INTRODUCTION TO THE MDS 3.0

This revision of the Minimum Data Set for Nursing Homes (MDS 3.0) builds on lessons learned from using and testing the MDS 2.0. Like MDS 2.0, it focuses on clinical assessment of nursing home residents to screen for common, often unrecognized or unevaluated, conditions and syndromes. Revisions have been based on feedback from MDS users, resident advocates and families, input from subject-area experts, and new knowledge and evidence about resident assessment. MDS 3.0 aims to increase the accuracy of assessments, obtain information directly from residents, include assessment items used in other care-settings, and move items toward future electronic health record formats.

ASSESSMENTS BASED ON INTERVIEW: GIVING RESIDENTS VOICE

Perhaps the most significant advance in this revision is the use of direct interview items to consistently elicit resident voice. Respect for the individual resident is fundamental to high quality care and resident **quality of life**. One of the most direct ways of conveying this respect is to directly ask the resident about how he/she feels and about his or her preferences. General, unfocused questions often fail to convey a real desire to hear how someone really feels and are unlikely to elicit meaningful report of symptoms or preferences. Residents and families want to be asked specific and direct questions. They come to us for care and want that care to be based on what they want and on improving how they feel.

Equally as important, the **most accurate** way to assess many topics is to directly ask the resident. For areas such as cognition, mood, preferences, and pain, studies have repeatedly shown that staff or family impressions often fail to capture the resident's (or any adult's) real condition or preferences. Unfortunately, staff and family observations of mood and pain significantly *underestimate* the presence of these treatable conditions. This is true across settings and in both short and long stay residents. If we don't ask the difficult questions, we risk leaving the resident to suffer in silence or to be incorrectly evaluated.

Resident **interview is feasible**. Experience and a large body of research have shown that even residents with moderate cognitive impairment can accurately and reliably answer simple interview questions about how they feel and about what they want. This is also true for some residents with significant cognitive impairment.

Surprisingly, going to the resident is often **more efficient**. Using the resident as the primary information source is not only time well spent, it can actually be faster. Many MDS 2.0 sections direct the assessor to talk to the resident, talk to the family, talk to staff across all shifts and review the record. Although the resident is mentioned as a data source, she or he is only one in a long list. However, documentation of pain, mood, and preferences is often missing or inaccurate in the medical record and the workload in facilities can make observing subtle signs and symptoms challenging. For cognitive assessment, mood, preferences and pain a simple resident interview that uses standardized items can be the sole information source, providing more accurate information directly and efficiently. These items are now directly on the MDS 3.0. Responses can be entered and the item is complete. Accessing multiple data sources is only necessary for those residents who, despite being approached, cannot participate in answering the particular item.

As in other aspects of clinical medicine, interview items **have been tested** to identify those that work better for measuring the topic in question. The item wording and response options included here have been tested and shown to work in nursing home and other frail populations. Clinicians in other settings already use many of these. The inclusion of structured interview items ensures that the MDS items are using a common measuring stick, are more likely to be reliable across facilities and provide a common language for communication across settings.

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ASSESSMENTS BASED ON INTERVIEW: GIVING RESIDENTS VOICE

These items contribute to, but do not replace, day-to-day interactions.

Testing has included consideration of "simpler" yes/no formats for these items. If the item asks about something that isn't fixed or absolute, then having more than two response choices can **make responding easier** for older adults. Many adults who struggle with reducing their experience to yes/no will have a much easier time when allowed to select from a range of choices that reflect the variations they actually experience day to day. The response choices have been carefully selected and tested to allow this choice while matching the responses to the question being asked. Both make the task of responding easier.

Some might worry that these type of items dictate to residents and staff about the content of their interactions. Users of structured interviews such as these consistently report that the opposite occurs. Structured questions often bring up important issues for the resident and **open up discussion** between the resident and provider. They help create an ongoing dialogue between the resident and provider within which it is safe to truly report on symptoms and care needs.

Thus, these interview items convey our respect for the resident as a care participant, open important clinical conversations with our residents, increase the accuracy of our assessments, improve the quality of the care we provide and bring nursing home care inline with care in other settings. Most of us talk to our residents every day. We believe that we touch on these important topics and provide ample opportunity for residents to express what they feel. These items ensure that we use part of those conversations to effectively and reliably screen for these important preferences and conditions.

IMPROVEMENTS IN ACCURACY

MDS 3.0 includes changes that seek to improve the accuracy of assessments. For many sections and items, we have included items identified by content experts and research as more valid measures of the condition. Items have been revised based on experience of users and input from subject matter experts who are familiar with nursing home residents and nursing home care. In addition, MDS 3.0 includes modified response options or instructions that aim to increase clarity and therefore agreement across assessors. For example, some items combine response categories where differentiation had been difficult in the past. Instructions for diagnoses have been revised to include detailed algorithms in order to assist in defining active disease. Whenever possible, we have included items or language used in other health care settings in order to improve communication across settings and providers. For example, items included in the National Pressure Ulcer Advisory Panel's PUSH tool are used to describe pressure ulcers; new ADL items separate toilet transfer from toileting and upper body dressing from lower body dressing. The new delirium section is a set of items that have been validated for frail older adults in hospital settings and is based on observations made during structured cognitive assessment. Language has been revised to reflect the standards applied in other settings.

IMPROVEMENTS IN EFFICIENCY

Many of the changes outlined above will increase the efficiency of completing the MDS by yielding higher quality information for the time invested. MDS 3.0 includes other changes that will also increase efficiency. The questions aim for greater consistency in look back windows and test a shorter look back than was used in prior versions. To the extent possible, items that did not address screening for clinical symptoms and syndromes were eliminated. We have, however, retained items that currently form the basis for payment and quality measurement.

Section A Select Demographic Items

A1. Assessment Reference Date (last day of MDS observation period)

__ __ / __ __ / __ __ __ __
M M D D Y Y Y Y

A2. Gender

Enter Code

1. **Male**
2. **Female**

A3. Language

Enter Code

Does the resident need or want an interpreter to communicate with a doctor or health care staff?

0. **No**
1. **Yes** → If yes, specify primary language: _____
9. **Unable to determine**

A4. Ethnicity

↓ **Complete only on admission assessment** ↓

Enter Code

Is the resident of Hispanic or Latino origin or descent?

0. **No**
1. **Yes**
9. **Unable to determine**

A5. Race

↓ **Complete only on admission assessment** ↓

Check all that apply.

- ☐ **a. American Indian or Alaska Native**
- ☐ **b. Asian**
- ☐ **c. Black or African American**
- ☐ **d. Native Hawaiian or Other Pacific Islander**
- ☐ **e. White**
- ☐ **f. Other**
- ☐ **g. Unable to determine**

A6. Mental Health History

↓ **Complete only on admission assessment** ↓

Enter Code

The resident has been evaluated by Level II PASRR, and determined to have a serious mental illness and/or mental retardation.

0. **No**
1. **Yes**
9. **Not applicable** (Unit not Medicaid certified)

Section B Hearing, Speech, and Vision

B1. Comatose

Enter Code

Persistent vegetative state/no discernible consciousness last 5 days.

0. **No**
1. **Yes** → If yes, skip to section G, Functional Status.

B2. Hearing

Enter Code

Ability to hear (with hearing aid or hearing appliance if normally used) last 5 days.

0. **Adequate**—no difficulty in normal conversation, social interaction, listening to TV
1. **Minimal difficulty**—difficulty in some environments (e.g. when person speaks softly or setting is noisy)
2. **Moderate difficulty**—speaker has to increase volume and speak distinctly
3. **Highly impaired**—absence of useful hearing

B3. Hearing Aid

Enter Code

Hearing aid or other hearing appliance used in above 5-day assessment.

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

B4. Speech Clarity

Enter Code

Select best description of speech pattern in last 5 days.

0. **Clear speech**—distinct intelligible words
1. **Unclear speech**—slurred, mumbled words
2. **No speech**—absence of spoken word

B5. Makes Self Understood

Enter Code

Ability to express ideas and wants, consider both verbal and non-verbal expression in last 5 days.

0. **Understood**—clear comprehension
1. **Usually understood**—difficulty communicating some words or finishing thoughts **but** if given time or some prompting is able
2. **Sometimes understood**—ability is limited to making concrete requests
3. **Rarely/never understood**

B6. Ability to Understand Others

Enter Code

Understanding verbal content, however able (with hearing aid or device if used) in last 5 days.

0. **Understands**—clear comprehension
1. **Usually understands**—misses some part/intent of message BUT comprehends most conversation
2. **Sometime understands**—responds adequately to simple, direct communication only
3. **Rarely/never understands**

B7. Vision

Enter Code

Ability to see in adequate light (with glasses or other visual appliances) in last 5 days.

0. **Adequate**—sees fine detail, including regular print in newspapers/books
1. **Impaired**—sees large print, but not regular print in newspapers/books
2. **Moderately impaired**—limited vision; not able to see newspaper headlines but can identify objects
3. **Highly impaired**—object identification in question, but eyes appear to follow objects
4. **Severely impaired**—no vision or sees only light, colors or shapes; eyes do not appear to follow object

B8. Corrective Lenses

Enter Code

Corrective lenses (contacts, glasses, or magnifying glass) used in above 5-day assessment.

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

Section C Cognitive Patterns

Brief Interview for Mental Status (BIMS)

C1. Interview Attempted

Enter Code

0. **No** (resident is rarely/never understood or needed interpreter not present) → Skip to C8, Staff Assessment for Mental Status
1. **Yes**

C2. Repetition of Three Words

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

Enter Code

Number of words repeated after first attempt

0. **None**
1. **One**
2. **Two**
3. **Three**

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

C3. Temporal Orientation (orientation to year, month, and day)

Enter Code

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

a. Able to report correct year

3. **Correct**
2. **Missed by 1 year**
1. **Missed by 2–5 years**
0. **Missed by > 5 years or** no answer

Enter Code

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

b. Able to report correct month

2. **Accurate within 5 days**
1. **Missed by 6 days to 1 month**
0. **Missed by >1 month or** no answer

Enter Code

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

c. Able to report correct day of the week

1. **Correct**
0. **Incorrect or** no answer

C4. Recall

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

Enter Code

a. Able to recall "sock"

2. **Yes, no cue required**
1. **Yes, after cueing** ("something to wear")
0. **No**—could not recall

Enter Code

b. Able to recall "blue"

2. **Yes, no cue required**
1. **Yes, after cueing** ("a color")
0. **No**—could not recall

Enter Code

c. Able to recall "bed"

2. **Yes, no cue required**
1. **Yes, after cueing** ("a piece of furniture")
0. **No**—could not recall

C5. Summary Score

Enter Numbers

Add scores for questions C2–C4 and fill in total score (00–15).

Enter 99 if unable to complete interview

C6. Organized Thinking

Enter Code

a. Ask resident: *"Are there fish in the ocean?"*

1. **Correct** ("yes")
0. **Incorrect or** no answer

Enter Code

b. Ask resident: *"Does one pound weigh more than two pounds?"*

1. **Correct** ("no")
0. **Incorrect or** no answer

Enter Code

c. Ask resident: *"Can a hammer be used to pound a nail?"*

1. **Correct** ("yes")
0. **Incorrect or** no answer

C7. Skip Item: Interview Completed

Enter Code

0. **No** (resident was unable to complete interview) → Continue to C8, Staff Assessment for Mental Status
1. **Yes** → Skip to C12, Signs and Symptoms of Delirium

Section C Cognitive Patterns

Staff Assessment for Mental Status—Complete only if resident interview (C2–C6) not completed

C8. Short Term Memory OK

Enter Code

Seems or appears to recall after 5 minutes.

0. **Memory OK**
1. **Memory problem**

C9. Long Term Memory OK

Enter Code

Seems or appears to recall long past.

0. **Memory OK**
1. **Memory problem**

C10. Memory/Recall Ability

Check all that the resident was normally able to recall during the last 5 days:

Check all that apply.

- ☐ a. **Current season**
- ☐ b. **Location of own room**
- ☐ c. **Staff names and faces**
- ☐ d. **That he or she is in a nursing home**
- ☐ e. **None of the above** is recalled

C11. Cognitive Skills for Daily Decision Making

Enter Code

Makes decisions regarding tasks of daily life.

0. **Independent**—decisions consistent/reasonable
1. **Modified independent**—some difficulty in new situations only
2. **Moderately impaired**—decisions poor; cues/supervision required
3. **Severely impaired**—never/rarely made decisions

Delirium

C12. Signs and Symptoms of Delirium (from CAM)

After interviewing the resident, code the following behaviors (a–d) in last 5 days.

Coding:

0. **Behavior not present**
1. **Behavior continuously present, does not fluctuate**
2. **Behavior present, fluctuates** (comes and goes, changes in severity)

→ **Enter Codes in Boxes** →

Enter Code	**a. Inattention**—Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty keeping track of what was said)?
Enter Code	**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)?
Enter Code	**c. Altered level of consciousness**—Did the resident have altered level of consciousness? (e.g., **vigilant**—startles easily to any sound or touch; **lethargic**—repeatedly dozes off when being asked questions, but responds to voice or touch; **stuporous**—very difficult to arouse and keep aroused for the interview; **comatose**—cannot be aroused)
Enter Code	**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?

C13. Acute Onset Mental Status Change

Enter Code

Is there evidence of an acute change in mental status from the resident's baseline in last 5 days?

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

Section D Mood

Self-Rated Mood Interview—Complete D1–D4 for all residents who are capable of any communication (B5 = 0, 1, or 2), and for whom an interpreter is present or not required.

D1. Interview Attempted

Enter Code

0. **No** (resident is rarely/never understood or needed interpreter not present) → Skip to D6, Staff Assessment
1. **Yes**

D2. Interview (From PHQ-9)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*

		I. Symptom Presence If yes, obtain frequency.	II. Symptom Frequency Circle one response			
			0. 0–1 day (Not at all)	1. 2–6 days (Several days)	2. 7–11 days (More than half the days)	3. 12–14 days (Nearly every day)
a.	***Little interest or pleasure in doing things***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
b.	***Feeling down, depressed, or hopeless***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
c.	***Trouble falling or staying asleep, or sleeping too much***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
d.	***Feeling tired or having little energy***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
e.	***Poor appetite or overeating***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
f.	***Feeling bad about yourself—or that you are a failure or have let yourself or your family down***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
g.	***Trouble concentrating on things, such as reading the newspaper or watching television***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
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***	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3
i.	***Thoughts that you would be better off dead, or of hurting yourself in some way*** **1)** If i = "Yes", **check here** to indicate that the charge nurse has been informed: ☐	Enter Code 0. No 1. Yes → 9. No response	0	1	2	3

D3. Total Severity Score

Enter Numbers

Sum of all circled frequency responses (D2–II; items a–i). Score may be between 00 and 27. Enter 99 if unable to complete interview (3 or more items in column I marked "No response")

☐ **Check here** if some or all frequency responses (D2–II; items a–i) are missing from total score.

Section D Mood

D4. Evidence of Depression 33/

Enter Code

Are 2 or more frequency items in shaded columns circled (D2–II, a–i), **and at least one of these is question a or b?**

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

D5. Skip Item: Resident Interview Completed 34/

Enter Code

0. **No** (3 or more items in D2–I, items a–i marked "No response") ➔ Continue to D6, Staff Assessment of Depression
1. **Yes** ➔ Skip to Section E, Behavior

Staff Assessment of Mood—Complete D6–D8 only if resident interview (D1–D5) not completed. (From PHQ-9)

D6. Staff Assessment

Say to staff: *"Over the last 2 weeks, did the resident have any of the following problems?"*	I. Symptom Presence If yes, obtain frequency.	II. Symptom Frequency Circle one response			
		0. 0–1 day (Not at all)	**1. 2–6 days** (Several days)	**2. 7–11 days** (More than half the days)	**3. 12–14 days** (Nearly every day)
a. ***Little interest or pleasure in doing things***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
b. ***Feeling down, depressed, or hopeless***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
c. ***Trouble falling or staying asleep, or sleeping too much***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
d. ***Feeling tired or having little energy***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
e. ***Poor appetite or overeating***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
f. ***Feeling bad about themselves—or that he or she is a failure or has let themselves or their family down***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
g. ***Trouble concentrating on things, such as reading the newspaper or watching television***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
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***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
i. ***Thoughts that they would be better off dead, or of hurting themselves in some way*** **1)** If i = "Yes", **check here** to indicate that the charge nurse has been informed: ☐	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3
j. ***Feeling short-tempered, easily annoyed***	Enter Code: 0. No; 1. Yes ➔; 9. No response	0	1	2	3

Section D Mood

D7. Total Severity Score

Enter Numbers

Sum of all circled frequency responses (D6–II, a–i; do not include D6j). Score may be between 00 and 27.

☐ **Check here** if staff responses are based on observation for less than 14 days.

D8. Evidence of Depression

Enter Code

Are 2 or more frequency items in shaded columns circled (D6–II, a–i), **and at least one of these is question a or b?**

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

Section E Behavior

E1. Psychosis

Check all that apply.

Check if problem condition was present at any time in last 5 days:

- ☐ a. **Hallucinations** (perceptual experiences in the *absence* of real external sensory stimuli) **or Illusions** (misperceptions in the *presence* of real external sensory stimuli)
- ☐ b. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
- ☐ c. **None of the above**

Behavioral Symptoms

E2. Behavioral Symptom—Presence & Frequency

Note presence of symptoms and their frequency in the last 5 days:

Coding:

0. **Not present** in last 5 days
1. **Present 1–2 days**
2. **Present 3 or more days**

→ **Enter Codes in Boxes** →

Enter Code	
Enter Code	a. **Physical behavioral symptoms directed toward others** (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
Enter Code	b. **Verbal behavioral symptoms directed toward others** (e.g., threatening, screaming at others; cursing at others)
Enter Code	c. **Other behavioral symptoms not directed toward others** (e.g., physical symptoms such as the resident hitting or scratching Self, pacing, rummaging, public sexual acts, disrobing in public, and throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E3. Overall Presence of Behavioral Symptoms in the last 5 days

Enter Code

Were any behavioral symptoms in questions E2 coded 1 or 2?

0. **No** → Skip to E6, Rejection of Care
1. **Yes** → Considering all of the symptoms together, answer E4 and E5 below

E4. Impact on Resident

Did any of the identified symptom(s):

Enter Code — a. **Put the resident at significant risk for physical illness or injury?**
0. **No**
1. **Yes**

Enter Code — b. **Significantly interfere with the resident's care?**
0. **No**
1. **Yes**

Enter Code — c. **Significantly interfere with the resident's participation in activities or social interactions?**
0. **No**
1. **Yes**

Section E Behavior

E5. Impact on Others

Did any of the identified symptom(s):

Enter Code

a. Put others at clinically significant risk for physical injury?
0. **No**
1. **Yes**

Enter Code

b. Significantly intrude on the privacy or activity of others?
0. **No**
1. **Yes**

Enter Code

c. Significantly disrupt care or living environment?
0. **No**
1. **Yes**

E6. Rejection of Care—Presence

Enter Code

In the last 5 days, **did the resident reject evaluation or care** (e.g., bloodwork, 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/or determined to be consistent with resident values, preferences, or goals.
0. **No** → Skip to E8, Wandering
1. **Yes**

E7. Rejection of Care—Frequency

Enter Code

Number of days on which care was rejected
1. **1–2 days**
2. **3 or more days**

Wandering

E8. Wandering—Presence

Enter Code

In the last 5 days, **has the resident wandered** on at least one occasion?
0. **No** → Skip to E11, Change in Behavioral Symptoms
1. **Yes**

E9. Wandering—Impact

Enter Code

a. Does the wandering place the resident at significant risk of getting to a place having greater risk of danger (e.g., stairs, outside of the facility)?
0. **No**
1. **Yes**

Enter Code

b. Does the wandering significantly intrude on the privacy or activities of others?
0. **No**
1. **Yes**

E10. Wandering—Frequency

Enter Code

Of the last 5 days, on how many days has wandering occurred?
1. **1–2 days**
2. **3 or more days**

E11. Change in Behavioral or Other Symptoms—Consider all of the symptoms assessed in items E1 through E10.

↓ **Complete only on follow-up assessment** ↓

Enter Code

How does resident's current behavior status, care rejection, or wandering **compare to last assessment?**
0. **Same**
1. **Improved**
2. **Worse**

Section F Preferences for Customary Routine, Activities, Community Setting

F1. Preferred Routine

All residents should be asked about preferences. Complete F1 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required. For residents who are not able to communicate, interview family member, or significant other who knows the resident and can provide information on past customs and preferences.

Preface a–h by saying to resident: *"While you are in the nursing home…"*

Coding:

1. ***Very important***
2. ***Somewhat important***
3. ***Not very important***
4. ***Not important at all***
5. ***Important, but can't do or no choice***
9. **No response or non-responsive**

→ **Enter Codes in Boxes** →

Enter Code		
Enter ☐ Code	**a.**	*How important is it to you to **choose what clothes to wear?***
Enter ☐ Code	**b.**	*How important is it to you to **take care of your personal belongings or things?***
Enter ☐ Code	**c.**	*How important is it to you to **choose between a tub bath, shower, bed bath, or sponge bath?***
Enter ☐ Code	**d.**	*How important is it to you to have **snacks available between meals?***
Enter ☐ Code	**e.**	*If you could go to bed whenever you wanted, how important would it be to you to **stay up past 8:00 p.m.?***
Enter ☐ Code	**f.**	*How important is it to you to have your **family or a close friend involved in discussions about your care?***
Enter ☐ Code	**g.**	*How important is it to you to be able to **use the phone in private?***
Enter ☐ Code	**h.**	*How important is it to you to have a **place to lock your things** to keep them safe?*

F2. Primary Respondent

Enter ☐ Code

Indicate primary respondent for F1, Preferred Routine:

1. **Resident**
2. **Significant Other** (family, close friend, or other representative)
9. **Could not be completed by resident or significant other**

Section F Preferences for Customary Routine, Activities, Community Setting

F3. Activity Pursuit Patterns

All residents who are able to communicate should be asked about activity pursuit patterns—even if they have not been able to complete F1. Complete F3 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required. For residents who are not able to communicate, interview family, or significant other who knows the resident and can provide information on past customs and preferences.

Preface a–j by saying to resident: *"While you are in the nursing home…"*

Coding:

1. ***Very important***
2. ***Somewhat important***
3. ***Not very important***
4. ***Not important at all***
5. ***Important, but can't do or no choice***
9. **No response or non-responsive**

→ **Enter Codes in Boxes** →

Enter Code	**a.** *How important is it to you to have **books, newspapers, and magazines** to read?*
Enter Code	**b.** *How important is it to you to listen to **music** you like?*
Enter Code	**c.** *How important is it to you to be around **animals** such as pets?*
Enter Code	**d.** *How important is it to you to keep up with the **news?***
Enter Code	**e.** *How important is it to you to do things with **groups of people?***
Enter Code	**f.** *How important is it to you to do your **favorite activities?***
Enter Code	**g.** *How important is it to you to do things **away from the nursing home?***
Enter Code	**h.** *How important is it to you to **go outside** to get fresh air when the weather is good?*
Enter Code	**i.** *How important is it to you to participate in **religious services or practices?***

Enter Code

j. If your doctor approves, would you like to be offered **alcohol on occasion** at meals or social events?

0. ***No***
1. ***Yes***
5. ***Yes, but can't do or no choice***
9. **No response or non-responsive answer**

F4. Primary Respondent

Enter Code

Indicate primary respondent for F3, Activity Pursuit Patterns:

1. **Resident**
2. **Significant Other** (family, close friend, or other representative)
9. **Could not be completed by resident or significant other**

Section F Preferences for Customary Routine, Activities, Community Setting

F5. Return to Community

↓ **Complete only on admission assessment** ↓

Ask resident (or family or significant other if resident unable to respond):

Enter Code

"Do you want to talk to someone about the possibility of ***returning to the community?"***

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

F6. Skip Item: Staff Assessment Required

Enter Code

Was either F2, Preferred Routine Respondent, or F4, Activity Respondent coded 9?

0. **No** → Skip to Section G, Functional Status
1. **Yes** → Complete F7, Staff Assessment of Activity and Daily Preferences

F7. Staff Assessment of Activity and Daily Preferences—Complete only if unable to interview resident or other representative for either F1, Preferred Routine, or F3, Activity Pursuit Patterns.

Resident Prefers:

Check all that apply.

- ☐ a. **Choosing clothes to wear**
- ☐ b. **Caring for personal belongings**
- ☐ c. **Receiving tub bath**
- ☐ d. **Receiving shower**
- ☐ e. **Receiving bed bath**
- ☐ f. **Receiving sponge bath**
- ☐ g. **Snacks between meals**
- ☐ h. **Staying up past 8:00 p.m.**
- ☐ i. **Family or close friend involvement in care discussions**
- ☐ j. **Use of phone in private**

Check all that apply.

- ☐ k. **Place to lock personal belongings**
- ☐ l. **Reading books, newspapers, or magazines**
- ☐ m. **Listening to music**
- ☐ n. **Being around animals such as pets**
- ☐ o. **Keeping up with the news**
- ☐ p. **Doing things with groups of people**
- ☐ q. **Participating in favorite activities**
- ☐ r. **Spending time away from the nursing home**
- ☐ s. **Spending time outdoors**
- ☐ t. **Participating in religious activities or practices**
- ☐ u. **None of the above**

Section G Functional Status

G1. Activities of Daily Living (ADL) Assistance

Code for most dependent episode in last 5 days:

Coding:

0. **Independent**—resident completes activity with no help or oversight
1. **Set up assistance**
2. **Supervision**—oversight, encouragement or cueing provided throughout the activity
3. **Limited assistance**—guided maneuvering of limbs or other non-weight bearing assistance provided at least once
4. **Extensive assistance, 1 person assist**— resident performed part of the activity while one staff member provided weight-bearing support or completed part of the activity at least once
5. **Extensive assistance, 2 + person assist**— resident performed part of the activity while two or more staff members provided weight-bearing support or completed part of the activity at least once
6. **Total dependence, 1 person assist**—full staff performance of activity (requiring only 1 person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
7. **Total dependence, 2 + person assist**—full staff performance of activity (requiring 2 or more person assistance) at least once. The resident must be unable or unwilling to perform any part of the activity.
8. **Activity did not occur** during entire period

→ Enter Codes in Boxes →

Enter Code	**a. Bed mobility** moving to and from lying position, turning side to side and positioning body while in bed.
Enter Code	**b. Transfer** moving between surfaces—to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet).
Enter Code	**c. Toilet transfer** how resident gets to and moves on and off toilet or commode.
Enter Code	**d. Toileting** using the toilet room (or commode, bedpan, urinal); cleaning self after toileting or incontinent episode(s), changing pad, managing ostomy or catheter, adjusting clothes (**excludes** toilet transfer).
Enter Code	**e. Walk in room** walking between locations in his/her room.
Enter Code	**f. Walk in facility** walking in corridor or other places in facility.
Enter Code	**g. Locomotion** moving about facility, with wheelchair if used.
Enter Code	**h. Dressing upper body** dressing and undressing above the waist, includes prostheses, orthotics, fasteners, pullovers.
Enter Code	**i. Dressing lower body** dressing and undressing from the waist down, includes prostheses, orthotics, fasteners, pullovers.
Enter Code	**j. Eating** includes eating, drinking (regardless of skill) or intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids for hydration).
Enter Code	**k. Grooming/personal hygiene** includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** bath and shower).
Enter Code	**l. Bathing** how resident takes full-body bath/shower, sponge bath and transfers in/out of tub/shower (**excludes** washing of back and hair).

Section G Functional Status

G2. Mobility Prior to Admission

↓ **Complete only on admission assessment** ↓

Enter Code

a. Did resident have a **hip fracture, hip replacement, or knee replacement** in the 30 days prior to this admission?

0. **No** → Skip to G3, Balance During Transitions and Walking
1. **Yes** → Complete G2b
9. **Unable to determine** → Skip to G3, Balance During Transitions and Walking

b. If yes, check all that apply for tasks in which the resident was independent prior to fracture/replacement.

Check all that apply.

- ☐ 1. **Transfer**
- ☐ 2. **Walk across room**
- ☐ 3. **Walk 1 block on a level surface**
- ☐ 4. **Resident was not independent in any of these activities**
- ☐ 9. **Unable to determine**

G3. Balance During Transitions and Walking

After observing the resident, code the following **walking and transition items for most dependent** over the last 5 days:

Coding:

0. **Steady at all times**
1. **Not steady, but <u>able</u> to stabilize without human assistance**
2. **Not steady, <u>only able</u> to stabilize with human assistance**
3. **Activity did not occur**

→ **Enter Codes in Boxes** →

Enter Code	**a. Moving from seated to standing** position
Enter Code	**b. Walking** (with assistive device if used)
Enter Code	**c. Turning around** and facing the opposite direction while walking
Enter Code	**d. Moving on and off toilet**
Enter Code	**e. Surface-to-surface transfer** (transfer from wheelchair to bed or bed to wheelchair)

G4. Functional limitation in range of motion

Code for limitation during last 5 days that interfered with daily functions or placed resident at risk of injury.

Coding:

0. **No impairment**
1. **Impairment on one side**
2. **Impairment on both sides**

→ **Enter Codes in Boxes** →

Enter Code	**a. Lower extremity** (hip, knee, ankle, foot)
Enter Code	**b. Upper extremity** (shoulder, elbow, wrist, hand)

Section G Functional Status

G5. Gait and Locomotion

Check all that were normally used in the past 5 days:

Check all that apply.

- ☐ **a. Cane/Crutch**
- ☐ **b. Walker**
- ☐ **c. Wheelchair (manual or electric)**
- ☐ **d. Limb prosthesis**
- ☐ **e. None of the above** were used

G6. Bedfast

Enter Code

In bed or in recliner in room for more than 22 hours on at least three of the past 5 days.

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

G7. Functional Rehabilitation Potential

↓ **Complete only on admission assessment** ↓

Enter Code

a. Resident believes s/he is capable of increased independence in at least some ADL's.

0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

b. Direct care staff believe resident is capable of increased independence in at least some ADL's.

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

Section H Bladder and Bowel

H1. Urinary Appliances

Check all that applied in last 5 days:

Check all that apply.

- ☐ a. **Indwelling bladder catheter**
- ☐ b. **External (condom) catheter**
- ☐ c. **Ostomy (suprapubic catheter, ileostomy)**
- ☐ d. **Intermittent catheterization**
- ☐ e. **None of the above**

H2. Urinary Continence

Enter Code

Urinary continence in last 5 days. Select the one category that best describes the resident over the last 5 days:

0. **Always continent**
1. **Occasionally incontinent** (less than 5 episodes of incontinence)
2. **Frequently incontinent** (5 or more episodes of incontinence but at least one episode of continent voiding)
3. **Always incontinent** (no episodes of continent voiding)
9. **Not rated**, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for entire 5 days

H3. Urinary Incontinence Management

Enter Code

a. **Has a trial of a toileting program (e.g. scheduled toileting, prompted voiding, or bladder training) been attempted** on admission or since urinary incontinence was noted in this facility?

0. **No** → Skip to item H4, Bowel Continence
1. **Yes**
9. **Unable to determine**

Enter Code

b. **Response**—What was the resident's response to the trial program?

0. **No improvement**
1. **Decreased wetness**
2. **Completely dry** (continent)
9. **Unable to determine**

Enter Code

c. **Current toileting program**—Is a toileting program currently being used to manage the resident's urinary incontinence?

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

H4. Bowel Continence

Enter Code

Bowel continence in last 5 days. Select the one category that best describes the resident over the last 5 days:

0. **Always continent**
1. **Occasionally incontinent** (one episode of bowel incontinence)
2. **Frequently incontinent** (2 or more episodes of bowel incontinence but at least one continent bowel movement)
3. **Always incontinent** (no episodes of continent bowel movements)
9. **Not rated,** resident had an ostomy or did not have a bowel movement for the entire 5 days

H5. Bowel Patterns

Enter Code

Constipation present in the past 5 days?

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

Section I Active Disease Diagnosis

Active Diseases in the last 30 days

Check all that apply.

Cancer

- ☐ 1. **Cancer** (with or without metastasis)

Heart/Circulation

- ☐ 2. **Anemia** (includes aplastic, iron deficiency, pernicious, and sickle cell)
- ☐ 3. **Atrial Fibrillation and Other Dysrhythmias** (includes bradycardias, tachycardias)
- ☐ 4. **Coronary Artery Disease** (includes angina, myocardial infarction)
- ☐ 5. **Deep Venous Thrombosis/ Pulmonary Embolus**
- ☐ 6. **Heart Failure** (includes pulmonary edema)
- ☐ 7. **Hypertension**
- ☐ 8. **Peripheral Vascular Disease/Peripheral Arterial Disease**
- ☐ 9. **Other Heart/ Circulation:** enter diagnosis and ICD-9:_____

Gastrointestinal

- ☐ 10. **Cirrhosis**
- ☐ 11. **GERD/Ulcer** (includes esophageal, gastric, and peptic ulcers)
- ☐ 12. **Ulcerative Colitis/ Chrohn's Disease/Inflammatory Bowel Disease**
- ☐ 13. **Other Gastrointestinal:** enter diagnosis and ICD-9:_____

Genitourinary

- ☐ 14. **Benign Prostatic Hyperplasia**
- ☐ 15. **Renal Insufficiency**
- ☐ 16. **Other Genitourinary**: enter diagnosis and ICD-9:_____

Infections

- ☐ 17. **Human Immunodeficiency Virus (HIV) Infection** (includes AIDS)
- ☐ 18. **MRSA, VRE, Clostridium diff. Infection / Colonization**
- ☐ 19. **Pneumonia**
- ☐ 20. **Tuberculosis**
- ☐ 21. **Urinary Tract Infection**
- ☐ 22. **Viral Hepatitis** (includes Hepatitis A, B, C, D, and E)
- ☐ 23. **Wound Infection**
- ☐ 24. **Other Infections**: enter diagnosis and ICD-9:_____

Metabolic

- ☐ 25. **Diabetes Mellitus** (includes diabetic retinopathy, nephropathy, and neuropathy)
- ☐ 26. **Hyponatremia**
- ☐ 27. **Hyperkalemia**
- ☐ 28. **Hyerlipidemia**
- ☐ 29. **Thyroid Disorder** (Includes hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)
- ☐ 30. **Other Metabolic**: enter diagnosis and ICD-9:_____

Musculoskeletal

- ☐ 31. **Arthritis** (Degenerative Joint Disease, Osteoarthritis, and Rheumatoid Arthritis)
- ☐ 32. **Osteoporosis**
- ☐ 33. **Hip Fracture** (includes any hip fracture that continues to have a relationship to current status, treatments, monitoring. Includes sub-capital fractures, fractures of the trochanter and femoral neck) (last 90 days)
- ☐ 34. **Other Fracture**
- ☐ 35. **Other Musculoskeletal**: enter diagnosis and ICD-9:_____

Neurological

- ☐ 36. **Alzheimer's Disease**
- ☐ 37. **Aphasia**
- ☐ 38. **Cerebral Palsy**
- ☐ 39. **CVA/ TIA/ Stroke**
- ☐ 40. **Dementia** (Non-Alzheimer's dementia, including vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia (e.g., Pick's disease), and dementia related to stroke, Parkinson's, Huntington's, Pick's, or Creutzfeldt-Jakob diseases)
- ☐ 41. **Hemiplegia/Hemiparesis/Paraplegia/Quadriplegia**
- ☐ 42. **Multiple Sclerosis**
- ☐ 43. **Parkinson's Disease**
- ☐ 44. **Seizure Disorder**
- ☐ 45. **Traumatic Brain Injury**
- ☐ 46. **Other Neurological**: enter diagnosis and ICD-9:_____

Nutritional

- ☐ 47. **Protein Calorie Malnutrition** or at risk for malnutrition
- ☐ 48. **Other Nutritional**: enter diagnosis and ICD-9:_____

Psychiatric/Mood Disorder

- ☐ 49 **Anxiety Disorder**
- ☐ 50. **Depression** (other than Bipolar)
- ☐ 51. **Manic Depression** (Bipolar Disease)
- ☐ 52. **Schizophrenia**
- ☐ 53. **Other Psychiatric/Mood Disorder**: enter diagnosis and ICD-9:_____

Pulmonary

- ☐ 54. **Asthma/ COPD Chronic Lung Disease** (includes restrictive lung diseases such as asbestosis and chronic bronchitis)
- ☐ 55. **Other Pulmonary**: enter diagnosis and ICD-9:_____

Other

- ☐ 56. **Note Additional Diagnoses**: enter diagnosis and ICD-9:_____
  ICD-9:_____
  ICD-9:_____
  ICD-9:_____
  ICD-9:_____

Section J Health Conditions

J1. Pain Management (answer for all residents, regardless of current pain level)

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

Enter Code

a. Been on a scheduled pain medication regimen?

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

Enter Code

b. Received PRN pain medications?

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

Enter Code

c. Received non-medication intervention for pain?

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

Pain Assessment Interview—All residents should be asked about pain. Complete J2–J7 for all residents who are capable of any communication (B5 is coded 0, 1, or 2), and for whom an interpreter is present or not required.

J2. Interview Attempted

Enter Code

0. **No** (resident is rarely/never understood or needed interpreter is not present) ➔ Skip to J9, Staff Assessment of Pain
1. **Yes**

J3. Pain Presence

Enter Code

Ask resident: *"**Have you had pain or hurting** at any time in the last 5 days?"*

0. **No** ➔ Skip to J8, Interview Completed
1. **Yes** ➔ Proceed to items J4–J8 below
9. **Unable to answer** ➔ Skip to J8, Interview Completed

J4. Pain Frequency

Enter Code

Ask resident: *"**How much of the time** have you experienced pain or hurting over the last 5 days?"*

1. ***Almost constantly***
2. ***Frequently***
3. ***Occasionally***
4. ***Rarely***
9. **Unable to answer**

J5. Pain Effect on Function

Enter Code

a. Ask resident: *"Over the past 5 days, **has pain made it hard for you to sleep at night?**"*

0. **No**
1. **Yes**
9. **Unable to answer**

Enter Code

b. Ask resident: *"Over the past 5 days, **have you limited your day-to-day activities because of pain?**"*

0. **No**
1. **Yes**
9. **Unable to answer**

Section J Health Conditions

J6. Pain Intensity—Administer **one** of the following pain intensity questions (a or b)

Administer one scale.

Enter Code

a. Verbal Descriptor Scale

Ask resident: *"Please rate the intensity of your worst pain over the last 5 days"*

(Show resident verbal scale.)

1. ***Mild***
2. ***Moderate***
3. ***Severe***
4. ***Very severe, horrible***
9. **Unable to answer or not attempted**

Enter Number

b. 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 worst pain you can imagine."

(Show resident 0–10 pain scale.)

Enter two-digit response. Enter 99 if unable to answer or not attempted.

Enter Code

c. Indicate which Pain Intensity question was administered.

1. **Verbal Descriptor Scale only**
2. **Numeric Rating Scale (00–10) only**
3. **Both were tried and one scale completed**
9. **Both were tried, and neither scale completed**

J7. Pain Treatment Goals

Enter Code

Ask resident: *"In your opinion, how important is it for your pain treatment to **completely eliminate** your pain?"*

1. ***Extremely important***
2. ***Very important***
3. ***Somewhat important***
4. ***Not at all important***
9. **Unable to answer**

J8. Skip Item: Interview Completed

Enter Code

0. **No** (Resident was unable to answer whether pain was present in J3, **or** unable to answer 3 or more pain descriptors in items J4–J7) ➔ Proceed to J9, Staff Assessment for Pain
1. **Yes** ➔ Skip to J10, Shortness of Breath

Staff Assessment for Pain

J9. Staff Assessment for Pain—Complete only if pain interview (J2–J8) not completed

Indicators of pain or possible pain in the last 5 days. Check all that apply:

Check all that apply.

- ☐ **a. Non-verbal sounds** (crying, whining, gasping, moaning, or groaning)
- ☐ **b. Vocal complaints of pain** (that hurts, ouch, stop)
- ☐ **c. Facial expressions** (grimaces, winces, wrinkled forehead, furrowed brow, clenched teeth or jaw)
- ☐ **d. Protective body movements or postures** (bracing, guarding, rubbing or massaging a body part/area, clutching or holding a body part during movement)
- ☐ **e. None of these signs observed or documented**

Section J Health Conditions

Other Health Conditions

J10. Shortness of Breath (dypsnea)

Select all that apply in last 5 days:

Check all that apply.

- ☐ a. **Shortness of breath or trouble breathing with exertion** (e.g. walking, bathing, transferring)
- ☐ b. **Shortness of breath or trouble breathing when sitting at rest**
- ☐ c. **Shortness of breath or trouble breathing when lying flat**
- ☐ d. **None of the above**

J11. Cough Present

Enter Code

Cough present in last 5 days.

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

J12. Chest Pain or Angina

Select all that apply in last 5 days:

Check all that apply.

- ☐ a. **Chest pain or angina with exertion** (e.g. walking, bathing, transferring)
- ☐ b. **Chest pain or angina when sitting or at rest**
- ☐ c. **None of the above**

J13. Current Tobacco Use

Enter Code

Tobacco use in last 5 days.

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

J14. Prognosis

Enter Code

Does the resident have a condition or chronic disease that may result in a **life expectancy of less than 6 months**? Requires physician documentation. If not documented, discuss with physician and request supporting documentation)

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

Section J Health Conditions

Falls Assessment

J15. Skip Item for Falls: Admission or Follow-up

Enter Code

What assessment type are you completing?

1. **Admission assessment** → Complete J16, Fall History (Admission)
2. **Follow-up assessment (quarterly or annual)** → Skip to J17, Any Falls Since Last Assessment

J16. Fall History (Admission)

↓ **Complete J16a-d only on Admission Assessment** ↓

Enter Code

a. Did the resident fall one or more times in the **30 days** (i.e., month) before admission?

0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

b. Did the resident fall one or more times in the **31–180 days** (i.e., 1–6 months) before admission?

0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

c. Did the resident have any **fracture related to a fall in the 6 months** prior to admission?

0. **No**
1. **Yes**
9. **Unable to determine**

Enter Code

d. Has the resident **fallen since admission** to the nursing home?

0. **No** → Skip to Section K, Swallowing
1. **Yes** → Skip to Section K, Swallowing

J17. Any Falls Since Last Assessment (Quarterly or Annual Assessment)

↓ **Complete J17 only on Quarterly or Annual Assessment** ↓

Enter Code

Has the resident **had any falls since the last assessment?**

0. **No** → Skip to Section K, Swallowing
1. **Yes**

J18. Number of Falls Since Last Assessment (Quarterly or Annual Assessment)

↓ **Complete only on Quarterly or Annual Assessment** ↓

Code the number of falls in each category since the last assessment.

Coding:

0. **None**
1. **One**
2. **Two or more**

Enter Codes in Boxes →

Enter Code

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

Enter Code

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

Enter Code

c. Major injury—bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma

Section K Swallowing/Nutritional Status

K1. Swallowing Disorder

Signs and symptoms of possible swallowing disorder. Check all that applied in last 5 days:

Check all that apply.

- ☐ a. **Loss of liquids/solids from mouth when eating or drinking**
- ☐ b. **Holding food in mouth/cheeks or residual food in mouth after meals**
- ☐ c. **Coughing or choking during meals or when swallowing medications**
- ☐ d. **Complaints of difficulty or pain with swallowing**
- ☐ e. **None of the above**

K2. Height and Weight

☐☐ **inches**

a. **Height** (in inches) most recent height measure since admission. (If height includes a fraction, round up to nearest inch.)

☐☐☐ **pounds**

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). (If weight includes a fraction, round up to nearest pound.)

K3. Weight Loss

Enter Code ☐

Loss of 5% or more in last 30 days (or since last assessment if sooner) **or loss of 10% or more in last 180 days.**

0. **No** or unknown
1. **Yes**, planned loss
2. **Yes**, unplanned loss

K4. Nutritional Approaches

Check all that applied in last 5 days:

Check all that apply.

- ☐ a. **Parenteral/IV feeding**
- ☐ b. **Feeding-tube**—nasogastric or abdominal (PEG)
- ☐ c. **Mechanically altered diet**—require change in texture of food or liquids (e.g., pureed food, thickened liquids)
- ☐ d. **Therapeutic diet** (low salt, diabetic, low cholesterol)
- ☐ e. **None of the above**

K5. Percent Intake by Artificial Route → Skip to Section L, Oral/Dental Status, if neither K4a or K4b is checked

Enter Code ☐

a. **Proportion of total calories the resident received through parenteral or tube feedings** in the last 5 days.

1. **25% or less**
2. **26–50%**
3. **51% or more**

Enter Code ☐

b. **Average fluid intake per day by IV or tube** in last 5 days.

1. **500 cc/day or less**
2. **501 cc/day or more**

Section L Oral/Dental Status

L1. Dental

Check all that applied in last 5 days:

Check all that apply.

- ☐ a. **Broken or loosely fitting denture or partial** (chipped, cracked, uncleanable, or loose)
- ☐ b. **No natural teeth or tooth fragment(s)** (edentulous)
- ☐ c. **Abnormal mouth tissue** (ulcers, masses, oral lesions, including under denture or partial if one is worn)
- ☐ d. **Obvious cavity or broken natural teeth**
- ☐ e. **Inflamed or bleeding gums or loose natural teeth**
- ☐ f. **Mouth or facial pain,** discomfort or difficulty with chewing
- ☐ g. **None of the above** were present
- ☐ h. **Unable to examine**

Section M Skin Conditions

M1. Current Pressure Ulcer

Enter Code

Did the resident have a pressure ulcer in the last 5 days?

0. **No** → Skip to M11, Healed Pressure Ulcers, Page 26
1. **Yes**

M2. Stage 1 Ulcers

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

Enter Number

Number of existing pressure ulcers at Stage 1—Observable pressure-related alteration of an area of intact skin whose indicators may include change in: skin temperature (warm or cool), tissue consistency (firm or boggy feel), or sensation (pain, itching). In lightly pigmented skin, appears as an area of persistent redness. In darker skin tones, may appear with persistent red, blue, or purple hues.

M3. Stage 2 Ulcers

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

Enter Number

a. Number of existing pressure ulcers at Stage 2—Partial thickness skin loss involving epidermis, dermis, or both. The ulcer presents clinically as an abrasion, blister, or shallow crater. **If number entered = 0 → Skip to M4, Stage 3 ulcers.**

Enter Number

b. Number of these Stage 2 pressure ulcers that were present on admission. Of the pressure ulcers listed in M3a, how many were first noted at Stage 2 within 48 hours of admission and not acquired in the facility?

Length (cm) ☐☐.☐

Width (cm) ☐☐.☐

c. Current dimensions of largest Stage 2 pressure ulcer.
Enter 99.9 if unable to determine (for study purposes only).

M4. Stage 3 Ulcers

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

Enter Number

a. Number of existing pressure ulcers at Stage 3—Full thickness skin loss involving damage to, or necrosis of, subcutaneous tissue that may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue. **If number entered = 0 → Skip to M5, Stage 4 ulcers.**

Enter Number

b. Number of these Stage 3 pressure ulcers that were present on admission. Of the pressure ulcers listed in M4a, how many were first noted at Stage 3 within 48 hours of admission and not acquired in the facility?

Length (cm) ☐☐.☐

Width (cm) ☐☐.☐

Depth (cm) ☐☐.☐

c. Current dimensions of largest Stage 3 pressure ulcer.
Enter 99.9 if unable to determine (for study purposes only).

M5. Stage 4 Ulcers

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

Enter Number

a. Number of existing pressure ulcers at Stage 4—Full thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures (e.g., tendon, joint, capsule). Undermining and sinus tracts also may be associated with Stage 4 pressure ulcers. **If number entered = 0 → Skip to M6, Nonstageable ulcers.**

Enter Number

b. Number of these Stage 4 pressure ulcers that were present on admission. Of the pressure ulcers listed in M5a, how many were first noted at Stage 4 within 48 hours of admission and not acquired in the facility?

Length (cm) ☐☐.☐

Width (cm) ☐☐.☐

Depth (cm) ☐☐.☐

c. Current dimensions of largest Stage 4 pressure ulcer.
Enter 99.9 if unable to determine (for study purposes only).

Section M Skin Conditions

M6. Nonstageable Ulcers

Enter Number

a. Not Stageable—Cannot be observed due to presence of eschar that is intact and fully adherent to edges of wound or wound covered with non-removable dressing/cast and no prior staging known.

Enter Number

b. Number of these nonstageable pressure ulcers that were present on admission. Of the pressure ulcers listed in M6a, how many were first noted as nonstageable within 48 hours of admission and not acquired in the facility?

M7. Exudate Amount for Most Advanced Stage

Enter Code

Select the item that best describes the **amount of exudate in the largest pressure ulcer at the most advanced stage.**

0. **None**
1. **Light**
2. **Moderate**
3. **Heavy**
9. **Not observable/not documented**

M8. Tissue Type for Most Advanced Stage

Enter Code

Select the item that best describes the **type of tissue present in the ulcer bed of the largest pressure ulcer at the most advanced stage.**

0. **Closed/resurfaced**—completely covered with epithelium
1. **Epithelial Tissue** —new skin growing in superficial ulcer
2. **Granulation Tissue** —pink or red tissue with shiny, moist, granular appearance
3. **Slough**—yellow or white tissue that adheres to the ulcer bed in strings or thick clumps, or is mucinous
4. **Necrotic Tissue (Eschar)** —black, brown, or tan tissue that adheres firmly to the wound bed or ulcer edges, may be softer or harder than surrounding skin.
9. **Not observable/not documented**

M9. Data Source for Current Pressure Ulcer items (M2–M8)

This item is for study analysis purposes; not for consideration for MDS 3.0.

Enter Code

Select the data source used for information on pressure ulcers.

1. **Research nurse direct observation with facility nurse**
2. **Facility nurse completing MDS 3.0 assessment**
3. **Chart review**

M10. Worsening in Pressure Ulcer Status Since Last Assessment

Indicate the number of current pressure ulcers that were **not present or were at a lesser stage** on last MDS (if no current pressure ulcer at a given stage, enter 0).

☐ **a. Check here if N/A** (no prior assessment)

Enter Number

b. Stage 2

Enter Number

c. Stage 3

Enter Number

d. Stage 4

Section M Skin Conditions

M11. Healed Pressure Ulcers

Indicate the number of pressure ulcers that were noted on last MDS that have **completely healed.** (If no current pressure ulcer at a given stage, enter 0).

☐	**a. Check here if N/A** (no prior assessment **or** no pressure ulcers on prior assessment)
Enter ☐ Number	**b. Stage 2**
Enter ☐ Number	**c. Stage 3**
Enter ☐ Number	**d. Stage 4**

M12. Other Ulcers, Wounds, and Skin Problems

Check all that apply in the past 5 days:

Check all that apply.

☐	**a. Venous or arterial ulcer(s)**
☐	**b. Diabetic foot ulcer(s)**
☐	**c. Other foot or lower extremity infection** (cellulitis)
☐	**d. Surgical wound(s)**
☐	**e. Open lesion(s) other than ulcers, rashes, cuts** (e.g., cancer lesion)
☐	**f. Burn(s)**
☐	**g. None of the above** were present

M13. Skin Treatments

Check all that apply in the past 5 days:

Check all that apply.

☐	**a. Pressure reducing device for chair**
☐	**b. Pressure reducing device for bed**
☐	**c. Turning/repositioning program**
☐	**d. Nutrition or hydration intervention** to manage skin problems
☐	**e. Ulcer care**
☐	**f. Surgical wound care**
☐	**g. Application of dressings** (with or without topical medications) other than to feet
☐	**h. Applications of ointments/medications** other than to feet
☐	**i. None of the above** were provided

Section N Medications

N1. Injections

☐ Days

Record the **number of days that injectable medications were received** during the last 5 days or since admission if less than 5 days.

N2. Medications Received

Check all medications the resident received at any time during the last 5 days or since admission if less than 5 days:

Check all that apply.

- ☐ a. **Antipsychotic**
- ☐ b. **Antianxiety**
- ☐ c. **Antidepressant**
- ☐ d. **Hypnotic**
- ☐ e. **Anticoagulant** (warfarin, heparin, or low-molecular weight heparin)
- ☐ f. **None of the above**

Section O Special Treatments and Procedures

O1. Special Treatments and Programs

Check all that apply.

	↓ Complete for all Assessments ↓ I. Past 5 days, **or** since admission if less than 5 days	↓ Complete only for ↓ 5-day Assessment II. In 5 days prior to admission
		Check here if not a 5-day assessment: ☐
Cancer Treatment		→ Skip this column
a. Chemotherapy	☐	☐
b. Radiation	☐	☐
Respiratory Treatments		
c. Oxygen therapy	☐	☐
d. Suctioning	☐	☐
e. Tracheostomy care	☐	☐
f. Ventilator or respirator	☐	☐
Other		
g. IV medications	☐	☐
h. Transfusions	☐	☐
i. Dialysis	☐	☐
j. Hospice care	☐	☐
k. Respite care	☐	☐
l. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)	☐	☐
m. None of the above	☐	☐

O2. Influenza Vaccine

Enter Code

a. Did the **resident receive the Influenza Vaccine <u>in this facility</u>** for this year's Influenza season (October 1 through March 31)?

0. **No**
1. **Yes** → Skip to O3, Pneumococcal Vaccine
9. **Does not apply because assessment outside influenza season** → Skip to O3, Pneumococcal Vaccine

Enter Code

b. If Influenza Vaccine not received, state reason:

1. **Not in facility** during this year's flu season
2. **Received outside of this facility**
3. **Not eligible**
4. **Offered and declined**
5. **Not offered**
6. **Inability to obtain vaccine** due to declared shortage
7. **None of the above**

O3. Pneumococcal Vaccine

Enter Code

a. Is the resident's **Pneumococcal Vaccine status up to date?**

0. **No**
1. **Yes** → Skip to O4, Therapies

Enter Code

b. If Pneumococcal Vaccine not received, state reason:

1. **Not eligible**
2. **Offered and declined**
3. **Not offered**
4. **Vaccine status not up to date by admission ARD**

Section O Special Treatments and Procedures

O4. Therapies

Record the **number of days each of the following therapies was administered** for at least 15 minutes a day in the last 5 calendar days (column I). Enter 0 if none or less than 15 minutes daily. For Therapies a–c also record the total number of minutes (column II). Note: Count only post admission therapies.

I. Days	II. Minutes		
☐☐	☐☐☐	**a.**	Speech-language pathology and audiology services
☐☐	☐☐☐	**b.**	Occupational Therapy
☐☐	☐☐☐	**c.**	Physical Therapy
☐☐		**d.**	Respiratory Therapy
☐☐		**e.**	Psychological Therapy (by any licensed mental health professional)
☐☐		**f.**	Recreational Therapy (includes recreational and music therapy)

O5. Nursing Rehabilitation/ Restorative Care

Record the number of days each of the following rehabilitative or restorative techniques was administered (for at least 15 minutes a day) in the last 5 calendar days (enter 0 if none or less than 15 minutes daily).

Number of Days		
☐☐	**a.**	**Range of motion (passive)**
☐☐	**b.**	**Range of motion (active)**
☐☐	**c.**	**Splint or brace assistance**
		Training and skill practice in:
☐☐	**d.**	**Bed mobility**
☐☐	**e.**	**Transfer**
☐☐	**f.**	**Walking**
☐☐	**g.**	**Dressing or grooming**
☐☐	**h.**	**Eating or swallowing**
☐☐	**i.**	**Amputation/prostheses care**
☐☐	**j.**	**Communication**

O6. Physician Examinations

☐☐ Days	Over the last 5 days, **on how many days did the physician (or authorized assistant or practitioner) examine the resident?**

O7. Physician Orders

☐☐ Days	Over the last 5 days, **on how many days did the physician (or authorized assistant or practitioner) change the resident's orders?**

Section P Restraints

P1. Physical Restraints

Physical restraints are any manual method, 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. Code for last 5 days:

Coding:
0. Not used
1. Used less than daily
2. Used daily

→ Enter Codes in Boxes ←

	Used in Bed
Enter Code	**a. Full bed rails on all open sides of the bed**
Enter Code	**b. Other type of side rail used (e.g., half rail, one side)**
Enter Code	**c. Trunk restraint**
Enter Code	**d. Limb restraint**
Enter Code	**e. Other**
	Used in Chair or Out of Bed
Enter Code	**f. Trunk restraint**
Enter Code	**g. Limb restraint**
Enter Code	**h. Chair prevents rising**
Enter Code	**i. Other**

Section Q Participation in Assessment and Goal Setting

Q1. Participation in Assessment

Enter Code

a. Resident

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

Enter Code

b. Family

0. **No**
1. **Yes**
9. **No family**

Enter Code

c. Significant other

0. **No**
1. **Yes**
9. **None**

Q2. Resident's Overall Goals

↓ **Complete only on Admission Assessment** ↓

Enter Code

a. Select one for resident's goals established during assessment process.

1. **Post acute care**—expects to **return to community**
2. **Post acute care**—expects to have **continued NH needs**
3. **Respite stay**—expects to **return home**
4. **Other reason for admit**—expects to **return to community.**
5. **Long term care** for medical, functional, and/or cognitive impairments
6. **End-of-life care**
9. **Unknown or uncertain**

Enter Code

b. Indicate information source for this item

1. **Resident**
2. **Close family member or significant other**
3. **Neither**

Resident Name

Numeric Identifier

SECTION Z Assessment Administration

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting

I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information 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	Title	Sections	Date Section Completed
A.			
B.			
C.			
D.			
E.			
F.			
G.			
H.			
I.			
J.			
K.			
L.			

Z0500. Signature of RN Assessment Coordinator Verifying Assessment Completion

A. Signature

B. Date RN Assessment Coordinator signed assessment as complete: ☐☐ – ☐☐ – ☐☐☐☐ (Month – Day – Year)

Resident Name

Numeric Identifier

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 A 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 Case Mix group:

B. RUG version code:

RAPID RUG-IV GUIDE

The Rapid RUG-IV Guide is intended to be an at-a-glance reference providing the MDS 3.0 items and criteria for each RUG category.

The Guide also includes the calculation to determine the resident's Late Loss ADL Score, and the Medicare Short Stay Assessment Indicator (see Side Two).

For specific information pertaining to RUG-IV, refer to Chapter 6 in the LTC RAI User's Manual Version 3.0.

CATEGORY I – REHABILITATION PLUS EXTENSIVE SERVICES

ADL = 2 – 16	ADL Score	RUG-IV
See Rehabilitation criteria in Category II		
Rehabilitation **Ultra High PLUS** Extensive Service(s)	11 – 16 2 – 10	RUX RUL
Rehabilitation **Very High PLUS** Extensive Service(s)	11 – 16 2 – 10	RVX RVL
Rehabilitation **High PLUS** Extensive Service(s)	11 – 16 2 – 10	RHX RHL
Rehabilitation **Medium PLUS** Extensive Service(s)	11 – 16 2 – 10	RMX RML
Rehabilitation **Low PLUS** Extensive Service(s)	2 – 16	RLX

CATEGORY II – REHABILITATION

ADL = 0 – 16	ADL Score	RUG-IV
Ultra High Criteria 720 minutes or more (total) of therapy per week **and** At least one discipline for at least 5 days, **and** A second discipline for at least 3 days 144 minutes or more if MSSAI[1] = YES	11 – 16 6 – 10 0 – 5	RUC RUB RUA
Very High Criteria 500 minutes or more (total) of therapy per week **and** At least one discipline for at least 5 days 100 to 143 minutes if MSSAI[1] = YES	11 – 16 6 – 10 0 – 5	RVC RVB RVA
High Criteria 325 minutes or more (total) of therapy per week **and** At least one discipline for at least 5 days 65 to 99 minutes if MSSAI[1] = YES	11 – 16 6 – 10 0 – 5	RHC RHB RHA
Medium Criteria 150 minutes or more (total) of therapy per week **and** At least 5 days of any combination of the 3 disciplines 30 to 64 minutes if MSSAI[1] = YES	11 – 16 6 – 10 0 – 5	RMC RMB RMA
Low Criteria 45 minutes or more (total) of therapy per week **and** At least 3 days of any combination of the 3 disciplines **and** 2 or more Restorative Nursing Services[4] received for at least 15 minutes with each administered for 6 or more days 15 to 29 minutes if MSSAI[1] = YES	11 – 16 0 – 10	RLB RLA

CATEGORY III – EXTENSIVE SERVICES

ADL = 2 – 16	RUG-IV
Tracheostomy care **AND** ventilator or respirator (while a resident)	ES3
Tracheostomy care **OR** ventilator or respirator (while a resident)	ES2
Infection Isolation (while a resident)	ES1

CATEGORY IV – SPECIAL CARE HIGH

ADL = 2 – 16	ADL Score	End Splits	RUG-IV
– Comatose and ADL dependent or ADL did not occur	15 – 16	Depression	HE2
– Septicemia	15 – 16	No Depression	HE1
– Diabetes with both: • daily injections (7 days) • insulin order changes on 2+ days	11 – 14	Depression	HD2
	11 – 14	No Depression	HD1
– Quadriplegia and ADL ≥ 5	6 – 10	Depression	HC2
– COPD and SOB when lying flat	6 – 10	No Depression	HC1
– Fever with one of the following: • pneumonia • weight loss • vomiting • feeding tube with intake requirement[2]	2 – 5	Depression	HB2
	2 – 5	No Depression	HB1
– Parenteral/IV feedings			
– Respiratory therapy = 7 days			
Depression criteria is met if the Total Severity Score ≥ 10			

CATEGORY V – SPECIAL CARE LOW

ADL = 2 – 16	ADL Score	End Splits	RUG-IV
– Cerebral Palsy and ADL ≥ 5	15 – 16	Depression	LE2
– Multiple Sclerosis and ADL ≥ 5	15 – 16	No Depression	LE1
– Parkinson's Disease and ADL ≥ 5	11 – 14	Depression	LD2
– Respiratory failure and oxygen	11 – 14	No Depression	LD1
– Feeding tube[2]	6 – 10	Depression	LC2
– 2+ Stage 2 pressure ulcers with 2+ ulcer treatments[3]	6 – 10	No Depression	LC1
– Stage 3 or 4 pressure ulcer with 2+ ulcer treatments[3]	2 – 5	Depression	LB2
– 2+ venous/arterial ulcers with 2+ ulcer treatments[3]	2 – 5	No Depression	LB1
– Stage 2 pressure ulcer (1) and venous/arterial ulcer (1) with 2+ ulcer treatments[3]			
– Foot infection, diabetic foot ulcer, or other open lesion of foot with dressings			
– Radiation therapy **while a resident**			
– Dialysis **while a resident**			
Depression criteria is met if the Total Severity Score ≥ 10			

CATEGORY VI – CLINICALLY COMPLEX

ADL = 0 – 16	ADL Score	End Splits	RUG-IV
– Residents with Extensive Services, Special Care High, or Special Care Low with ADL = 0 – 1	15 – 16	Depression	CE2
– Pneumonia	15 – 16	No Depression	CE1
– Hemiplegia/hemiparesis and ADL ≥ 5	11 – 14	Depression	CD2
– Surgical wounds or open lesion with treatments[4]	11 – 14	No Depression	CD1
– Burns	6 – 10	Depression	CC2
– Chemotherapy **while a resident**	6 – 10	No Depression	CC1
– Oxygen therapy **while a resident**	2 – 5	Depression	CB2
– IV medications **while a resident**	2 – 5	No Depression	CB1
– Transfusions **while a resident**	0 – 1	Depression	CA2
Depression criteria is met if the Total Severity Score ≥ 10	0 – 1	No Depression	CA1

RAPID RUG GUIDE

CATEGORY VII – BEHAVIORAL SYMPTOMS & COGNITIVE PERFORMANCE

ADL = 0 – 5	ADL Score	End Splits	RUG-IV
– Cognitive impairment BIMS score ≤ 9 or CPS ≥ 3 – Hallucinations – Delusions – Physical behavior symptoms toward others – Verbal behavioral symptoms toward others – Other behavioral symptoms not directed toward others – Rejection of care – Wandering – Restorative Nursing Services[5]	2 – 5	≥ 2 restorative nursing	BB2
	2 – 5	< 2 restorative nursing	BB1
	0 – 1	≥ 2 restorative nursing	BA2
	0 – 1	< 2 restorative nursing	BA1

CATEGORY VIII – REDUCED PHYSICAL FUNCTION

ADL = 0 – 16	ADL Score	End Splits	RUG-IV
– Behavioral Symptom & Cognitive Performance with ADL 6 – 16 – Residents who do not meet the conditions in any of the previous categories – Restorative Nursing Services[5]	15 – 16	≥ 2 restorative nursing	PE2
	15 – 16	< 2 restorative nursing	PE1
	11 – 14	≥ 2 restorative nursing	PD2
	11 – 14	< 2 restorative nursing	PD1
	6 – 10	≥ 2 restorative nursing	PC2
	6 – 10	< 2 restorative nursing	PC1
	2 – 5	≥ 2 restorative nursing	PB2
	2 – 5	< 2 restorative nursing	PB1
	0 – 1	≥ 2 restorative nursing	PA2
	0 – 1	< 2 restorative nursing	PA1

RUG-IV LATE LOSS ADL CALCULATION

G0110(1) Self-Performance COLUMN 1		G0110(2) Staff Support COLUMN 2		ADL Score
Bed Mobility, Transfer and Toilet Use				
–, 0, 1, 7, or 8	and	any number	=	0
2	and	any number	=	1
3	and	–, 0, 1, or 2	=	2
4	and	–, 0, 1, or 2	=	3
3 or 4	and	3	=	4
Eating				
–, 0, 1, 2, 7, or 8	and	–, 0, 1, or 8	=	0
–, 0, 1, 2, 7, or 8	and	2 or 3	=	2
3 or 4	and	–, 0, or 1	=	2
3	and	2 or 3	=	3
4	and	2 or 3	=	4

Directions: Use the following chart to calculate late loss ADL scores. Enter the ADL score for each item below.

Bed Mobility (G0110A) = _____
Transfer (G0110B) = _____
Toilet Use (G0110I) = _____
Eating (G0110H) = _____

TOTAL RUG-IV ADL SCORE ▶ _____

[1]Medicare Short Stay Assessment Indicator (MSSAI) = Yes (if all 8 criteria are met)

1. **The assessment must be a SOT OMRA.** SOT OMRA may be completed alone or with any OBRA, PPS 5-day or Readmission/Return or Discharge assessment.
2. **A PPS 5-day or Readmission/Return assessment has been completed.** PPS 5-day or Readmission/Return assessment may be completed alone or combined with SOT OMRA.
3. **ARD of the SOT OMRA must be on or before the 8th day of the Part A stay.** ARD minus the start of Medicare stay date must be 7 days or less.
4. **ARD of the SOT OMRA must be the last day of the Part A stay.** SOT OMRA ARD must equal the end of Medicare stay date. The end of Medicare stay date is the date Part A ended.
5. **The ARD of the SOT OMRA may not be more than 3 days after the start of therapy.** It is not possible to have the ARD for the Short Stay assessment to be 5-7 days after the start of therapy since therapy must have been able to be provided only 1-4 days.
6. **Therapy started during the last 4 days of the Part A covered stay (including weekends).** End of Medicare stay date minus the earliest start date for the 3 therapies must be 3 days or less.
7. **At least 1 therapy continued through the last day of Part A stay.**
8. **The RUG group assigned to the SOT OMRA must be REHABILITATION PLUS EXTENSIVE SERVICES or a REHABILITATION group.** If the RUG group assigned is not a Rehabilitation plus Extensive Services or a Rehabilitation group, the assessment will be rejected.

Medicare Short Stay Assessment - *(Average therapy minutes equal therapy minutes, divided by number of days).*

144+ minutes	Rehabilitation Ultra High	30 - 64 minutes	Rehabilitation Medium
100 - 143 minutes	Rehabilitation Very High	15 - 29 minutes	Rehabilitation Low
65 - 99 minutes	Rehabilitation High		

[2]Tube Feeding Intake Requirements

- K0700A is 51% or more of total calories **OR**
- K0700A is 26% to 50% of total calories and K0700B is 501cc or more per day fluid enteral intake in the last 7 days.

[3]Selected Ulcer Treatments

- Pressure relieving chair/bed++
- Turning/repositioning
- Nutrition/hydration interventions
- Ulcer care
- Application of dressings (not to feet)
- Application of ointments (not to feet)

++ Count as one service if both provided

[4]Skin Treatments

- Surgical wound care
- Application of dressings (not to feet)
- Application of ointments (not to feet)

[5]Restorative Nursing Services

- Urinary toileting program and/or bowel toileting program++
- Passive and/or active ROM++
- Splint or brace assistance
- Bed mobility and/or walking training++
- Transfer training
- Dressing and/or grooming training
- Eating and/or swallowing training
- Amputation/prosthesis care
- Communication training

++ Count as one service if both provided

Created in partnership with:

Myers and Stauffer LC
Certified Public Accountants

INH 011909

CAA Worksheet

Is a referral to another discipline warranted? ○ Yes ○ No

To whom and why:

Close

10. Activities

Problem Definition

Triggering Conditions (any of the following)

Analysis of Findings

Is this problem/need: ○ Actual ○ Potential Clear

Nature of the problem/condition:

Activity preferences prior to admission (from interviews and record)

- ☐ Passive
- ☐ Outside the home
- ☐ Centered almost entirely on family activities
- ☐ Group (F0500E) activities
- ☐ Involved in community service, volunteer activities
- ☐ Non-athletic
- ☐ Active
- ☐ Inside the home
- ☐ Centered almost entirely on non-family activities
- ☐ Solitary activities
- ☐ Athletic

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

Current activity pursuits (from interviews and record)

- ☐ Resident identifies leisure activities of interest
- ☐ Activities resident pursues when visitors are present
- ☐ Activities of interest not currently available or offered to the resident
- ☐ Self-directed or done with others and/or planned by others
- ☐ Scheduled programs in which resident participates

[Click here to add Supporting Documentation. Provide the basis/reason for items being checked, including the location & date & source (if applicable), of that information]

Health issues that result in reduced activity participation

CAA Worksheet

10. Activities

Problem Definition

Triggering Conditions (any of the following)

4. Any 6 items for staff assessment of activity preference item L through T are not checked as indicated by:
   - Reading books, newspapers, or magazines (F0800L) = Not checked (No) (0) OR
   - Listening to music (F0800M) = Checked (Yes) (1) OR
   - Being around animals such as pets (F0800N) = Not checked (No) (0) OR
   - Keeping up with the news (F0800O) = Not checked (No) (0) OR
   - Doing things with groups of people (F0800P) = Checked (Yes) (1) OR
   - Participating in favorite activities (F0800Q) = Not checked (No) (0) OR
   - Spending time away from the nursing home (F0800R) = Not checked (No) (0) OR

Analysis of Findings

Is this problem/need: ○ Actual ○ Potential

Nature of the problem/condition:

Resident and/or Family/Representative

Provide input from resident and/or family/representative regarding this care area. (Questions/Comments/Concerns/Preferences/Suggestions)

Care Plan Considerations

Will Activities be addressed in the care plan? ◉ Yes ○ No

If care planning for this problem, what is the overall objective?

- ☐ Improvement
- ☐ Maintain current level of functioning
- ☐ Slow or minimize decline
- ☐ Minimize risks
- ☐ Avoid complications
- ☐ Symptom relief or palliative measure

Describe impact of this problem/need on the resident and your rationale for care plan decision. (Include complications and risk factors and the need for referral to other health professionals)

Referral to Other Disciplines