYGIENE	*How resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum (EXCLUDE baths and showers)*		
	(A) ADL SELF-PERFORMANCE--(Code for resident's PERFORMANCE OVER ALL SHIFTS during last 7 days--Not including setup)		
	0. INDEPENDENT--No help or oversight--OR--Help/oversight provided only 1 or 2 times during last 7 days	14.7	8.0
	1. SUPERVISION--Oversight encouragement or cueing provided 3 or more times during last 7 days--OR--Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last 7 days	12.1	7.1
	2. LIMITED ASSISTANCE--Resident highly involved in activity; received physical help in guided maneuvering of limbs or other nonweight bearing assistance 3 or more times--OR--More help provided only 1 or 2 times during last 7 days	25.5	17.6
	3. EXTENSIVE ASSISTANCE--While resident performed part of activity, over last 7-day period, help of following type(s) provided 3 or more times: -Weight bearing support -Full staff performance during part (but not all) of last 7 days	27.0	42.2
	4. TOTAL DEPENDENCE--Full staff performance of activity during entire 7 days	20.7	25.1
	8. ACTIVITY DID NOT OCCUR during entire 7 days	*	<0.05

		OK %	NAT %
	(B) ADL SUPPORT PROVIDED--(Code for MOST SUPPORT PROVIDED OVER ALL SHIFTS during last 7 days; code regardless of resident's self-performance classification)		
	0. No setup or physical help from staff	14.8	5.6
	1. Set up help only	11.1	8.0
	2. One person physical assist	69.5	80.5
	3. Two+ persons physical assist	4.6	5.9
	8. ADL activity itself did not occur during entire 7 days	*	<0.05
2. BATHING	*How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (EXCLUDE washing of back and hair.) Code for most dependent in self-performance and support.*		
	(A) BATHING SELF-PERFORMANCE codes appear below		
	0. Independent--No help provided	2.3	1.8
	1. Supervision--Oversight help only	9.7	4.4
	2. Physical help limited to transfer only	9.2	6.1
	3. Physical help in part of bathing activity	53.0	49.7
	4. Total dependence	25.7	37.4
	8. ADL activity itself did not occur during entire 7 days	0.1	0.6
	(B) BATHING SUPPORT CODES are defined in Item 1, code B above)		
	0. No setup of physical help from staff	2.6	1.7
	1. Setup help only	8.5	4.0
	2. One person physical assist	76.3	78.3
	3. Two + persons physical assist	12.5	15.2
	8. ADL activity itself did not occur during entire 7 days	0.1	0.8
3. TEST FOR BALANCE **(see training manual)**	(Code for ability during test in the last 7 days)		
	a. Balance while standing		
	0. Maintained position as required in test	15.5	8.2
	1. Unsteady, but able to rebalance self without physical support	14.9	12.8
	2. Partial physical support during test; or stands (sits) but does not follow directions for test	19.8	22.6
	3. Not able to attempt test without physical help	49.8	56.3
	b. Balance while sitting--position, trunk control		
	0. Maintained position as required in test	65.1	55.5
	1. Unsteady, but able to rebalance self without physical support	9.5	11.6
	2. Partial physical support during test; or stands (sits) but does not follow directions for test	13.3	15.6
	3. Not able to attempt test without physical help	12.2	17.4
4. FUNCTONAL LIMITATION IN RANGE OF MOTION **(see training manual)**	(Code for limitations during last 7 days that interfered with daily functions or placed resident at risk of injury)		
	a. Neck		
	(A) RANGE OF MOTION		
	0. No limitation	93.5	93.0
	1. Limitation on one side	1.7	1.9
	2. Limitation on both sides	4.8	5.1
	(B) VOLUNTARY MOVEMENT		
	0. No loss	94.2	93.2
	1. Partial loss	5.2	6.0
	2. Full loss	0.6	0.8
	b. Arm--Including shoulder or elbow		
	(A) RANGE OF MOTION		
	0. No limitation	76.3	73.5
	1. Limitation on one side	13.4	14.3
	2. Limitation on both sides	10.3	12.2
	(B) VOLUNTARY MOVEMENT		
	0. No loss	78.7	75.0
	1. Partial loss	17.4	21.4
	2. Full loss	3.9	3.7
	c. Hand--Including wrist or fingers		
	(A) RANGE OF MOTION		
	0. No limitation	79.7	79.8
	1. Limitation on one side	11.8	12.0
	2. Limitation on both sides	8.5	8.2
	(B) VOLUNTARY MOVEMENT		
	0. No loss	80.7	79.2
	1. Partial loss	14.8	16.8
	2. Full loss	4.5	4.1
	d. Leg--Including hip or knee		
	(A) RANGE OF MOTION		
	0. No limitation	62.4	64.7
	1. Limitation on one side	16.4	16.5
	2. Limitation on both sides	21.2	18.9
	(B) VOLUNTARY MOVEMENT		
	0. No loss	67.3	66.6
	1. Partial loss	26.7	27.3
	2. Full loss	6.0	6.1
	e. Foot--Including ankle or toes		
	(A) RANGE OF MOTION		
	0. No limitation	73.9	74.3
	1. Limitation on one side	12.0	11.9
	2. Limitation on both sides	14.1	13.7
	(B) VOLUNTARY MOVEMENT		
	0. No loss	75.2	73.7
	1. Partial loss	18.2	19.5
	2. Full loss	6.6	6.8
	f. Other limitation or loss		
	(A) RANGE OF MOTION		
	0. No limitation	95.5	94.7
	1. Limitation on one side	1.3	1.7
	2. Limitation on both sides	3.1	3.6

			OK %	NAT %
		(B) VOLUNTARY MOVEMENT		
		0. No loss	96.0	94.4
		1. Partial loss	3.5	4.6
		2. Full loss	0.6	1.0
5.	MODES OF LOCOMOTION	(Check all that apply during last 7 days)		
		a. Cane/walker/crutch	30.8	34.8
		b. Wheeled self	45.8	41.6
		c. Other person wheeled	53.7	64.7
		d. Wheelchair primary mode of locomotion	63.9	67.9
		e. NONE OF ABOVE	*	*
6.	MODES OF TRANSFER	(Check all that apply during last 7 days)		
		a. Bedfast all or most of time	5.2	3.7
		b. Bed rails used for bed mobility or transfer	24.1	47.8
		c. Lifted manually	22.7	17.7
		d. Lifted mechanically	12.1	18.1
		e. Transfer aid (e.g., slide board, trapeze, cane, walker, brace)	28.1	34.9
		f. NONE OF ABOVE	*	*
7.	TASK SEGMEN-TATION	Some or all ADL activities were broken into subtasks during last 7 days so that resident could perform them		
		0. No	74.7	57.2
		1. Yes	25.3	42.8
8.	ADL FUNCTIONAL REHABILI-TATION POTENTIAL	a. Resident believes he/she is capable of increased independence in at least some ADLs	11.4	21.6
		b. Direct care staff believe resident is capable of increased independence in at least some ADLs	13.6	26.6
		c. Resident able to perform tasks/activity but is very slow	12.0	10.0
		d. Difference in ADL Self-Performance or ADL Support, comparing mornings to evenings	2.4	6.0
		e. NONE OF ABOVE	74.9	62.9
9.	CHANGE IN ADL FUNCTION	Resident's ADL self-performance status has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	69.9	63.5
		1. Improved	6.9	5.4
		2. Deteriorated	23.2	31.1

SECTION H. CONTINENCE IN LAST 14 DAYS

1.		CONTINENCE SELF-CONTROL CATEGORIES (Code for resident's PERFORMANCE OVER ALL SHIFTS)		
	a. BOWEL CONTINENCE	Control of bowel movement, with appliance or bowel continence programs, if employed		
		0. CONTINENT--Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]	48.7	42.7
		1. USUALLY CONTINENT--incontinent episodes less than weekly	8.7	7.8
		2. OCCASIONALLY INCONTINENT--Once a week	6.7	6.1
		3. FREQUENTLY INCONTINENT--tended to be incontinent 2-3 times a week but some control present (e.g., on day shift)	8.2	9.9
		4. INCONTINENT--Had inadequate control; all (or almost all) of the time	27.7	33.5
	b. BLADDER CONTINENCE	Control of urinary bladder function (if dribbles, volume insufficient to soak through underpants), with appliances (e.g., foley or continence programs, if employed		
		0. CONTINENT--Complete control [includes use of indwelling urinary catheter or ostomy device that does not leak urine or stool]	35.3	31.0
		1. USUALLY CONTINENT--incontinent episodes once a week or less	10.5	7.4
		2. OCCASIONALLY INCONTINENT--Two or more times a week but not daily	10.4	9.3
		3. FREQUENTLY INCONTINENT--tended to be incontinent daily but some control present (e.g., on day shift)	15.5	18.1
		4. INCONTINENT--Had inadequate control; multiple daily episodes	28.4	34.2
2.	BOWEL ELIMI-NATION PATTERN	a. Bowel elimination pattern regular--at least one movement every three days	67.3	78.6
		b. Constipation	10.3	6.7
		c. Diarrhea	2.6	2.8
		d. Fecal impaction	0.1	<0.05
		e. NONE OF ABOVE	*	*
3.	APPLIANCES AND PROGRAMS	a. Any scheduled toileting plan	23.0	26.3
		b. Bladder retraining program	1.2	0.5
		c. External (condom) catheter	0.1	0.2
		d. Indwelling catheter	6.8	7.0
		e. Intermittent catheter	0.2	0.6
		f. Did not use toilet room/commode/urinal	7.3	11.7
		g. Pads/briefs used	57.8	66.3
		h. Enemas/irrigation	0.2	0.5
		i. Ostomy present	1.9	2.3
		j. NONE OF ABOVE	*	*
4.	CHANGE IN URINARY CONTINENCE	Resident's urinary continence has changed as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	85.9	86.0
		1. Improved	3.0	2.6
		2. Deteriorated	11.1	11.3

SECTION I. DISEASE DIAGNOSES

Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nursing monitoring, or risk of death. (Do not list inactive diagnoses.)

			OK %	NAT %
1.	DISEASES	(If none apply, CHECK the NONE OF ABOVE box)		
		ENDOCRINE / METABOLIC / NUTRITIONAL		
		a. Diabetes mellitus	31.3	32.8
		b. Hyperthyroidism	0.7	0.7
		c. Hypothyroidism	22.7	20.7
		HEART / CIRCULATION		
		d. Arteriosclerotic heart disease (ASHD)	9.2	12.7
		e. Cardiac dysrhythmias	11.0	15.5
		f. Congestive Heart Failure	23.6	21.4
		g. Deep vein thrombosis	1.9	2.5
		h. Hypertension	71.6	71.0
		i. Hypotension	1.2	1.5
		j. Peripheral vascular disease	6.7	12.8
		k. Other cardiovascular disease	17.6	21.5
		MUSCULOSKELETAL		
		l. Arthritis	32.6	32.4
		m. Hip fracture	5.0	4.2
		n. Missing limb (e.g., amputation)	1.8	2.2
		o. Osteoporosis	19.0	21.3
		p. Pathological bone fracture	0.7	0.6
		NEUROLOGICAL		
		q. Alzheimer's disease	16.6	17.2
		r. Aphasia	2.6	5.5
		s. Cerebral Palsy	1.1	1.0
		t. Cerebrovascular accident (stroke)	19.4	20.4
		u. Dementia other than Alzheimer's disease	36.6	39.7
		v. Hemiplegia/Hemiparesis	6.2	10.1
		w. Multiple sclerosis	0.9	1.3
		x. Paraplegia	0.7	0.8
		y. Parkinson's disease	5.6	6.4
		z. Quadriplegia	0.6	0.8
		aa. Seizure disorder	10.0	10.0
		bb. Transient ischemic attack (TIA)	2.9	3.0
		cc. Traumatic brain injury	1.1	1.1
		PSYCHIATRIC / MOOD		
		dd. Anxiety disorder	25.1	20.5
		ee. Depression	53.3	49.7
		ff. Manic depression (Bipolar disease)	3.8	4.1
		gg. Schizophrenia	6.8	6.3
		PULMONARY		
		hh. Asthma	3.2	3.8
		ii. Emphysema/COPD	17.0	18.6
		SENSORY		
		jj. Cataracts	3.3	8.4
		kk. Diabetic retinopathy	0.6	1.0
		ll. Glaucoma	6.9	8.0
		mm. Macular degeneration	3.6	5.5
		OTHER		
		nn. Allergies	36.3	30.6
		oo. Anemia	20.4	28.2
		pp. Cancer	5.0	6.8
		qq. Renal failure	5.6	8.2
		rr. NONE OF ABOVE	*	*
2.	INFECTIONS	(If none apply, CHECK the NONE OF ABOVE box)		
		a. Antibiotic resistant infection (e.g., Methicillin resistant staph)	1.0	2.1
		b. Clostridium difficile (c. diff.)	0.7	1.0
		c. Conjunctivitis	0.5	0.5
		d. HIV infection	0.1	0.4
		e. Pneumonia	3.5	3.8
		f. Respiratory infection	2.8	2.1
		g. Septicemia	0.4	0.7
		h. Sexually transmitted diseases	0.1	0.1
		i. Tuberculosis	*	<0.05
		j. Urinary tract infection in last 30 days	11.2	10.2
		k. Viral hepatitis	0.2	0.4
		l. Wound infection	2.0	2.0
		m. NONE OF ABOVE	*	*
3.	OTHER CURRENT OR MORE DETAILED DIAGNOSES AND ICD-9 CODES	a. Infectious and Parasitic Diseases (001 - 139)	0.6	0.7
		b. Neoplasms (140 - 239)	1.8	1.8
		c. Endocrine, Nutritional, and Metabolic Diseases and Immunity Disorders (240 - 279)	8.6	6.3
		d. Diseases of the Blood and Blood-Forming Organs (280 - 289)	1.0	0.9
		e. Mental Disorders (290 - 319)	15.4	22.8
		f. Diseases of the Nervous System and Sense Organs (320 - 389)	9.1	9.5
		g. Diseases of the Circulatory System (390 - 459)	13.7	13.2
		h. Diseases of the Respiratory System (460 - 519)	3.3	3.3
		i. Diseases of the Digestive System (520 - 579)	11.2	5.3
		j. Diseases of the Genitourinary System (5580 - 629)	4.3	3.9
		k. Complications of Pregnancy and Childbirth and the Puerperium (630 - 677)	0.1	<0.05

		OK %	NAT %
l. Diseases of the Skin and Subcutaneous Tissue (680 - 709)	1.6	1.6
m. Diseases of the Musculoskeletal System and Connective Tissue (710 - 739)	8.3	8.7
n. Congenital Anomalies (740 - 759)	0.7	0.4
o. Certain Conditions Originating in the Perinatal Period (760 - 779)	*	<0.05
p. Symptoms and Signs and Ill-Defined Conditions (780 - 799)	11.5	9.8
q. Injury and Poisoning (800 - 999)	4.8	3.5
r. Supplementary Classification of Factors Influencing Health Status and Contact with Health Services (V01 - V82)	4.0	8.1
s. Supplementary Classification of External Causes of Injury and Poisoning (E800 - E999)	*	0.1

SECTION J. HEALTH CONDITIONS

			OK %	NAT %
1.	PROBLEM CONDITIONS	(Check all problems present in last 7 days unless other time frame is indicated)		
		INDICATORS OF FLUID STATUS		
		a. Weight gain or loss of 3 or more pounds within a 7 day period	1.9	2.0
		b. Inability to lie flat due to shortness of breath	3.3	3.5
		c. Dehydrated; output exceeds input	0.2	0.1
		d. Insufficient fluid; did NOT consume all/ almost all liquids provided during last 3 days	0.8	1.7
		OTHER		
		e. Delusions	4.1	3.5
		f. Dizziness/Vertigo	1.2	0.9
		g. Edema	22.8	20.8
		h. Fever	0.7	1.2
		i. Hallucinations	1.7	1.6
		j. Internal bleeding	0.3	0.5
		k. Recurrent lung aspirations in last 90 days	0.5	0.3
		l. Shortness of breath	10.5	8.0
		m. Syncope (fainting)	0.2	0.3
		n. Unsteady gait	36.0	37.3
		o. Vomiting	1.0	1.3
		p. NONE OF ABOVE	*	*
2.	PAIN SYMPTOMS	(Code the highest level of pain present in the last 7 days)		
		a. **FREQUENCY** with which resident complains or shows evidence of pain		
		0. No pain	56.3	66.9
		1. Pain less than daily	29.7	23.8
		2. Pain daily	14.0	9.3
		b. **INTENSITY** of pain		
		1. Mild pain	*	*
		2. Moderate pain	40.7	47.3
		3. Times when pain is horrible or excruciating	59.3	52.7
3.	PAIN SITE	(If pain present, check all sites that apply in last 7 days)		
		a. Back pain	30.3	24.8
		b. Bone pain	8.4	6.9
		c. Chest pain while doing usual activities	0.7	1.0
		d. Headache	11.6	8.1
		e. Hip pain	12.5	12.1
		f. Incisional pain	2.8	6.4
		g. Joint pain (other than hip)	34.1	28.7
		h. Soft tissue pain (e.g., lesion, muscle)	16.7	15.3
		i. Stomach pain	3.4	3.3
		j. Other	35.8	41.5
4.	ACCIDENTS	(Check all that apply)		
		a. Fell in past 30 days	17.7	15.3
		b. Fell in past 31-180 days	34.9	28.6
		c. Hip fracture in last 180 days	2.8	2.8
		d. Other fracture in last 180 days	3.5	3.7
		e. NONE OF ABOVE	56.1	62.0
5.	STABILTY OF CONDITIONS	a. Conditions/diseases make resident's cognitive, ADL, mood or behavior patterns unstable--(fluctuating, precarious, or deteriorating)	37.6	45.0
		b. Resident experiencing an acute episode or a flare-up of a recurrent or chronic proble	10.2	16.7
		c. End-stage disease, 6 or fewer months to live	4.4	2.4
		d. NONE OF ABOVE	56.5	48.2

SECTION K. ORAL/NUTRITIONAL STATUS

			OK %	NAT %
1.	ORAL PROBLEMS	a. Chewing problem	21.6	30.6
		b. Swallowing problem	17.3	22.1
		c. Mouth pain	0.6	0.3
		d. NONE OF ABOVE	*	*

			OK %	NAT %
2.	HEIGHT AND WEIGHT	Record (a.) height in inches and (b) weight in pounds. Base weight on most recent measure in last 30 days; measure weight consistently in accord with standard facility practice; e.g., in a.m. after voiding, before meal, with shoes off, and in nightclothes		
		a. Height		
		b. Weight		
3.	WEIGHT CHANGE	a. Weight loss--5% or more in last 30 days; or 10% or more in last 180 days		
		0. No	91.5	92.1
		1. Yes	8.5	7.9
		b. Weight gain--5% or more in last 30 days; or 10% or more in last 180 days		
		0. No	91.8	93.2
		1. Yes	8.2	6.8
4.	NUTRI-TIONAL PROBLEMS	a. Complains about the taste of many foods	1.2	0.7
		b. Regular or repetitive complaints of hunger	0.3	0.2
		c. Leaves 25% or more of food uneaten at most meals	28.2	34.4
		d. NONE OF ABOVE	71.1	65.1
5.	NUTRI-TIONAL APPROACHES	(Check all that apply in last 7 days)		
		a. Parenteral/IV	1.0	1.8
		b. Feeding tube	4.7	6.3
		c. Mechanically altered diet	31.3	34.8
		d. Syringe (oral feeding)	0.1	0.1
		e. Therapeutic diet	42.7	52.5
		f. Dietary supplement between meals	16.4	26.7
		g. Plate guard, stabilized built-up utensil, etc.	1.5	4.9
		h. On a planned weight change program	15.9	16.4
		i. NONE OF ABOVE	*	*
6.	PAREN-TERAL OR ENTERAL INTAKE	(Skip to Section L if neither 5a nor 5b is checked)		
		a. Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days		
		0. None	22.8	20.9
		1. 1% to 25%	4.8	5.0
		2. 26% to 50%	3.6	3.5
		3. 51% to 75%	5.8	5.7
		4. 76% to 100%	63.1	64.9
		b. Code the average fluid intake per day by IV or tube in last 7 days		
		0. None	4.1	1.2
		1. 1 to 500 cc/day	13.5	14.3
		2. 501 to 1000 cc/day	10.0	9.1
		3. 1001 to 1500 cc/day	15.2	11.9
		4. 1501 to 2000 cc/day	29.9	29.3
		5. 2001 or more cc/day	27.3	34.2

SECTION L. ORAL/DENTAL STATUS

			OK %	NAT %
1.	ORAL STATUS AND DISEASE PREVENTION	a. Debris (soft, easily movable substances) present in mouth prior to going to bed at night	0.4	0.3
		b. Has dentures or removable bridge	39.7	38.1
		c. Some/all natural teeth lost--does not have or does not use dentures (or partial plates)	30.6	30.7
		d. Broken, loose, or carious teeth	6.4	4.6
		e. Inflamed gums (gingival); swollen or bleeding gums; oral abcesses; ulcers or rashes	0.4	0.5
		f. Daily cleaning of teeth/dentures or daily mouth care--by resident or staff	98.4	99.0
		g. NONE OF ABOVE	0.3	0.2

SECTION M. SKIN CONDITION

			OK %	NAT %
1.	ULCERS (Due to any cause)	(Record the number of ulcers at each ulcer state--regardless of cause. If none present at a stage, record "0" (zero). Code all that apply during last 7 days. Code 9 =9 or more) [Requires full body exam.]		
		a. Stage 1. A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved.		
		0	97.2	97.3
		1	2.2	1.9
		2	0.4	0.6
		3	0.1	0.2
		4	0.1	0.1
		5	*	<0.05
		6	*	<0.05
		7	*	<0.05
		8	*	<0.05
		9+	*	<0.05
		b. Stage 2. A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater.		
		0	94.2	93.8
		1	3.9	4.3
		2	1.3	1.3
		3	0.3	0.3
		4	0.1	0.1
		5	*	0.1
		6	*	<0.05
		7	*	<0.05
		8	*	<0.05
		9+	*	<0.05

			OK %	NAT %
		c. Stage 3, A full thickness of skin is lost, exposing the subcutaneous tissues --presents as a deep crater with or without undermining adjacent tissue		
		0	98.8	98.4
		1	1.0	1.3
		2	0.2	0.2
		3	0.1	0.1
		4	*	<0.05
		5	*	<0.05
		6	*	<0.05
		7	*	<0.05
		8	*	<0.05
		9+	*	<0.05
		d. Stage 4. A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone.		
		0	98.3	97.6
		1	1.2	1.7
		2	0.3	0.4
		3	0.1	0.1
		4	0.1	0.1
		5	*	<0.05
		6	*	<0.05
		7	*	<0.05
		8	*	<0.05
		9+	*	<0.05
2.	TYPE OF ULCER	(For each type of ulcer, code for the highest stage in the last 7 days using scale in item M1--i.e., 0=none; stages 1, 2, 3, 4)		
		a. Pressure ulcer--any lesion caused by pressure resulting in damage of underlying tissue		
		Stage 1	1.8	1.7
		Stage 2	4.1	4.2
		Stage 3	0.7	1.0
		Stage 4	1.4	2.0
		b. Stasis ulcer--open lesion caused by poor circulation in the lower extremities		
		Stage 1	5.9	5.4
		Stage 2	61.6	52.3
		Stage 3	15.2	16.1
		Stage 4	17.3	26.3
3.	HISTORY OF RESOLVED ULCERS	Resident had an ulcer that was resolved or cured in LAST 90 DAYS		
		a. No	89.6	90.9
		b. Yes	10.4	9.1
4.	OTHER SKIN PROBLEMS OR LESIONS PRESENT	(Check all that apply during last 7 days)		
		a. Abrasions, bruises	20.7	23.9
		b. Burns (second or third degree)	0.1	0.1
		c. Open lesions other than ulcers, rashes, cuts (e.g., cancer lesions)	2.1	2.2
		d. Rashes--e.g., intertrigo, eczema, drug rash, heat rash, herpes zoster	9.1	11.9
		e. Skin desensitized to pain or pressure	4.2	7.8
		f. Skin tears or cuts (other than surgery)	6.0	6.3
		g. Surgical wounds	4.3	6.1
		h. NONE OF ABOVE	64.0	57.1
5.	SKIN TREATMENTS	(Check all that apply during last 7 days)		
		a. Pressure relieving device(s) for chair	24.9	50.3
		b. Pressure relieving device(s) for bed	50.0	78.8
		c. Turning/repositioning program	25.3	38.3
		d. Nutrition or hydration intervention to manage skin problems	10.5	16.0
		e. Ulcer care	8.5	10.4
		f. Surgical wound care	3.5	5.4
		g. Application of dressings (with or without topical medications) other than to feet	12.2	17.8
		h. Application of ointments/medications (other than to feet)	27.4	32.7
		i. Other preventative or protective skin care (other than to feet)	24.1	60.4
		j. NONE OF ABOVE	28.1	7.0
6.	FOOT PROBLEMS AND CARE	(Check all that apply during last 7 days)		
		a. Resident has one or more foot problems--e.g., corns, callouses, bunions, hammer toes, overlapping toes, pain, structural problems	13.0	22.5
		b. Infection of the foot--e.g., cellulitis, purulent drainage	0.6	0.7
		c. Open lesions on the foot	1.7	2.0
		d. Nails/calluses trimmed during last 90 days	50.7	47.3
		e. Received preventative or protective foot care (e.g., used special shoes, insert pads, toe separators)	11.0	27.8
		f. Application of dressings (with or without topical medications)	4.0	4.8
		g. NONE OF ABOVE	38.6	32.3

SECTION N. ACTIVITY PURSUIT PATTERNS

1.	TIME AWAKE	(Check appropriate time periods over last 7 days)		
		Resident awake all or most of time (i.e., naps no more than one hour per time period) in the:		
		a. Morning	86.7	91.5
		b. Afternoon	85.1	84.9
		c. Evening	70.4	66.0
		d. NONE OF ABOVE	3.2	2.6
(If resident is comatose, skip to Section O)				
2.	AVERAGE TIME INVOLVED IN ACTIVITIES	(When awake and not receiving treatments or ADL care)		
		0. Most--more than 2/3 of time	9.4	4.4
		1. Some--from 1/3 to 2/3 of time	79.0	91.8
		2. Little--less than 1/3 of time	11.1	3.7
		3. None	0.6	0.2

			OK %	NAT %
3.	PREFERRED ACTIVITY SETTINGS	(Check all settings in which activities are preferred)		
		a. Own room	91.0	91.8
		b. Day/activity room	78.6	79.2
		c. Inside NH/off unit	47.8	55.5
		d. Outside facility	25.4	28.9
		e. NONE OF ABOVE	0.7	0.4
4.	GENERAL ACTIVITY PREFERENCES (adapted to resident's current abilities)	(Check all PREFERENCES whether or not activity is currently available to resident)		
		a. Cards/other games	44.6	49.1
		b. Crafts/arts	31.7	29.1
		c. Exercise/sports	45.9	50.8
		d. Music	83.5	90.2
		e. Reading/writing	42.7	51.3
		f. Spiritual/religious activities	58.4	65.5
		g. Trips/shopping	21.8	25.7
		h. Walking/wheeling outdoors	41.3	48.9
		i. Watching TV	83.7	87.4
		j. Gardening or plants	14.2	16.5
		k. Talking or conversing	79.4	83.9
		l. Helping others	15.0	14.8
		m. NONE OF ABOVE	0.8	0.4
5.	PREFERS CHANGE IN DAILY ROUTINE	Code for resident preferences in daily routines		
		a. Type of activities in which resident is currently involved		
		0. No change	96.8	96.9
		1. Slight change	2.5	2.6
		2. Major change	0.7	0.6
		b. Extent of resident involvement in activities		
		0. No change	96.7	96.6
		1. Slight change	2.6	2.8
		3. Major change	0.8	0.6

SECTION O. MEDICATIONS

1.	NUMBER OF MEDICATIONS	(Record the number of different medications used in the last 7 days; enter "0" if none used)		
		(a) 0	0.4	0.4
		(b) 1-5	9.3	10.1
		(c) 6-10	24.7	27.4
		(d) 11-99	65.5	62.1
2.	NEW MEDICATIONS	(Resident currently receiving medications that were initiated during the last 90 days)		
		0. No	43.3	42.6
		1. Yes	56.7	57.4
3.	INJECTIONS	(Record the number of DAYS injections of any type received during the last 7 days; enter "0" if none used)		
		0	75.8	69.3
		1	6.8	8.8
		2	1.0	1.4
		3	0.7	0.9
		4	0.5	0.7
		5	0.7	0.8
		6	0.5	0.8
		7	14.0	17.3
4.	DAYS RECEIVED THE FOLLOWING MEDICATION	(Record the number of DAYS during last 7 days; enter "0" of not used. Note--enter "1" for long-acting meds used less than weekly)		
		a. Antipsychotic		
		0	70.5	73.9
		1	0.3	0.3
		2	0.1	0.1
		3	0.2	0.2
		4	0.2	0.2
		5	0.2	0.3
		6	0.2	0.4
		7	28.3	24.6
		b. Antianxiety		
		0	76.0	80.8
		1	1.6	1.6
		2	1.0	0.9
		3	0.8	0.7
		4	0.6	0.5
		5	0.5	0.5
		6	0.4	0.5
		7	19.1	14.5
		c. Antidepressant		
		0	43.9	48.2
		1	0.2	0.2
		2	0.1	0.2
		3	0.2	0.3
		4	0.4	0.4
		5	0.4	0.5
		6	0.5	0.9
		7	54.3	49.2
		d. Hypnotic		
		0	87.4	93.3
		1	0.6	0.6
		2	0.4	0.4
		3	0.4	0.4
		4	0.3	0.3
		5	0.4	0.4
		6	0.3	0.4
		7	10.1	4.3

	OK %	NAT %
e. Diuretic		
0	57.4	63.7
1	0.2	0.3
2	0.2	0.3
3	0.5	0.8
4	0.5	0.6
5	0.3	0.4
6	0.3	0.7
7	40.6	33.2

SECTION P. SPECIAL TREATMENTS AND PROCEDURES

		OK %	NAT %
1. SPECIAL TREATMENTS, PROCEDURES, AND PROGRAMS	a. **SPECIAL CARE**--Check treatments or programs received during the last 14 days		
	TREATMENTS		
	a. Chemotherapy	0.2	0.4
	b. Dialysis	1.2	1.7
	c. IV medication	6.8	12.0
	d. Intake/output	21.4	19.2
	e. Monitoring acute medical condition	28.0	32.4
	f. Ostomy care	3.7	6.4
	g. Oxygen therapy	14.1	14.5
	h. Radiation	0.1	0.1
	i. Suctioning	0.7	1.2
	j. Tracheostomy care	0.5	1.2
	k. Transfusions	0.5	1.0
	l. Ventilator or respirator	0.2	0.5
	PROGRAMS		
	m. Alcohol/drug treatment	*	0.1
	n. Alzheimer's/dementia special care unit	3.9	7.3
	o. Hospice care	8.6	3.6
	p. Pediatric unit	*	0.1
	q. Respite care	0.1	0.1
	r. Training in skills required to return to the community (e.g., taking medications, house work, shopping, transportation, ADLs)	7.8	15.0
	s. NONE OF ABOVE	47.8	41.2
	b. **THERAPIES**--Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day in the last 7 calendar days. (Enter 0 if none or less than 15 min. daily) [Note--count only post admission therapies]		
	a. Speech-language pathology and audiology services		
	(A) = # of days administered for 15 minutes or more		
	0	90.9	88.2
	1	0.5	0.9
	2	0.7	1.1
	3	1.1	1.6
	4	1.4	1.9
	5	5.0	5.6
	6	0.5	0.7
	7	*	<0.05
	(B) = total # of minutes provided in last 7 days		
	(a) 0	90.9	88.2
	(b) 1-44	0.3	0.6
	(c) 45-149	2.1	3.6
	(d) 150-324	6.4	7.2
	(e) 325-499	0.3	0.3
	(f) 500-719	*	<0.05
	(g) 720-999	*	*
	(h) 1000-1999	*	<0.05
	(i) 2000-2999	*	<0.05
	(j) 3000-3999	*	*
	(k) 4000+	*	*
	b. Occupational therapy		
	(A) = # of days administered for 15 minutes or more		
	0	78.9	69.9
	1	1.0	1.2
	2	1.3	1.8
	3	1.4	2.8
	4	2.8	3.7
	5	13.2	16.8
	6	1.3	3.6
	7	0.1	0.4
	(B) = total # of minutes provided in last 7 days		
	(a) 0	78.8	69.8
	(b) 1-44	0.9	0.9
	(c) 45-149	3.6	5.6
	(d) 150-324	14.3	18.9
	(e) 325-499	2.4	4.8
	(f) 500-719	*	<0.05
	(g) 720-999	*	<0.05
	(h) 1000-1999	*	<0.05
	(i) 2000-2999	*	<0.05
	(j) 3000-3999	*	<0.05
	(k) 4000+	*	*
	c. Physical therapy		
	(A) = # of days administered for 15 minutes or more		
	0	77.2	67.1
	1	1.0	1.3
	2	1.4	1.8
	3	2.0	3.0
	4	2.8	3.6
	5	14.0	18.2
	6	1.5	4.4
	7	0.1	0.6
	(B) = total # of minutes provided in last 7 days		
	(a) 0	77.0	67.0
	(b) 1-44	0.9	0.9
	(c) 45-149	4.5	6.0
	(d) 150-324	14.9	19.8
	(e) 325-499	2.6	6.0
	(f) 500-719	*	0.2
	(g) 720-999	*	<0.05
	(h) 1000-1999	*	<0.05
	(i) 2000-2999	*	<0.05
	(j) 3000-3999	*	<0.05
	(k) 4000+	*	*
	d. Respiratory therapy		
	(A) = # of days administered for 15 minutes or more		
	0	99.0	97.1
	1	*	0.1
	2	*	0.1
	3	*	0.1
	4	0.1	0.1
	5	0.1	0.2
	6	0.1	0.1
	7	0.6	2.2
	(B) = total # of minutes provided in last 7 days		
	(a) 0	*	*
	(b) 1-44	*	*
	(c) 45-149	*	*
	(d) 150-324	*	*
	(e) 325-499	*	*
	(f) 500-719	*	*
	(g) 720-999	*	*
	(h) 1000-1999	*	*
	(i) 2000-2999	*	*
	(j) 3000-3999	*	*
	(k) 4000+	*	*
	e. Psychological therapy (by any licensed mental health professional)		
	(A) = # of days administered for 15 minutes or more		
	0	99.9	98.3
	1	0.1	1.5
	2	*	0.2
	3	*	<0.05
	4	*	<0.05
	5	*	<0.05
	6	*	<0.05
	7	*	<0.05
	(B) = total # of minutes provided in last 7 days		
	(a) 0	*	*
	(b) 1-44	*	*
	(c) 45-149	*	*
	(d) 150-324	*	*
	(e) 325-499	*	*
	(f) 500-719	*	*
	(g) 720-999	*	*
	(h) 1000-1999	*	*
	(i) 2000-2999	*	*
	(j) 3000-3999	*	*
	(k) 4000+	*	*
2. INTERVENTION PROGRAMS FOR MOOD, BEHAVIOR, COGNITIVE LOSS	(Check all interventions or strategies used in last 7 days--no matter where received)		
	a. Special behavior symptom evaluation program	3.6	6.5
	b. Evaluation by a licensed mental health specialist in last 90 days	6.3	19.0
	c. Group therapy	0.5	1.3
	d. Resident-specific deliberate changes in the environment to address mood/behavior patterns--e.g., providing bureau in which to rummage.	0.8	1.3
	e. Reorientation--e.g., cueing	28.2	42.4
	f. NONE OF ABOVE	65.7	46.3
3. NURSING REHABILITATION/RESTORATIVE CARE	Record the NUMBER OF DAYS each of the following rehabilitation or restorative techniques or practices was provided to the resident for more than or equal to 15 minutes per day in the last 7 days (Enter 0 if none or less than 15 minutes daily)		
	a. Range of motion (passive)		
	0	91.5	92.0
	1	0.2	0.2
	2	0.8	0.3
	3	2.6	0.9
	4	0.4	0.4
	5	2.3	1.2
	6	0.1	1.1
	7	2.2	3.8
	b. Range of motion (active)		
	0	89.4	87.6
	1	0.3	0.4
	2	1.1	0.6
	3	3.4	1.5
	4	0.6	0.7
	5	2.5	1.8
	6	0.2	2.2
	7	2.4	5.0
	c. Splint or brace assistance		
	0	98.5	97.5
	1	*	0.1
	2	*	0.1
	3	0.1	0.1
	4	0.1	0.1
	5	0.5	0.3
	6	*	0.3
	7	0.8	1.6

			OK %	NAT %
		TRAINING AND SKILL PRACTICE IN:		
		d. Bed mobility		
		0	97.4	97.8
		1	*	<0.05
		2	0.1	<0.05
		3	0.2	0.1
		4	0.1	0.1
		5	0.8	0.2
		6	0.1	0.2
		7	1.2	1.5
		e. Transfer		
		0	95.6	95.7
		1	0.1	0.1
		2	0.1	0.1
		3	0.8	0.3
		4	0.2	0.2
		5	1.4	0.4
		6	0.1	0.7
		7	1.7	2.4
		f. Walking		
		0	92.7	90.4
		1	0.3	0.4
		2	0.5	0.5
		3	2.2	1.1
		4	0.5	0.6
		5	2.1	1.6
		6	0.3	1.7
		7	1.3	3.6
		g. Dressing or grooming		
		0	96.8	95.0
		1	0.1	0.1
		2	0.1	0.1
		3	0.2	0.2
		4	0.1	0.1
		5	0.9	0.4
		6	0.2	0.6
		7	1.6	3.5
		h. Eating or swallowing		
		0	98.4	97.5
		1	*	<0.05
		2	0.1	0.1
		3	0.1	0.1
		4	0.1	0.1
		5	0.3	0.2
		6	*	0.3
		7	1.0	1.8
		i. Amputation/prosthesis care		
		0	99.9	99.9
		1	*	<0.05
		2	*	<0.05
		3	*	<0.05
		4	*	<0.05
		5	*	<0.05
		6	*	<0.05
		7	0.1	<0.05
		j. Communication		
		0	99.3	99.4
		1	*	<0.05
		2	*	<0.05
		3	*	<0.05
		4	*	<0.05
		5	0.1	0.1
		6	*	0.1
		7	0.5	0.4
		k. Other		
		0	98.4	98.2
		1	0.1	0.1
		2	0.1	0.1
		3	0.5	0.3
		4	0.1	0.1
		5	0.5	0.3
		6	0.1	0.3
		7	0.2	0.7
4.	DEVICES AND RESTRAINTS	(Use the following codes for last 7 days)		
		a. Full bed rails on all open sides of bed		
		0. Not used	97.6	96.2
		1. Used less than daily	0.1	0.1
		2. Used daily	2.3	3.7
		b. Other types of side rails used (e.g., half rail, one side)		
		0. Not used	95.8	85.7
		1. Used less than daily	0.3	0.7
		2. Used daily	4.0	13.7
		c. Trunk restraint		
		0. Not used	98.1	98.1
		1. Used less than daily	0.1	0.1
		2. Used daily	1.7	1.7
		d. Limb restraint		
		0. Not used	99.9	99.8
		1. Used less than daily	*	<0.05
		2. Used daily	*	0.1
		e. Chair prevents rising		
		0. Not used	99.2	98.9
		1. Used less than daily	0.1	0.1
		2. Used daily	0.7	1.0

			OK %	NAT %
5.	HOSPITAL STAY(S)	Record number of times resident was admitted to hospital with an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no hospital admissions)		
		(a) 0	72.2	68.7
		(b) 1	24.2	27.8
		(c) 2-4	3.4	3.5
		(d) 5-9	0.1	<0.05
		(e) 10+	0.1	<0.05
6.	EMERGENCY ROOM (ER) VISIT(S)	Record number of times resident visited ER without an overnight stay in last 90 days (or since last assessment if less than 90 days). (Enter 0 if no ER visits)		
		(a) 0	87.8	92.1
		(b) 1	10.6	7.0
		(c) 2-4	1.6	0.8
		(d) 5-9	*	<0.05
		(e) 10+	*	<0.05
7.	PHYSICIAN VISITS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitione examined the resident? (Enter 0 if none)		
		(a) 0	48.8	39.3
		(b) 1	40.6	39.6
		(c) 2-4	9.8	19.5
		(d) 5-9	0.6	1.5
		(e) 10+	0.2	0.1
8.	PHYSICIAN ORDERS	In the LAST 14 DAYS (or since admission if less than 14 days in facility) how many days has the physician (or authorized assistant or practitione changed the resident's orders? Do not include order renewals without change. (Enter 0 if none)		
		(a) 0	32.9	26.1
		(b) 1	25.3	22.8
		(c) 2-4	34.1	39.3
		(d) 5-9	7.5	11.4
		(e) 10+	0.3	0.4
9.	ABNORMAL LAB VALUES	Has the resident had any abnormal lab values during the last 90 days (or since admission)?		
		0. No	26.4	23.4
		1. Yes	73.6	76.6

SECTION Q. DISCHARGE POTENTIAL AND OVERALL STATUS

1.	DISCHARGE POTENTIAL	a. Resident expresses/indicates preference to return to the community		
		0. No	79.4	77.3
		1. Yes	20.6	22.7
		b. Resident has a support person who is positive towards discharge		
		0. No	87.4	80.9
		1. Yes	12.6	19.1
		c. Stay projected to be of a short duration--discharge projected within 90 days (do not include expected discharge due to death)		
		0. No	78.5	77.5
		1. Within 30 days	2.3	4.2
		2. Within 31-90 days	2.9	5.1
		3. Discharge status uncertain	16.2	13.2
2.	OVERALL CHANGE IN CARE NEEDS	Resident's overall self sufficiency has changed significantly as compared to status of 90 days ago (or since last assessment if less than 90 days)		
		0. No change	86.7	84.8
		1. Improved--receives fewer supports, needs less restrictive level of care	4.7	4.7
		2. Deteriorated--receives more support	8.6	10.5

SECTION R. ASSESSMENT INFORMATION

1.	PARTICI-PATION IN ASSESSMENT	a. Resident		
		0. No	9.1	10.0
		1. Yes	90.9	90.0
		b. Family		
		0. No	54.3	53.6
		1. Yes	44.5	45.3
		2. No family	1.2	1.1
		c. Significant other		
		0. No	54.6	60.8
		1. Yes	7.3	6.5
		2. None	38.1	32.7

SECTION T. THERAPY SUPPLEMENT FOR MEDICARE PPS

1.	SPECIAL TREATMENTS AND PROCEDURES	a. RECREATION THERAPY--Enter number of days and total minutes of recreation therapy administered (for at least 15 minutes a day) in the last 7 days (Enter 0 if none)		
		(A) = # of days administered for 15 minutes or more		
		(B) = total # of minutes provided in last 7 days		
		b. ORDERED THERAPIES--Has physician ordered any of following therapies to begin in FIRST 14 days of stay--physical therapy, occupational therapy, or speech pathology service?		
		0. No	11.4	12.6
		1. Yes	88.6	87.4
		c. Through day 15, provide an estimate of the number of days when at least 1 therapy service can be expected to have been delivered.		
		(a) 1-5	4.2	2.5
		(b) 6-9	10.7	10.5
		(c) 10+	85.1	87.0

			OK %	NAT %
		d, Through day 15, provide an estimate of the number of therapy minu (across the therapies) that can be expected to be delivered		
		(a) 1-44	3.0	1.3
		(b) 45-149	0.5	0.5
		(c) 150-324	4.8	6.2
		(d) 325-499	4.1	4.6
		(e) 500-719	20.7	18.0
		(f) 720-999	12.1	11.7
		(g) 1000-1999	54.8	57.5
		(h) 2000-2999	*	0.1
		(i) 3000-3999	*	<0.05
		(j) 4000+	*	<0.05
2.	**WALKING WHEN MOST SELF SUFFICIENT**	Complete item 2 if ADL self-performance score for TRANSFER (G,1,b,A) is 0, 1, 2, or 3 AND at least one of the following are present: -Resident received physical therapy involving gait training (P,1,b,c) -Physical therapy was ordered for the resident involving gait training (T,1,b) -Resident received nursing rehabilitation for walking (P,3,f) -Physical therapy involving walking has been discontinued within th past 180 days Skip to item 3 if resident did not walk in last 7 days (FOR FOLLOWING FIVE ITEMS, BASE CODING ON THE EPISODE WHEN THE RESIDENT WALKED THE FARTHEST WITHOUT SITTING DOWN. INCLUDE WALKING DURING REHABILITATION SESSIONS.)		
		a. Furthest distance walked without sitting down during this episode.		
		0. 150+ feet		
		1. 51-149 feet		
		2. 26-50 feet		
		3. 10-25 feet		
		4. Less than 10 feet		
		b. Time walked without sitting down during this episode.		
		0. 1-2 minutes		
		1. 3-4 minutes		
		2. 5-10 minutes		
		3. 11-15 minutes		
		4. 16-30 minutes		
		5. 31 + minutes		
		c. Self-Performance in walking during this episode.		
		0. INDEPENDENT--No help or oversight		
		1. SUPERVISION--Oversight, encourage-ment or cueing provided		
		2. LIMITED ASSISTANCE--Resident highly involved in walking; received physical help in guided maneuvering limbs or other nonweight bearing assistance		
		3. EXTENSIVE ASSISTANCE--Resident received weight bearing assistance while walking.		
		d. Walking support provided associated with this episode (code regardless of resident's self-performance classification).		
		0. No setup of physical help from staff		
		1. Setup help only		
		2. One person physical assist		
		3. Two + persons physical assist		
		e. Parallel bars used by resident in association with this episode.		
		0. No		
		1. Yes		
3.	**CASE MIX GROUP**	Medicare		
		State		