MINIMUM DATA SET (MDS) - Version 3.0

RESIDENT ASSESSMENT AND CARE SCREENING

2018, Quarter 3

Source: MDS 3.0 Frequency Report

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

Section A Identification Information

A0050. Type of Record

Enter Code ☐

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

A0100. Facility Provider Numbers

A. **National Provider Identifier (NPI):** ☐☐☐☐☐☐☐☐☐☐

B. **CMS Certification Number (CCN):** ☐☐☐☐☐☐☐☐☐☐☐☐

C. **State Provider Number:** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A0200. Type of Provider

Enter Code ☐

Type of provider

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

A0310. Type of Assessment

A. Federal OBRA Reason for Assessment

Enter Code ☐☐

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

B. PPS Assessment

Enter Code ☐☐

PPS Scheduled Assessments for a Medicare Part A Stay

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

PPS Unscheduled Assessments for a Medicare Part A Stay

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

Not PPS Assessment

99. **None of the above**

C. PPS Other Medicare Required Assessment - OMRA

Enter Code ☐

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

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

Enter Code ☐

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

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

Enter Code ☐

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

Section A Identification Information

A0310. Type of Assessment - Continued

Enter Code ☐☐

F. Entry/discharge reporting

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

Enter Code ☐

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

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

A0410. Submission Requirement

Enter Code ☐

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

A0500. Legal Name of Resident

A. First name: ☐☐☐☐☐☐☐☐☐☐☐☐ **B. Middle initial:** ☐

C. Last name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **D. Suffix:** ☐☐

A0600. Social Security and Medicare Numbers

A. Social Security Number: ☐☐☐ – ☐☐ – ☐☐☐☐

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

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

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

A0800. Gender

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

A0900. Birth Date

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

Age of Residents

Residents 0-30 years of age
Residents 31-64 years of age
Residents 65-74 years of age
Residents 75-84 years of age
Residents 85-95 years of age
Residents > 95 years of age

A1000. Race/Ethnicity

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

Section A Identification Information

A1100. Language

NAT	OK		
		A.	**Does the resident need or want an interpreter to communicate with a doctor or health care staff?**
95.82	99.11	0.	**No**
3.77	0.54	1.	**Yes** → Specify in A1100B, Preferred language
0.41	0.35	9.	**Unable to determine**
		B.	**Preferred language:**

A1200. Marital Status

NAT	OK		
21.81	16.33	1.	**Never Married**
21.69	20.06	2.	**Married**
39.81	41.95	3.	**Widowed**
1.54	1.35	4.	**Separated**
15.15	20.31	5.	**Divorced**

A1300. Optional Resident Items

A. **Medical record number:**

B. **Room number:**

C. **Name by which resident prefers to be addressed:**

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

A1500. Preadmission Screening and Resident Review (PASRR)

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

NAT	OK	
		Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability ("mental retardation" in federal regulation) or a related condition?
91.40	89.28	0. **No** → Skip to A1550, Conditions Related to ID/DD Status
7.59	9.52	1. **Yes** → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions
1.01	1.20	9. **Not a Medicaid-certified unit** → Skip to A1550, Conditions Related to ID/DD Status

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

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

NAT	OK	↓ **Check all that apply**
71.76	68.47	**A. Serious mental illness**
22.11	24.43	**B. Intellectual Disability ("mental retardation" in federal regulation)**
11.59	7.85	**C. Other related conditions**

A1550. Conditions Related to ID/DD Status

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

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

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

NAT	OK	
		ID/DD With Organic Condition
0.20	0.24	**A. Down syndrome**
0.08	0.11	**B. Autism**
0.68	1.07	**C. Epilepsy**
0.48	0.48	**D. Other organic condition related to ID/DD**
		ID/DD Without Organic Condition
0.57	0.61	**E. ID/DD with no organic condition**
		No ID/DD
98.17	97.67	**Z. None of the above**

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

Month _ Day _ Year

Section A Identification Information

A1700. Type of Entry

NAT	OK	
60.33	55.22	1. **Admission**
39.67	44.78	2. **Reentry**

A1800. Entered From

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

A2000. Discharge Date

Complete only if A0310F = 10, 11, or 12

Month _ Day _ Year

A2100. Discharge Status

Complete only if A0310F = 10, 11, or 12

01. **Community** (private home/apt., board/care, assisted living, group home)
02. **Another nursing home or swing bed**
03. **Acute hospital**
04. **Psychiatric hospital**
05. **Inpatient rehabilitation facility**
06. **ID/DD facility**
07. **Hospice**
08. **Deceased**
09. **Long Term Care Hospital** (LTCH)
99. **Other**

A2200. Previous Assessment Reference Date for Significant Correction

Complete only if A0310F = 05 or 06

Month _ Day _ Year

A2300. Assessment Reference Date

Observation end date:

Month _ Day _ Year

A2400. Medicare Stay

NAT	OK
63.97	69.94
36.03	30.06

A. **Has the resident had a Medicare-covered stay since the most recent entry?**

0. **No** →Skip to B0100, Comatose
1. **Yes** → Continue to A2400B, Start date of most recent Medicare stay

B. **Start date of most recent Medicare stay:**

Month _ Day _ Year

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

Month _ Day _ Year

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

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

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

Section C Cognitive Patterns

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

NAT	OK	
93.49	94.83	0. **No** (resident was able to complete interview) → Skip to C1300, Signs and Symptoms of Delirium
6.51	5.17	1. **Yes** (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

Staff Assessment for Mental Status

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

C0700. Short-term Memory OK

NAT	OK	**Seems or appears to recall after 5 minutes**
12.85	17.98	0. **Memory OK**
87.15	82.02	1. **Memory problem**

C0800. Long-term Memory OK

NAT	OK	**Seems or appears to recall long past**
7.60	10.85	0. **Memory OK**
92.40	89.15	1. **Memory problem**

C0900. Memory/Recall Ability

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

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

C1000. Cognitive Skills for Daily Decision Making

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

Delirium

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

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

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

Section C — Cognitive Patterns

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

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

C1600. Acute Onset Mental Status Change

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

Section D — Mood

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

NAT	OK	
11.34	8.90	0. **No** (resident is rarely/never understood) → Skip to D0500 - D0600, Staff Assessment of Resident Mood (PHQ-9-OV)
88.66	91.10	1. **Yes** → Continue to D0200, Resident Mood Interview (PHQ-9©)

D0200. Resident Mood Interview (PHQ-9©)

Say to resident: ***"Over the last 2 weeks, have you been bothered by any of the following problems?"***
If symptom is present, enter 1 (yes) in column 1, Sumptom Presence. If yes in column 1, ask the resident: *"About* ***how often*** *have you been bothered by this?* Read and show the resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.

A. *Little interest or pleasure in doing things*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
86.24	83.85	0. No	91.28	88.69	0. Never or 1 day
8.58	11.27	1. Yes	4.02	5.42	1. 2 - 6 days (several days)
5.18	4.88	9. No response	2.27	2.97	2. 7 - 11 days (half or more of the days)
			2.44	2.92	3. 12 - 14 days (nearly every day)

B. *Feeling down, depressed, or hopeless*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
73.29	77.08	0. No	78.14	81.77	0. Never or 1 day
21.73	18.13	1. Yes	12.82	10.61	1. 2 - 6 days (several days)
4.98	4.79	9. No response	4.96	4.31	2. 7 - 11 days (half or more of the days)
			4.08	3.31	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
78.06	79.05	0. No	82.75	83.68	0. Never or 1 day
16.99	16.03	1. Yes	8.75	8.32	1. 2 - 6 days (several days)
4.95	4.92	9. No response	4.23	4.03	2. 7 - 11 days (half or more of the days)
			4.27	3.97	3. 12 - 14 days (nearly every day)

D. *Feeling tired or having little energy*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
67.20	66.48	0. No	71.35	70.23	0. Never or 1 day
28.10	28.98	1. Yes	14.58	14.43	1. 2 - 6 days (several days)
4.70	4.54	9. No response	6.98	7.65	2. 7 - 11 days (half or more of the days)
			7.09	7.70	3. 12 - 14 days (nearly every day)

E. *Poor appetite or overeating*

NAT	OK	Symptom Presence	NAT	OK	Symptom Frequency
84.38	85.26	0. No	88.83	89.50	0. Never or 1 day
11.03	10.27	1. Yes	6.10	4.95	1. 2 - 6 days (several days)
4.59	4.47	9. No response	2.64	2.66	2. 7 - 11 days (half or more of the days)
			2.43	2.89	3. 12 - 14 days (nearly every day)

Section D Mood

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

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

NAT	OK	Symptom Presence
88.66	90.66	0. No
6.44	4.67	1. Yes
4.90	4.66	9. No response

NAT	OK	Symptom Frequency
93.53	95.40	0. Never or 1 day
3.67	2.51	1. 2 - 6 days (several days)
1.41	0.87	2. 7 - 11 days (half or more of the days)
1.39	1.23	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
83.52	85.22	0. No
11.58	10.12	1. Yes
4.90	4.66	9. No response

NAT	OK	Symptom Frequency
88.27	89.80	0. Never or 1 day
6.26	5.42	1. 2 - 6 days (several days)
2.75	2.00	2. 7 - 11 days (half or more of the days)
2.72	2.78	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
88.59	91.71	0. No
6.41	3.60	1. Yes
5.00	4.69	9. No response

NAT	OK	Symptom Frequency
93.52	96.44	0. Never or 1 day
3.51	1.98	1. 2 - 6 days (several days)
1.39	0.73	2. 7 - 11 days (half or more of the days)
1.58	0.85	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
94.58	95.14	0. No
0.74	0.42	1. Yes
4.68	4.44	9. No response

NAT	OK	Symptom Frequency
99.30	99.62	0. Never or 1 day
0.40	0.15	1. 2 - 6 days (several days)
0.11	0.11	2. 7 - 11 days (half or more of the days)
0.19	0.12	3. 12 - 14 days (nearly every day)

D0300. Total Severity Score

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).

NAT	OK	
80.37	81.33	**Not Depressed**
9.62	10.20	**Mild Depression**
3.54	2.40	**Moderate Depression**
0.69	0.61	**Moderate to Severe Depression**
0.13	0.09	**Severe Depression**
5.65	5.37	**Unable to complete interview**

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

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

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

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

Over the last 2 weeks, did the resident have any of the following problems or behaviors?

If symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency.

A. Little interest or pleasure in doing things

NAT	OK	Symptom Presence
84.73	77.31	0. No
15.27	22.69	1. Yes

NAT	OK	Symptom Frequency
85.29	77.60	0. Never or 1 day
4.34	5.30	1. 2 - 6 days (several days)
3.76	4.96	2. 7 - 11 days (half or more of the days)
6.61	12.15	3. 12 - 14 days (nearly every day)

Section D Mood

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

B. Feeling or appearing down, depressed, or hopeless

NAT	OK	Symptom Presence
86.85	89.14	0. No
13.15	10.86	1. Yes

NAT	OK	Symptom Frequency
87.40	89.43	0. Never or 1 day
6.19	4.83	1. 2 - 6 days (several days)
3.44	2.48	2. 7 - 11 days (half or more of the days)
2.97	3.27	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
85.02	84.77	0. No
14.98	15.23	1. Yes

NAT	OK	Symptom Frequency
85.62	85.01	0. Never or 1 day
5.61	5.26	1. 2 - 6 days (several days)
4.42	4.18	2. 7 - 11 days (half or more of the days)
4.34	5.55	3. 12 - 14 days (nearly every day)

D. Feeling tired or having little energy

NAT	OK	Symptom Presence
77.61	74.63	0. No
22.39	25.37	1. Yes

NAT	OK	Symptom Frequency
78.18	74.87	0. Never or 1 day
8.17	7.91	1. 2 - 6 days (several days)
6.30	7.07	2. 7 - 11 days (half or more of the days)
7.35	10.14	3. 12 - 14 days (nearly every day)

E. Poor appetite or overeating

NAT	OK	Symptom Presence
82.34	79.59	0. No
17.66	20.41	1. Yes

NAT	OK	Symptom Frequency
83.02	79.88	0. Never or 1 day
7.99	7.84	1. 2 - 6 days (several days)
4.67	5.42	2. 7 - 11 days (half or more of the days)
4.32	6.86	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
98.88	99.07	0. No
1.12	0.93	1. Yes

NAT	OK	Symptom Frequency
98.99	99.16	0. Never or 1 day
0.53	0.38	1. 2 - 6 days (several days)
0.27	0.08	2. 7 - 11 days (half or more of the days)
0.21	0.38	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
68.67	64.81	0. No
31.33	35.19	1. Yes

NAT	OK	Symptom Frequency
69.10	65.01	0. Never or 1 day
4.81	4.26	1. 2 - 6 days (several days)
5.60	5.90	2. 7 - 11 days (half or more of the days)
20.49	24.83	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
90.66	92.01	0. No
9.34	7.99	1. Yes

NAT	OK	Symptom Frequency
91.06	92.08	0. Never or 1 day
3.31	2.43	1. 2 - 6 days (several days)
2.23	1.55	2. 7 - 11 days (half or more of the days)
3.40	3.94	3. 12 - 14 days (nearly every day)

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

NAT	OK	Symptom Presence
99.78	99.87	0. No
0.22	0.13	1. Yes

NAT	OK	Symptom Frequency
99.83	99.92	0. Never or 1 day
0.11	0.08	1. 2 - 6 days (several days)
*	*	2. 7 - 11 days (half or more of the days)
*	*	3. 12 - 14 days (nearly every day)

Section D Mood

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

J. Being short-tempered, easily annoyed

NAT	OK	Symptom Presence
83.56	82.39	0. No
16.44	17.61	1. Yes

NAT	OK	Symptom Frequency
84.47	83.18	0. Never or 1 day
8.30	7.74	1. 2 - 6 days (several days)
3.80	3.97	2. 7 - 11 days (half or more of the days)
3.42	5.10	3. 12 - 14 days (nearly every day)

D0600. Total Severity Score

NAT	OK	
76.17	69.48	**Not Depressed**
15.35	21.73	**Mild Depression**
6.49	6.22	**Moderate Depression**
1.72	2.23	**Moderate-Severe Depression**
0.27	0.34	**Severe Depression**

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

NAT	OK	Was responsible staff or provider informed that there is a potential for resident self harm?
5.29	*	0. No
94.71	100.00	1. Yes

Section E Behavior

E0100. Potential Indicators of Psychosis

↓ Check all that apply

NAT	OK	
		A. **Hallucinations** (perceptual experiences in the absence of real external sensory stimuli)
97.90	98.03	No
2.10	1.97	Yes
NAT	OK	B. **Delusions** (misconceptions or beliefs that are firmly held, contrary to reality)
95.37	94.74	No
4.63	5.26	Yes
NAT	OK	Z. **None of the above**
5.38	5.93	No
94.62	94.07	Yes

E0200. Behavioral Symptom - Presence & Frequency

Note presence of symptoms and their frequency

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

Section E Behavior

E0300. Overall Presence of Behavioral Symptoms

Enter Code ☐

Were any behavioral symptoms in questions E0200 coded 1, 2, or 3?

0. **No** → Skip to E0800, Rejection of Care
1. **Yes** → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

E0500. Impact on Resident

Did any of the identified symptom(s):

NAT	OK		
		A.	**Put the resident at significant risk for physical illness or injury?**
88.60	88.73		0. **No**
11.40	11.27		1. **Yes**
NAT	**OK**	B.	**Significantly interfere with the resident's care?**
79.05	78.80		0. **No**
20.95	21.20		1. **Yes**
NAT	**OK**	C.	**Significantly interfere with the resident's participation in activities or social interactions?**
82.12	82.79		0. **No**
17.88	17.21		1. **Yes**

E0600. Impact on Others

Did any of the identified symptom(s):

NAT	OK		
		A.	**Put others at significant risk for physical injury?**
88.47	88.95		0. **No**
11.53	11.05		1. **Yes**
NAT	**OK**	B.	**Significantly intrude on the privacy or activity of others?**
87.90	88.46		0. **No**
12.10	11.54		1. **Yes**
NAT	**OK**	C.	**Significantly disrupt care or living environment?**
79.30	79.78		0. **No**
20.70	20.22		1. **Yes**

E0800. Rejection of Care - Presence & Frequency

NAT	OK	
		Did the resident reject evaluation or care (e.g., blood work, taking medications, ADL assistance) **that is necessary to achieve the resident's goals for health and well-being?** Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and determined to be consistent with the resident values, preferences, or goals.
92.33	92.76	0. **Behavior not exhibited**
5.65	5.22	1. **Behavior of this type occurred 1 to 3 days**
1.33	1.27	2. **Behavior of this type occurred 4 to 6 days**, but less than daily
0.70	0.75	3. **Behavior of this type occurred daily**

E0900. Wandering - Presence & Frequency

NAT	OK	
		Has the resident wandered?
95.88	96.13	0. **Behavior not exhibited** → Skip to E1100, Change in Behavioral or Other Symptoms
2.31	1.96	1. **Behavior of this type occurred 1 to 3 days**
0.72	0.53	2. **Behavior of this type occurred 4 to 6 days**, but less than daily
1.09	1.39	3. **Behavior of this type occurred daily**

E1000. Wandering - Impact

NAT	OK		
		A.	**Does the wandering place the resident at significant risk of getting to a potentially dangerous place** (e.g., stairs, outside of the facility)?
79.18	81.11		0. **No**
20.82	18.89		1. **Yes**
NAT	**OK**	**B.**	**Does the wandering significantly intrude on the privacy or activities of others?**
80.78	82.28		0. **No**
19.22	17.72		1. **Yes**

E1100. Change in Behavior or Other Symptoms

Consider all of the symptoms assessed in items E0100 through E1000

How does resident's current behavior status, care rejection or wandering **compare to prior assessment (OBRA or Scheduled PPS)?**

0. **Same**
1. **Improved**
2. **Worse**
3. **N/A** because no prior MDS assessment

Section F — Preferences for Customary Routine and Activities

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

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

F0400. Interview for Daily Preferences

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

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

Section F			Preferences for Customary Routine and Activities
F0400. Interview for Daily Preferences - Continued			
NAT	**OK**	G.	*how important is it to you to* ***be able to use the phone in private?***
34.45	40.82		**1. Very important**
22.96	22.59		**2. Somewhat important**
27.73	22.35		**3. Not very important**
12.03	10.39		**4. Not important at all**
1.03	0.77		**5. Important, but can't do or no choice**
1.80	3.09		**9. No response or non-responsive**
NAT	**OK**	H.	*how important is it to you to* ***have a place to lock your things to keep them safe?***
38.64	44.84		**1. Very important**
20.00	20.70		**2. Somewhat important**
25.50	19.93		**3. Not very important**
13.51	10.84		**4. Not important at all**
0.53	0.58		**5. Important, but can't do or no choice**
1.82	3.10		**9. No response or non-responsive**
F0500. Interview for Activity Preferences			
Show resident the response options and say: **"While you are in this facility…"**			
NAT	**OK**	A.	*how important is it to you to* ***have books, newspapers, and magazines to read?***
38.50	36.97		**1. Very important**
29.52	26.98		**2. Somewhat important**
21.63	22.72		**3. Not very important**
7.34	9.35		**4. Not important at all**
1.34	1.04		**5. Important, but can't do or no choice**
1.67	2.93		**9. No response or non-responsive**
NAT	**OK**	B .	*how important is it to you to* ***listen to music you like?***
54.22	47.91		**1. Very important**
31.43	32.31		**2. Somewhat important**
10.28	12.54		**3. Not very important**
2.31	4.26		**4. Not important at all**
0.18	0.17		**5. Important, but can't do or no choice**
1.59	2.81		**9. No response or non-responsive**
NAT	**OK**	C.	*how important is it to you to* ***be around animals such as pets?***
34.73	31.74		**1. Very important**
28.45	26.12		**2. Somewhat important**
25.31	27.40		**3. Not very important**
9.56	11.43		**4. Not important at all**
0.28	0.42		**5. Important, but can't do or no choice**
1.68	2.89		**9. No response or non-responsive**
NAT	**OK**	D.	*how important is it to you to* ***keep up with the news?***
46.70	41.03		**1. Very important**
30.91	31.54		**2. Somewhat important**
15.64	17.69		**3. Not very important**
4.76	6.67		**4. Not important at all**
0.31	0.10		**5. Important, but can't do or no choice**
1.68	2.97		**9. No response or non-responsive**
NAT	**OK**	E.	*how important is it to you to* ***do things with groups of people?***
34.72	33.80		**1. Very important**
38.37	34.67		**2. Somewhat important**
19.38	20.85		**3. Not very important**
5.55	7.56		**4. Not important at all**
0.33	0.22		**5. Important, but can't do or no choice**
1.66	2.91		**9. No response or non-responsive**

Section F — Preferences for Customary Routine and Activities

F0500. Interview for Activity Preferences - Continued

NAT	OK		
		F.	*how important is it to you to* ***do your favorite activities?***
62.94	62.53		**1. Very important**
28.41	26.03		**2. Somewhat important**
4.60	5.94		**3. Not very important**
1.26	1.88		**4. Not important at all**
1.06	0.67		**5. Important, but can't do or no choice**
1.73	2.96		**9. No response or non-responsive**
NAT	**OK**	G.	*how important is it to you to* ***go outside to get fresh air when the weather is good?***
57.09	53.79		**1. Very important**
28.16	27.95		**2. Somewhat important**
10.42	11.48		**3. Not very important**
2.31	3.68		**4. Not important at all**
0.39	0.24		**5. Important, but can't do or no choice**
1.63	2.87		**9. No response or non-responsive**
NAT	**OK**	H.	*how important is it to you to* ***participate in religious services or practices?***
46.85	45.99		**1. Very important**
27.57	29.61		**2. Somewhat important**
17.12	15.45		**3. Not very important**
6.45	5.81		**4. Not important at all**
0.30	0.23		**5. Important, but can't do or no choice**
1.71	2.91		**9. No response or non-responsive**

F0600. Daily and Activity Preferences Primary Respondent

NAT	OK	
		Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500)
87.97	91.65	1. **Resident**
10.08	4.98	2. **Family or significant other** (close friend or other representative)

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

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

F0800. Staff Assessment of Daily and Activity Preferences

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

Resident Prefers:

↓ **Check all that apply**

NAT	OK		
NAT	**OK**	**A.**	**Choosing clothes to wear**
73.89	72.36		No
26.11	27.64		Yes
NAT	**OK**	**B.**	**Caring for personal belongings**
74.97	73.59		No
25.03	26.41		Yes
NAT	**OK**	**C.**	**Receiving tub bath**
89.38	89.51		No
10.62	10.49		Yes
NAT	**OK**	**D.**	**Receiving shower**
34.59	36.47		No
65.41	63.53		Yes
NAT	**OK**	**E.**	**Receiving bed bath**
65.61	88.04		No
34.39	11.96		Yes

Section F			Preferences for Customary Routine and Activities
F0800. Staff Assessment of Daily and Activity Preferences - Continued			
NAT	OK	F.	Receiving sponge bath
72.54	90.93		No
27.46	9.07		Yes
NAT	OK	G.	Snacks between meals
41.39	45.84		No
58.61	54.16		Yes
NAT	OK	H.	Staying up past 8:00 p.m.
78.43	79.10		No
21.57	20.90		Yes
NAT	OK	I.	Family or significant other involvement in care discussions
24.39	34.73		No
75.61	65.27		Yes
NAT	OK	J.	Use of phone in private
93.16	94.27		No
6.84	5.73		Yes
NAT	OK	K.	Place to lock personal belongings
86.21	91.09		No
13.79	8.91		Yes
NAT	OK	L.	Reading books, newspapers, or magazines
75.04	86.64		No
24.96	13.36		Yes
NAT	OK	M.	Listening to music
19.65	37.26		No
80.35	62.74		Yes
NAT	OK	N.	Being around animals such as pets
63.15	77.98		No
36.85	22.02		Yes
NAT	OK	O.	Keeping up with the news
83.57	90.87		No
16.43	9.13		Yes
NAT	OK	P.	Doing things with groups of people
45.40	60.61		No
54.60	39.39		Yes
NAT	OK	Q.	Participating in favorite activities
37.13	49.01		No
62.87	50.99		Yes
NAT	OK	R.	Spending time away from the nursing home
90.48	91.86		No
9.52	8.14		Yes
NAT	OK	S.	Spending time outdoors
56.66	69.17		No
43.34	30.83		Yes
NAT	OK	T.	Participating in religious activities or practices
51.36	60.45		No
48.64	39.55		Yes
NAT	OK	Z.	None of the above
95.87	91.87		No
4.13	8.13		Yes

Section G — Functional Status

G0110. Activities of Daily Living (ADL) Assistance

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

Instructions for Rule of 3

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

If none of the above are met, code supervision.

1. ADL Self-Performance

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

Coding:

Activity Occurred 3 or More Times

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

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice

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

2. ADL Support Provided

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

Coding:

0. **No** setup or physical help from staff
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist

8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the

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

NAT	OK	ADL Self-Performance
8.52	18.05	0. Independent
11.71	17.73	1. Supervision
11.77	14.66	2. Limited assistance
60.66	42.05	3. Extensive assistance
7.24	7.37	4. Total dependence
0.08	0.11	7. Activity occurred only once or twice
*	0.05	8. Activity did not occur

NAT	OK	ADL Support Provided
7.71	19.34	0. No setup or physical help from staff
7.48	12.79	1. Setup help only
46.60	41.05	2. One person physical assist
38.19	26.77	3. Two+ persons physical assist
*	0.05	8. Activity did not occur

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

NAT	OK	ADL Self-Performance
7.61	15.20	0. Independent
12.18	17.68	1. Supervision
12.70	14.61	2. Limited assistance
49.73	39.00	3. Extensive assistance
14.78	11.97	4. Total dependence
1.58	0.58	7. Activity occurred only once or twice
1.42	0.96	8. Activity did not occur

NAT	OK	ADL Support Provided
7.30	16.96	0. No setup or physical help from staff
7.70	12.53	1. Setup help only
40.94	35.55	2. One person physical assist
42.64	34.00	3. Two+ persons physical assist
1.42	0.96	8. Activity did not occur

Section G — Functional Status

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

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

NAT	OK	ADL Self-Performance
7.93	13.97	0. Independent
13.93	17.17	1. Supervision
11.79	10.99	2. Limited assistance
11.27	7.49	3. Extensive assistance
0.21	0.25	4. Total dependence
5.15	3.73	7. Activity occurred only once or twice
49.73	46.40	8. Activity did not occur

NAT	OK	ADL Support Provided
8.75	16.85	0. No setup or physical help from staff
9.41	12.43	1. Setup help only
28.89	21.02	2. One person physical assist
3.17	3.28	3. Two+ persons physical assist
49.77	46.42	8. Activity did not occur

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

NAT	OK	ADL Self-Performance
6.49	11.70	0. Independent
13.70	16.73	1. Supervision
11.04	9.03	2. Limited assistance
10.01	6.08	3. Extensive assistance
0.22	0.24	4. Total dependence
6.15	4.17	7. Activity occurred only once or twice
52.38	52.04	8. Activity did not occur

NAT	OK	ADL Support Provided
8.19	15.35	0. No setup or physical help from staff
9.08	11.59	1. Setup help only
27.44	18.44	2. One person physical assist
2.89	2.55	3. Two+ persons physical assist
52.40	52.08	8. Activity did not occur

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

NAT	OK	ADL Self-Performance
11.39	19.27	0. Independent
21.65	26.85	1. Supervision
12.63	15.11	2. Limited assistance
32.97	23.90	3. Extensive assistance
15.17	11.38	4. Total dependence
2.93	1.23	7. Activity occurred only once or twice
3.25	2.27	8. Activity did not occur

NAT	OK	ADL Support Provided
10.60	21.18	0. No setup or physical help from staff
14.19	20.14	1. Setup help only
68.34	52.69	2. One person physical assist
3.62	3.77	3. Two+ persons physical assist
3.24	2.21	8. Activity did not occur

F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). **If facility has only one floor**, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair

NAT	OK	ADL Self-Performance
9.78	17.19	0. Independent
19.59	26.42	1. Supervision
11.10	14.79	2. Limited assistance
28.49	23.33	3. Extensive assistance
16.44	11.62	4. Total dependence
6.81	2.42	7. Activity occurred only once or twice
7.79	4.23	8. Activity did not occur

NAT	OK	ADL Support Provided
9.89	19.86	0. No setup or physical help from staff
12.79	19.24	1. Setup help only
66.84	53.08	2. One person physical assist
2.68	3.59	3. Two+ persons physical assist
7.80	4.22	8. Activity did not occur

G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses

NAT	OK	ADL Self-Performance
4.36	10.27	0. Independent
8.88	14.74	1. Supervision
12.96	20.65	2. Limited assistance
63.71	46.10	3. Extensive assistance
9.79	8.05	4. Total dependence
0.23	0.16	7. Activity occurred only once or twice
0.07	*	8. Activity did not occur

NAT	OK	ADL Support Provided
3.64	10.68	0. No setup or physical help from staff
5.47	10.94	1. Setup help only
74.46	59.75	2. One person physical assist
16.36	18.59	3. Two+ persons physical assist
0.07	*	8. Activity did not occur

Section G — Functional Status

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

H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)

NAT	OK	ADL Self-Performance
22.72	25.44	0. Independent
46.49	51.86	1. Supervision
9.27	8.35	2. Limited assistance
14.02	8.49	3. Extensive assistance
7.31	5.67	4. Total dependence
0.12	0.12	7. Activity occurred only once or twice
0.06	0.06	8. Activity did not occur

NAT	OK	ADL Support Provided
3.32	11.71	0. No setup or physical help from staff
54.20	59.66	1. Setup help only
41.90	28.17	2. One person physical assist
0.53	0.39	3. Two+ persons physical assist
0.05	0.07	8. Activity did not occur

I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag

NAT	OK	ADL Self-Performance
5.79	12.50	0. Independent
9.61	16.14	1. Supervision
10.55	15.02	2. Limited assistance
59.09	43.06	3. Extensive assistance
14.65	11.92	4. Total dependence
0.15	0.23	7. Activity occurred only once or twice
0.15	1.13	8. Activity did not occur

NAT	OK	ADL Support Provided
5.21	13.80	0. No setup or physical help from staff
5.95	11.38	1. Setup help only
56.97	46.42	2. One person physical assist
31.72	27.26	3. Two+ persons physical assist
0.15	1.13	8. Activity did not occur

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

NAT	OK	ADL Self-Performance
4.69	9.59	0. Independent
11.23	18.10	1. Supervision
14.94	22.43	2. Limited assistance
57.32	39.69	3. Extensive assistance
11.59	10.03	4. Total dependence
0.18	0.14	7. Activity occurred only once or twice
*	*	8. Activity did not occur

NAT	OK	ADL Support Provided
3.26	9.66	0. No setup or physical help from staff
7.44	13.60	1. Setup help only
78.54	67.37	2. One person physical assist
10.71	9.34	3. Two+ persons physical assist
*	*	8. Activity did not occur

G0120. Bathing

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

NAT	OK	A.	Self-performance
2.00	2.59		0. **Independent** - no help provided
4.18	9.45		1. **Supervision** - oversight help only
4.18	7.34		2. **Physical help limited to transfer only**
42.94	50.60		3. **Physical help in part of bathing activity**
42.30	25.00		4. **Total dependence**
4.40	5.02		8. **Activity itself did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the

NAT	OK	B.	Support provided
1.24	2.09		0. **No setup or physical help from staff**
4.39	8.85		1. **Setup help only**
73.85	71.73		2. **One person physical assist**
16.20	12.39		3. **Two+ persons physical assist**
4.32	4.94		8. **Activity did not occur**

G0300. Balance During Transitions and Walking

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

NAT	OK	A.	Moving from seated to standing position
9.56	13.64		0. **Steady at all times**
18.45	26.18		1. **Not steady, but able to stabilize without staff assistance**
50.96	44.79		2. **Not steady, only able to stabilize with staff assistance**
21.03	15.40		8. **Activity did not occur**

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

Section G — Functional Status

G0900. Functional Rehabilitation Potential

Complete only if A0310A = 01

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

G0900. Functional Rehabilitation Potential - Continued

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

Section H — Bladder and Bowel

H0100. Appliances

↓ **Check all that apply**

NAT	OK		
		A.	**Indwelling catheter** (including suprapubic catheter and nephrostomy tube)
93.81	94.04		0. No
6.19	5.96		1. Yes
NAT	**OK**	**B.**	**External catheter**
99.70	99.84		0. No
0.30	0.16		1. Yes
NAT	**OK**	**C.**	**Ostomy** (including urostomy, ileostomy, and colostomy)
97.97	97.90		0. No
2.03	2.10		1. Yes
NAT	**OK**	**D.**	**Intermittent catheterization**
99.63	99.68		0. No
0.37	0.32		1. Yes
NAT	**OK**	**Z.**	**None of the above**
8.19	7.67		0. No
91.81	92.33		1. Yes

H0200. Urinary Toileting Program

NAT	OK		
		A.	**Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)** been attempted on
90.58	90.19		0. **No** → Skip to H0300, Urinary Continence
9.07	9.53		1. **Yes** → Continue to H0200B, Response
0.35	0.28		9. **Unable to determine** → Skip to H0200C, Current toileting program or trial
NAT	**OK**	**B.**	**Response** - What was the resident's response to the trial program?
54.35	54.08		0. **No Improvement**
21.59	20.33		1. **Decreased wetness**
8.36	11.37		2. **Completely dry** (continent)
15.70	14.22		9. **Unable to determine** or trial in progress
NAT	**OK**	**C.**	**Current toileting program or trial** - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training)
42.81	35.82		0. **No** → Skip to H0300, Urinary Continence
57.19	64.18		1. **Yes** → Continue to H0200B, Response

H0300. Urinary Continence

NAT	OK	
		Urinary continence - Select the one category that best describes the resident
19.10	25.46	0. **Always continent**
18.42	22.30	1. **Occasionally incontinent** (less than 7 episodes of incontinence)
27.26	23.14	2. **Frequently incontinent** (7 or more episodes of urinary incontinence, but at least one episode of continent voiding)
29.36	23.66	3. **Always incontinent** (no episodes of continent voiding)
5.86	5.44	9. **Not rated**, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entire 7 days

H0400. Bowel Continence

NAT	OK	
		Bowel continence - Select the one category that best describes the resident
34.28	42.03	0. **Always continent**
10.83	12.57	1. **Occasionally incontinent** (one episode of bowel incontinence)
22.60	19.63	2. **Frequently incontinent** (2 or more episodes of bowel incontinence, but at least one continent bowel movement)
30.40	23.82	3. **Always incontinent** (no episodes of continent bowel movements)
1.89	1.96	9. **Not rated**, resident had an ostomy or did not have a bowel movement for the entire 7 days

Section H		Bladder and Bowel
H0500. Bowel Toileting Program		
NAT	**OK**	**Is a toileting program currently being used to manage the resident's bowel continence?**
97.10	95.17	0. **No**
2.90	4.83	1. **Yes**
H0600. Bowel Patterns		
NAT	**OK**	**Constipation present?**
96.45	95.54	0. **No**
3.55	4.46	1. **Yes**

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

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

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

Section I — Active Diagnoses

Psychiatric/Mood Disorder

NAT	OK	I5700. Anxiety Disorder
70.47	64.77	No
29.53	35.23	Yes

NAT	OK	I5800. Depression (other than bipolar)
51.19	43.99	No
48.81	56.01	Yes

NAT	OK	I5900. Manic Depression (bipolar disease)
94.26	93.31	No
5.74	6.69	Yes

NAT	OK	I5950. Psychotic Disorder (other than schizophrenia)
91.64	89.46	No
8.36	10.54	Yes

NAT	OK	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders)
90.78	89.82	No
9.22	10.18	Yes

NAT	OK	I6100. Post Traumatic Stress Disorder (PTSD)
99.18	99.35	No
0.82	0.65	Yes

Pulmonary

NAT	OK	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)
76.74	76.16	No
23.26	23.84	Yes

NAT	OK	I6300. Respiratory Failure
95.39	95.61	No
4.61	4.39	Yes

Vision

NAT	OK	I6500. Cataracts, Glaucoma, or Macular Degeneration
85.91	89.54	No
14.09	10.46	Yes

None of Above

NAT	OK	I7900. None of the above active diagnoses within the last 7 days
99.41	99.30	No
0.59	0.70	Yes

Other

I800. Additional active diagnoses

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

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____

Section J — Health Conditions

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

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

NAT	OK		
		A.	**Received scheduled pain medication regimen?**
57.32	53.10		0. **No**
42.68	46.90		1. **Yes**
NAT	**OK**	**B.**	**Received PRN pain medications OR was offered and declined?**
69.41	58.93		0. **No**
30.59	41.07		1. **Yes**
NAT	**OK**	**C.**	**Received non-medication intervention for pain?**
84.22	85.01		0. **No**
15.78	14.99		1. **Yes**

J0200. Should Pain Assessment Interview be Conducted?

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

NAT	OK	
8.44	7.37	0. **No** (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain
91.56	92.63	1. **Yes** → Continue to J0300, Pain Presence

Pain Assessment Interview

J0300. Pain Presence

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

J0400. Pain Frequency

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

J0500. Pain Effect on Function

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

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

A. **Numeric Rating Scale (00-10)**

Ask resident: *"Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the*

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

NAT	OK	
0.13	0.03	**00**
1.31	1.17	**01**
6.75	6.03	**02**
14.24	11.77	**03**
18.92	18.13	**04**
18.52	17.42	**05**

NAT	OK	
12.37	11.87	**06**
9.64	12.05	**07**
9.84	12.77	**08**
2.73	2.81	**09**
3.72	4.44	**10**

Section J Health Conditions

J0600. Pain Intensity - Continued

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

J0700. Should the Staff Assessment for Pain be Conducted?

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

Staff Assessment for Pain

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

↓ **Check all that apply**

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

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

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

Other Health Conditions

J1100. Shortness of Breath (dyspnea)

↓ **Check all that apply**

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

Section J Health Conditions

J1300. Current Tobacco Use

NAT	OK	Tobacco use
93.97	87.39	**0. No**
6.03	12.61	**1. Yes**

J1400. Prognosis

NAT	OK	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)
95.43	90.11	**0. No**
4.57	9.89	**1. Yes**

J1550. Problem Conditions

↓ **Check all that apply**

NAT	OK		
		A.	**Fever**
99.20	99.61		No
0.80	0.39		Yes
		B.	**Vomiting**
99.13	99.25		No
0.87	0.75		Yes
		C.	**Dehydrated**
99.90	99.88		No
0.10	0.12		Yes
		D.	**Internal bleeding**
99.69	99.83		No
0.31	0.17		Yes
		Z.	**None of the above**
1.92	1.31		No
98.08	98.69		Yes

J1700. Fall History on Admission/Entry or Reentry

Complete only if A0310A = 01 or A0310E = 1

NAT	OK		
		A.	Did the resident have a fall any time in the **last month** prior to admission/entry or reentry?
63.36	61.63		0. **No**
30.18	30.97		1. **Yes**
6.45	7.40		9. **Unable to determine**
		B.	Did the resident have a fall any time in the **last 2-6 months** prior to admission/entry or reentry?
65.74	60.32		0. **No**
23.42	29.35		1. **Yes**
10.85	10.32		9. **Unable to determine**
		C.	Did the resident have any **fracture related to a fall in the 6 months** prior to admission/entry or reentry?
80.97	82.84		0. **No**
12.21	11.21		1. **Yes**
6.82	5.95		9. **Unable to determine**

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

NAT	OK	Has the resident **had any falls since admission/entry or reentry or the prior assessment** (OBRA or Scheduled PPS), whichever is more recent?
82.97	77.12	0. **No** → Skip to K0100, Swallowing Disorder
17.03	22.88	1. **Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)**

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

NAT	OK		
		A.	**No Injury** - no evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the resident; no change in the resident's behavior is noted after the fall
19.80	20.54		0. **None**
55.00	49.03		1. **One**
25.21	30.42		2. **Two or more**

Section J — Health Conditions

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

NAT	OK		
		B.	**Injury (except major)** - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
67.82	62.53		0. **None**
26.74	28.69		1. **One**
5.45	8.78		2. **Two or more**
NAT	**OK**	**C.**	**Major injury** - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
97.23	96.43		0. **None**
2.71	3.50		1. **One**
0.06	0.08		2. **Two or more**

Section K — Swallowing/Nutritional Status

K0100. Swallowing Disorder

Signs and symptoms of possible swallowing disorder

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

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

Enter Code ☐☐	**A. Height** (in inches). Record most recent height measure since the most recent admission/entry or reentry
Enter Code	**B. Weight** (in pounds). Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)

K0300. Weight Loss

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

K0310. Weight Gain

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

K0510. Nutritional Approaches

Check all of the following nutritional approaches that were performed during the last 7 days

1. While NOT a Resident means performed while NOT a resident of this facility and within the last 7 days. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank.
2. While a resident means performed while a resident of this facility and within the last 7 days.

A. Parenteral/IV feeding

NAT	OK	1. **While NOT a Resident**	NAT	OK	2. **While a Resident**
95.94	99.15	**No**	99.47	99.95	**No**
4.06	0.85	**Yes**	0.53	0.05	**Yes**

Section K — Swallowing/Nutritional Status

K0510. Nutritional Approaches - Continued

B. Feeding tube - nasogastric or abdominal (PEG)

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

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

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

D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)

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

Z. None of the above

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

K0710. Percent Intake by Artificial Route - Complete K0710 only if Column 1 and/or Column 2 are checked for K0510A and/or K0510B Signs and symptoms of possible swallowing disorder

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

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

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

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

Section L — Oral/Dental Status

L0200. Dental

NAT	OK		↓ Check all that apply
		A.	**Broken or loosely fitting full or partial denture** (chipped, cracked, uncleanable, or loose)
99.07	98.43		0. **No**
0.93	1.57		1. **Yes**
NAT	**OK**	**B.**	**No natural teeth or tooth fragment(s)** (endentulous)
79.44	72.91		0. **No**
20.56	27.09		1. **Yes**
NAT	**OK**	**C.**	**Abnormal mouth tissue** (ulcers, masses, oral lesions, including under denture or partial if one is worn)
99.82	99.78		0. **No**
0.18	0.22		1. **Yes**

Section L — Oral/Dental Status

L0200. Dental - Continued

NAT	OK		
NAT	**OK**	**D.**	**Obvious or likely cavity or broken natural teeth**
90.63	88.61		0. **No**
9.37	11.39		1. **Yes**
NAT	**OK**	**E.**	**Inflamed or bleeding gums or loose natural teeth**
99.63	99.67		0. **No**
0.37	0.33		1. **Yes**
NAT	**OK**	**F.**	**Mouth or facial pain discomfort or difficulty with chewing**
99.20	98.79		0. **No**
0.80	1.21		1. **Yes**
NAT	**OK**	**G.**	**Unable to examine**
98.62	99.16		0. **No**
1.38	0.84		1. **Yes**
NAT	**OK**	**Z.**	**None of the above were present**
32.21	40.58		0. **No**
67.79	59.42		1. **Yes**

Section M — Skin Conditions

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

M0100. Determination of Pressure Ulcer Risk

NAT	OK	↓ Check all that apply
NAT	**OK**	**A. Resident has a stage 1 or greater, a scar over bony prominence, or a non-removable dressing/device**
92.37	92.93	No
7.63	7.07	Yes
NAT	**OK**	**B. Formal assessment instrument/tool** (e.g., Braden, Norton, or other)
19.45	12.56	No
80.55	87.44	Yes
NAT	**OK**	**C. Clinical assessment**
8.70	7.73	No
91.30	92.27	Yes
NAT	**OK**	**Z. None of the above**
97.40	96.70	No
2.60	3.30	Yes

M0150. Risk of Pressure Ulcers

NAT	OK		**Is this resident at risk of developing pressure ulcers?**
14.56	25.41	0.	No
85.44	74.59	1.	Yes

M0210. Unhealed Pressure Ulcer(s)

NAT	OK		**Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher?**
93.09	93.23	0.	**No** → Skip to M0900, Healed Pressure Ulcers
6.91	6.77	1.	**Yes** → Continue to M0300, Current Number of Unhealed Pressure Ulcers at Each Stage

Section M — Skin Conditions

M0300. Current Number of Unhealed Pressure Ulcers at Each Stage

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

A. Number of Stage 1 pressure ulcers

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

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

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

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

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

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

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

		–			–				
Month			Day			Year			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Unstageable - Deep tissue: Suspected deep tissue injury in evolution

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

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

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

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

Section M — Skin Conditions

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

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

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

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

M0700. Most Severe Tissue Type for Any Pressure Ulcer

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

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

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

A. Stage 2

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

B. Stage 3

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

C. Stage 4

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

M0900. Healed Pressure Ulcers

Complete only if A0310 = 0

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

B. Stage 2

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

Section M Skin Conditions

M0900. Healed Pressure Ulcers - Continued

C. Stage 3

NAT	OK		NAT	OK	
88.38	86.17	0	*	*	5
10.35	12.36	1	*	*	6
0.97	1.22	2	*	*	7
0.22	0.24	3	*	*	8
*	*	4	*	*	9

D. Stage 4

NAT	OK		NAT	OK	
92.97	91.68	0	*	*	5
6.16	7.34	1	*	0.12	6
0.63	0.61	2	*	*	7
0.14	0.24	3	*	*	8
0.08	*	4	*	*	9

M01030. Number of Venous and Arterial Ulcers

Enter the total number of venous and arterial ulcers present.

NAT	OK		NAT	OK	
98.12	98.62	0	*	*	5
1.08	0.73	1	*	*	6
0.46	0.38	2	*	*	7
0.16	0.14	3	*	*	8
0.08	0.06	4	*	*	9

M01040. Other Ulcers, Wounds and Skin Problems

↓ **Check all that apply**

Foot Problems

NAT	OK		
		A.	**Infection of the foot** (e.g., cellulitis, purulent drainage)
99.51	99.56		No
0.49	0.44		Yes
		B.	**Diabetic foot ulcer(s)**
99.24	99.24		No
0.76	0.76		Yes
		C.	**Other open lesion(s) on the foot**
99.57	99.26		No
0.43	0.74		Yes

Other Problems

NAT	OK		
		D.	**Open lesion(s) other than ulcers, rashes, cuts** (e.g. cancer lesion)
98.77	98.58		No
1.23	1.42		Yes
		E.	**Surgical wound(s)**
94.80	95.44		No
5.20	4.56		Yes
		F.	**Burn(s)** (second or third degree)
99.92	99.87		No
0.08	0.13		Yes
		G.	**Skin tear(s)**
			No
			Yes
		H.	**Moisture Associated Skin Damage (MASD)** (i.e., incontinence (IAD), perspiration, drainage)
			No
			Yes

None of the Above

NAT	OK		
		Z.	**None of the above** were present
17.10	17.99		No
82.90	82.01		Yes

Section M — Skin Conditions

M01200. Skin and Ulcer Treatments

↓ Check all that apply

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

Section N — Medications

N0300. Injections

Record the number of days that injections of any type were received during the last 7 days or since admission/entry or reentry if less than 7 days. If 0 → Skip to N0401, Medications Received

NAT	OK		NAT	OK	
73.65	75.73	**0**	0.39	0.31	**4**
5.54	4.40	**1**	0.48	0.33	**5**
0.68	0.70	**2**	0.90	0.66	**6**
0.46	0.30	**3**	17.90	17.58	**7**

N0350. Insulin

A. Insulin injections - Record the number of days that insulin injections were received during the last 7 days or since admission/entry or reentry if less than 7 days.

NAT	OK		NAT	OK	
31.89	24.29	**0**	1.07	0.81	**4**
1.26	1.02	**1**	1.41	1.14	**5**
1.00	1.11	**2**	2.78	2.09	**6**
0.95	0.62	**3**	59.63	68.93	**7**

Section N — Medications

N0350. Insulin - Continued

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

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

N0410. Medications Received

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

A. Antipsychotic

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

B. Antianxiety

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

C. Antidepressant

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

D. Hypnotic

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

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

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

F. Antibiotic

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

G. Diuretic

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

Section O — Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs

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

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

Cancer Treatments

A. Chemotherapy

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
99.41	99.31	No	99.49	99.70	No
0.59	0.69	Yes	0.51	0.30	Yes

B. Radiation

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
99.81	99.81	No	99.92	99.91	No
0.19	0.19	Yes	0.08	0.09	Yes

Respiratory Treatments

C. Oxygen therapy

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
79.06	74.90	No	87.08	84.83	No
20.94	25.10	Yes	12.92	15.17	Yes

D. Suctioning

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
98.37	99.08	No	98.62	99.28	No
1.63	0.92	Yes	1.38	0.72	Yes

E. Tracheostomy care

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
98.25	99.08	No	98.55	99.27	No
1.75	0.92	Yes	1.45	0.73	Yes

F. Ventilator or respirator

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
98.71	99.04	No	99.36	99.62	No
1.29	0.96	Yes	0.64	0.38	Yes

G. BiPAP/CPAP

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
97.27	97.47	No	97.91	98.32	No
2.73	2.53	Yes	2.09	1.68	Yes

Other

H. IV medications

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
64.95	68.70	No	97.57	98.68	No
35.05	31.30	Yes	2.43	1.32	Yes

I. Transfusions

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
97.76	98.62	No	99.89	99.91	No
2.24	1.38	Yes	0.11	0.09	Yes

J. Dialysis

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
96.69	96.79	No	97.71	98.19	No
3.31	3.21	Yes	2.29	1.81	Yes

K. Hospice care

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
98.30	96.91	No	94.66	89.02	No
1.70	3.09	Yes	5.34	10.98	Yes

L. Respite care

1. While NOT a Resident NAT	1. While NOT a Resident OK		2. While a Resident NAT	2. While a Resident OK	
n/a	n/a	No (Not included in	99.87	99.82	No
n/a	n/a	Yes current report)	0.13	0.18	Yes

Section O — Special Treatments, Procedures, and Programs

O0100. Special Treatments, Procedures, and Programs - Continued

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

NAT	OK		NAT	OK	
		1. **While NOT a Resident**			2. **While a Resident**
99.38	98.70	**No**	99.58	99.32	**No**
0.62	1.30	**Yes**	0.42	0.68	**Yes**

None of the Above

Z. None of the above

NAT	OK		NAT	OK	
		1. **While NOT a Resident**			2. **While a Resident**
45.69	45.90	**No**	23.70	27.48	**No**
54.31	54.10	**Yes**	76.30	72.52	**Yes**

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

NAT	OK		
		A.	Did the **resident receive the influenza vaccine in this facility** for this year's influenza season?
49.90	47.28		0. **No** → Skip to O0250C, If Influenza vaccine not received, state reason
50.10	52.72		1. **Yes** → Continue to O0250B, Date vaccine received.
		B.	**Date vaccine received** → Complete date and skip to O0300A, Is the resident's Pneumococcal vaccination up to date?
			Month – Day – Year
NAT	OK	**C.**	**If influenza vaccine not received, state reason:**
26.91	26.66		1. **Resident not in facility** during this year's flu season
30.32	40.43		2. **Received outside of this facility**
2.54	2.66		3. **Not eligible** - medical contraindication
31.06	24.30		4. **Offered and declined**
3.62	2.64		5. **Not offered**
0.25	0.32		6. **Inability to obtain vaccine** due to a declared shortage
5.31	2.99		9. **None of the above**

O0300. Pneumococcal Vaccine

NAT	OK		
		A.	**Is the resident's Pneumococcal vaccination up to date?**
32.40	29.14		0. **No** → Continue to O0300B If Pneumococcal vaccine not received, state reason
67.60	70.86		1. **Yes** → Skip to O0400, Therapies
NAT	OK	**B.**	**If Pneumococcal vaccine not received, state reason:**
5.14	9.27		1. **Not eligible** - medical contraindication
77.33	69.41		2. **Offered and declined**
17.53	21.33		3. **Not offered**

O0400. Therapies

A. Speech-Language Pathology and Audiology Services

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

NAT	OK		NAT	OK	
0.71	0.31	01-44	*	*	720-999
5.04	2.80	45-149	*	*	1000-1999
7.77	7.16	150-324	*	*	2000-2999
0.07	*	325-499	*	*	3000-3999
*	*	500-719	*	*	4000-4999

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

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

Section O — Special Treatments, Procedures, and Programs

O0400. Therapies (Speech-Language Pathology and Audiology Services) **- Continued**

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

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

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

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

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

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

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

Month Day - Year -

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

Month - Day - Year

B. Occupational Therapy

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

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

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

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

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

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

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

O0400. Therapies (Occupational Therapy) - Continued

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

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

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

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

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

Month Day - Year -

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

Month - Day - Year

C. Physical Therapy

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

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

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

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

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

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

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

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

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

O0400. Therapies (Physical Therapy) - Continued

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

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

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

Month - Day - Year

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

Month - Day - Year

D. Respiratory Therapy

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

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

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

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

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

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

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

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

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

F. Recreational Therapy (includes recreational and music therapy)

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

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

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

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

Section O — Special Treatments, Procedures, and Programs

O0420. Distinct Calendar Days of Therapy

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

0	**4**
1	**5**
2	**6**
3	**7**

O0450. Resumption of Therapy - Complete only if A0310C = 2 or 3 and A0310F = 99

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

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

B. Date on which therapy regimen resumed:

Month - Day - Year

O0500. Restorative Nursing Programs

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

Technique

A. Range of motion (passive)

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

B. Range of motion (active)

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

C. Splint or brace assistance

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

Training and Skill Practice in:

D. Bed mobility

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

E. Transfer

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

Section O — Special Treatments, Procedures, and Programs

O0500. Restorative Nursing Programs - Continued

F. Walking

NAT	OK		NAT	OK	
92.28	95.37	0	0.70	0.33	4
0.79	0.59	1	1.10	0.56	5
0.76	0.86	2	1.42	0.30	6
0.99	1.14	3	1.96	0.86	7

G. Dressing and/or grooming

NAT	OK		NAT	OK	
95.39	97.08	0	0.19	0.06	4
0.12	0.09	1	0.30	0.06	5
0.12	0.08	2	1.02	0.23	6
0.16	0.12	3	2.71	2.27	7

H. Eating and/or swallowing

NAT	OK		NAT	OK	
98.31	98.43	0	0.08	*	4
0.06	*	1	0.14	0.09	5
0.06	*	2	0.30	0.10	6
0.07	*	3	0.98	1.22	7

I. Amputation/prostheses care

NAT	OK		NAT	OK	
99.95	99.93	0	*	*	4
*	*	1	*	*	5
*	*	2	*	*	6
*	*	3	*	*	7

J. Communication

NAT	OK		NAT	OK	
99.52	98.73	0	*	*	4
*	*	1	*	0.06	5
*	*	2	0.10	*	6
*	*	3	0.25	1.11	7

O0600. Physician Examinations

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

		0
		1
		2-4
		5-9
		10-14

O0700. Physician Orders

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

		0
		1
		2-4
		5-9
		10-14

Section P Restraints

P0100. Physical Restraints

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body.

NAT	OK	↓ Enter Codes in Boxes
		Used in Bed
NAT	**OK**	**A. Bed rail**
99.32	99.12	0. **Not used**
*	*	1. **Used less than daily**
0.65	0.85	2. **Used daily**
NAT	**OK**	**B. Trunk restraint**
99.98	100.00	0. **Not used**
*	*	1. **Used less than daily**
*	*	2. **Used daily**
NAT	**OK**	**C. Limb restraint**
99.95	100.00	0. **Not used**
*	*	1. **Used less than daily**
*	*	2. **Used daily**
NAT	**OK**	**D. Other**
99.92	99.95	0. **Not used**
*	*	1. **Used less than daily**
0.07	*	2. **Used daily**
		Used in Chair or Out of Bed
NAT	**OK**	**E. Trunk restraint**
99.82	99.87	0. **Not used**
*	*	1. **Used less than daily**
0.15	0.11	2. **Used daily**
NAT	**OK**	**F. Limb restraint**
99.95	99.99	0. **Not used**
*	*	1. **Used less than daily**
*	*	2. **Used daily**
NAT	**OK**	**G. Chair prevents rising**
99.91	99.94	0. **Not used**
*	*	1. **Used less than daily**
0.07	0.05	2. **Used daily**
NAT	**OK**	**H. Other**
99.90	99.92	0. **Not used**
*	*	1. **Used less than daily**
0.09	0.05	2. **Used daily**

Section Q Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

NAT	OK	
NAT	**OK**	**A. Resident participated in assessment**
12.76	8.61	0. **No**
87.24	91.39	1. **Yes**
NAT	**OK**	**B. Family or significant other participated in assessment**
69.01	75.96	0. **No**
30.09	23.14	1. **Yes**
0.90	0.89	9. **Resident has no family or significant other**
NAT	**OK**	**C. Guardian or legally authorized representative participated in assessment**
72.81	84.56	0. **No**
9.80	8.98	1. **Yes**
17.39	6.46	9. **Resident has no guardian or legally authorized representative**

Section Q — Participation in Assessment and Goal Setting

Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

NAT	OK	A. Select one for resident's overall goal established during assessment process
31.82	22.49	1. Expects to be **discharged to the community**
58.03	67.16	2. Expects to **remain in this facility**
1.86	0.94	3. Expects to be **discharged to another facility/institution**
8.29	9.41	9. **Unknown or uncertain**

NAT	OK	B. Indicate information source for Q0300A
61.50	73.07	1. **Resident**
31.83	21.23	2. If not resident, then **family or significant other**
5.06	3.33	3. If not resident, family, or significant other, then **guardian or legally authorized representative**
1.62	2.37	9. **Unknown or uncertain**

Q0400. Discharge Plan

NAT	OK	A. Is active discharge planning already occurring for the resident to return to the community?
83.93	89.19	0. **No**
16.07	10.81	1. **Yes** → Skip to Q0600, Referral

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

Complete only if A0310A = 02, 06, or 99

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

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

Q0500. Return to Community

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

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

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

NAT	OK	A. **Does the resident** (or family or significant other or guardian or legally authorized representative if resident is unable to understand or respond) **want to be asked about returning to the community on <u>all</u> assessments?** (Rather than only on comprehensive assessments.)
84.76	79.11	0. **No** - then document in resident's clinical record and ask again only on the next comprehensive assessment
11.37	16.15	1. **Yes**
3.87	4.74	9. **Information not available**

NAT	OK	B. Indicate information source for Q0550A
54.81	71.29	1. **Resident**
35.07	19.91	2. If not resident, then **family or significant other**
6.51	3.59	3. If not resident, family, or significant other, then **guardian or legally authorized representative**
*	*	9. **No information source available**

Q0600. Referral

NAT	OK	Has a referral been made to the Local Contact Agency? (Document reasons in resident's clinical record)
95.56	94.99	0. **No** - referral not needed
2.44	4.37	1. **No** - referral is or may be needed (For more information see Appendix C, Care Area Assessment Resources #20)
2.00	0.65	9. **Yes** - referral made

Section V Care Area Assessment (CAA) Summary

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

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

Enter Score

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

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

Section V Care Area Assessment (CAA) Summary

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

Enter Code

B. Prior Assessment PPS Reason for Assessment (A0310B value from prior assessment)

01. **5-day** scheduled assessment
02. **14-day** scheduled assessment
03. **30-day** scheduled assessment
04. **60-day** scheduled assessment
05. **90-day** scheduled assessment
06. **Readmission/return** assessment
07. **Unscheduled assessment used for PPS** (OMRA, significant or clinical change, or significant correction assessment)
99. **None of the above**

C. Prior Assessment Reference Date (A2300 value from prior assessment)

Month - Day - Year

D. Prior Assessment Brief Interview for Mental Status (BIMS) Summary Score (C0500 value from prior assessment)

Enter Code

E. Prior Assessment Resident Mood Interview (PHQ-9©) Total Severity Score (D0300 value from prior assessment)

F. Prior Assessment Staff Assessment of Resident Mood (PHQ-9-OV) Total Severity Score (D0600 value from prior assessment)

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each trigggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

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

Section V Care Area Assessment (CAA) Summary

V0200. CAAs and Care Planning - Continued

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

1. Signature

2. Date ☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year)

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

1. Signature

2. Date ☐☐ - ☐☐ - ☐☐☐☐ (Month - Day - Year)

Section X	Correction Request

Complete Section X only if A0050 = 2 or 3

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

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

Enter Code

Type of provider

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

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

A. First name:

C. Last name:

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

Enter Code

1. Male
2. Female

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

Month – Day – Year

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

Social Security Number:

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

Enter Code

A. Federal OBRA Reason for Assessment

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

Enter Code

B. PPS Assessment

PPS Scheduled Assessments for a Medicare Part A Stay

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

PPS Unscheduled Assessments for a Medicare Part A Stay

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

Not PPS Assessment

99. **None of the above**

Section X — Correction Request

X0600. Type of Assessment - Continued

Enter Code ☐

C. PPS Other Medicare Required Assessment - OMRA

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

Enter Code ☐

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

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

Enter Code ☐☐

F. Entry/discharge reporting

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

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

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

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

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

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

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

☐☐ – ☐☐ – ☐☐☐☐
Month Day Year

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

X0800. Correction Number

Enter Number ☐☐

Enter the number of correction requests to modify/inactivate the existing record, including the present one

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

↓ Check all that apply

☐ **A. Transcription error**

☐ **B. Data entry error**

☐ **C. Software product error**

☐ **D. Item coding error**

☐ **E. End of Therapy - Resumption (EOT-R) date**

☐ **Z. Other error requiring modification**
If "Other" checked, please specify: _____

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

↓ Check all that apply

☐ **A. Event did not occur**

☐ **Z. Other error requiring inactivation**
If "Other" checked, please specify: _____

X1100. RN Assessment Coordinator Attestation of Completion

A. Attesting individual's first name:

☐☐☐☐☐☐☐☐☐☐☐☐

B. Attesting individual's last name:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

C. Attesting individuals title:

D. Signature

Section X	Correction Request
X1100. RN Assessment Coordinator Attestation of Completion - Continued	
	E. Attestation date Month Day Year

Section Z	Assessment Administration
Z0100. Medicare Part A Billing	
	A. **Medicare Part A HIPPS code** (RUG group followed by assessment type indicator): **B.** **RUG version code:**
Enter Code	**C.** **Is this a Medicare Short Stay assessment?** 0. **No** 1. **Yes**
Z0150. Medicare Part Non-Therapy Billing	
	A. **Medicare Part A non-therapy HIPPS code** (RUG group followed by assessment type indicator): **B.** **RUG version code:**
Z0200. State Medicaid Billing (if required by the State)	
	A. **RUG Case Mix group:** **B.** **RUG version code:**
Z0250. Alternate State Medicaid Billing (if required by the State)	
	A. **RUG Case Mix group:** **B.** **RUG version code:**
Z0300. Insurance Billing	
	A. **RUG billing code:** **B.** **RUG billing version:**