## MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set

A. National Provider Numbers     A. National Provider Identifier (NPI):     A. National Provider Identifier (NPI):     B. CMS Certification Number (CCN):     C. State Provider Number:     A. National Provider Number:     C. State Provider Number:     C. State Provider Number:     C. State Provider Number:     C. State Provider Number:     Support State	Sectio	n A	Identification Information
2. Modify voising record -> Continue to A0100, Facility Provider Numbers         3. Inactivate existing record -> Skip to X0100, Type of Provider         X0100. Facility Provider Numbers         A. National Provider Identifier (NPI):         B. CMS Certification Number (CCN):         C. State Provider Number:         X0200. Type of Provider         Investigation of the State Sta	A0050. T	ype of Record	
A. National Provider Identifier (NPI):         B. CMS Certification Number (CCN):         C. State Provider Number:         V0200. Type of Provider         InterCode         Type of Provider         InterCode         Type of Provider         InterCode         Type of Assessment         A. Federal OBRA Reason for Assessment         O. J. Admission assessment (required by day 14)         Q. Quarterly review assessment         A. Significant correction to prior comprehensive assessment         B. Significant correction to prior comprehensive assessment         B. Significant correction to prior quarterly assessment         B. Significant correction to prior comprehensive assessment         B. Significant correction to prior comprehensive assessment         B. Significant correction to prior quarterly assessment         B. Significant correction to prior comprehensive assessment         B. Significant correction to prior opprehensive assessment         B. Significant correction to prior quarterly assessment         B. So day scheduled assess	Enter Code	2. Modify exis	sting record> Continue to A0100, Facility Provider Numbers
B. CMS Certification Number (CCN):         C. State Provider Number:         V0200. Type of Provider         Intercoded         Type of provider         I. Nursing home (SNF/NF)         2. Swing Bed         V0310. Type of Assessment         Intercoded         Significant correction to prior comprehensive assessment         0. Admission assessment (equired by day 14)         0. Admission assessment (equired by day 14)         0. Significant correction to prior comprehensive assessment         0. Significant correction to prior quarterly assessment         0. Significant correction to prior and the assessment to a Medicare Part A Stay         0. Significant correction to prior PPS (OMRA, significant or clinical change, or significant correction assessment)         0. Significant correction to prior Medicare Part A Stay         0. No       No         1. Start of therapy assessment	A0100. F	acility Provider Nu	umbers
c. State Provider Number:         X0200. Type of Provider         interCode       Type of provider         1. Nursing home (SNF/NF)         2. Swing Bed         V0310. Type of Assessment         A. Federal OBRA Reason for Assessment         0. Admission assessment (required by day 14).         02. Quarterly review assessment         04. Significant change in status assessment         05. Significant correction to prior comprehensive assessment         05. Significant correction to prior comprehensive assessment         05. Significant correction to prior quarterly assessment         05. Significant correction to prior comprehensive assessment         05. Significant correction to prior comprehensive assessment         05. Significant correction to prior comprehensive assessment         05. Significant correction to prior quarterly assessment         06. Significant correction to prior comprehensive assessment         07. Is Aday scheduled assessment         08. Sol-day scheduled assessment         09. None of the above         01. Stat of therapy assessment         09. None of the above         01. No         1. Stat of therapy assessment         3. Both Stat and End of therapy assessment         3. Both Stat and End of therapy assessment         3. Both Stat and End of therapy asses		A. National Provid	er Identifier (NPI):
Non-advance of a set of the set of			
Type of provider         1. Nursing home (SNF/NF)         2. Swing Bed         V0310. Type of Assessment         inter Code         A. Federal OBRA Reason for Assessment         0.1. Admission assessment (required by day 14)         0.2. Quarterly review assessment         0.3. Annual assessment         0.4. Significant correction to prior comprehensive assessment         0.5. Significant correction to prior quarterly assessment         0.6. Significant correction to prior quarterly assessment         0.7. J-Aday Scheduled Assessment         0.8. PPS Assessment         0.9. None of the above         B. PPS Assessment         0.1. 5-day scheduled assessment         0.2. 14-day scheduled assessment         0.3. 30-day scheduled assessment         0.5. 9-0 day scheduled assessment         0.5. 9-0 day scheduled assessment         0.7. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)         0.9. None of the above         1. Start of therapy assessment         2. End of therapy assessment         3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment         3. Change of therapy assessment			
I. Nursing home (SNF/NF)         2. Swing Bed         V0310. Type of Assessment         inter Code       A. Federal OBRA Reason for Assessment         0.1. Admission assessment (required by day 14)         0.2. Quarterly review assessment         0.3. Annual assessment         0.3. Significant correction to prior ouprehensive assessment         0.5. Significant correction to prior quarterly assessment         0.6. Significant correction to prior quarterly assessment         0.7. J. F-4dy scheduled assessment         0.8. PPS Assessment         PPS Scheduled assessment         0.8. O-day scheduled assessment         0.9. None of the above         PPS Unscheduled assessment is for a Medicare Part A Stay         0.7. Unscheduled assessment         0.8. O-day scheduled assessment         0.9. None of the above         0. No         1. Start of therapy assessment         2. End of therapy assessment         2. End of therapy assessment         3. Both Start and End of therapy assessment         3. None of therapy assessment         3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment         3. None of therapy assessment         3. Both Start a	A0200. T	ype of Provider	
inter Code       A. Federal OBRA Reason for Assessment         inter Code       A. Federal OBRA Reason for Assessment         0.1. Admission assessment (required by day 14)       0.2. Quarterly review assessment         0.3. Annual assessment       0.3. Significant correction to prior comprehensive assessment         0.5. Significant correction to prior ouprehensive assessment       0.5. Significant correction to prior ouprehensive assessment         0.6. Significant correction to prior ouprehensive assessment       0.5. Significant correction to prior ouprehensive assessment         0.6. Significant correction to prior ouprehensive assessment       0.5. Significant correction to prior ouprehensive assessment         0.7. Juscheduled Assessments for a Medicare Part A Stay       0.1. 5-day scheduled assessment         0.3. 30-day scheduled assessment       0.3. 30-day scheduled assessment         0.3. 30-day scheduled assessment for a Medicare Part A Stay       0.7. Unscheduled assessment for a Medicare Part A Stay         0.7. Unscheduled assessment so a Medicare Part A Stay       0.7. Unscheduled assessment so a Medicare Part A Stay         0.7. Unscheduled assessment so a Medicare Part A Stay       0.7. Unscheduled assessment assessment         9.8. None of the above       C. PPS Other Medicare Required Assessment - OMRA         0. No       1. Start of therapy assessment         3.8. Both Start and End of therapy assessment       3. Both Start and End of therapy assessment	Enter Code	1. Nursing hom	ne (SNF/NF)
inter Code       01. Admission assessment (required by day 14)         02. Quarterly review assessment       03. Annual assessment         03. Annual assessment       04. Significant correction to prior comprehensive assessment         05. Significant correction to prior quarterly assessment       05. Significant correction to prior quarterly assessment         09. None of the above       8. PPS Assessment         09. None of the above       9. PPS Scheduled Assessments for a Medicare Part A Stay         01. 5-day scheduled assessment       02. 14-day scheduled assessment         03. 30-day scheduled assessment       03. 30-day scheduled assessment         03. 30-day scheduled assessment       03. 40-day scheduled assessment         03. 90-day scheduled assessment       05. 90-day scheduled assessment         04. 60-day scheduled assessment       05. 90-day scheduled assessment         05. 90-day scheduled assessment to a Medicare Part A Stay       07. Unscheduled assessment to a Medicare Part A Stay         07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment)         Not PPS Assessment       9. None of the above         C. PPS Other Medicare Required Assessment - OMRA       0. No         1. Start of therapy assessment       3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment       0. No         3. T	A0310. T	ype of Assessmen	t
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         05. 90-day scheduled assessment         07. Unscheduled assessment         09. None of the above         20. 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         3. Both Start and End of therapy assessment         3. Both Start and End of therapy assessment? Complete only if A0200 = 2         0. No         1. Yes	Enter Code	01. Admission 02. Quarterly re 03. Annual asse 04. Significant 05. Significant 06. Significant	assessment (required by day 14) eview assessment essment change in status assessment correction to prior comprehensive assessment correction to prior quarterly assessment
<ul> <li>Inter Code</li> <li>No</li> <li>Start of therapy assessment</li> <li>End of therapy assessment</li> <li>Both Start and End of therapy assessment</li> <li>Both Start and End of therapy assessment</li> <li>Change of therapy assessment</li> <li>Change of therapy assessment</li> <li>Change of therapy assessment</li> <li>D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2</li> <li>No</li> <li>Yes</li> <li>Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?</li> <li>No</li> <li>Yes</li> </ul>	Enter Code	PPS Scheduled 01. 5-day sched 02. 14-day sched 03. 30-day sched 04. 60-day sched 05. 90-day sched PPS Unschedule 07. Unschedule Not PPS Assessi 99. None of the	Assessments for a Medicare Part A Stay duled assessment eduled assessment eduled assessment eduled assessment eduled assessment eduled assessment ed Assessment for a Medicare Part A Stay ed assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) ment e above
0. No 1. Yes E. Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? 0. No 1. Yes	Enter Code	0. No 1. Start of thera 2. End of thera 3. Both Start ar	apy assessment py assessment nd End of therapy assessment
0. No 1. Yes	Enter Code	0. No 1. Yes	
A0310 continued on next page	Enter Code	0. <b>No</b>	nt the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry?
	A031	0 continued on nex	xt page

Identifier

Sectio	n A	Identification Information		
A0310. 1	Type of Assessment	t - Continued		
Enter Code	11. Discharge a 12. Death in fac 99. None of the	ng record issessment- <b>return not anticipated</b> issessment- <b>return anticipated</b> cility tracking record a <b>above</b>		
Enter Code	G. Type of discharg 1. Planned 2. Unplanned	<b>Je</b> - Complete only if A0310F = 10 or 11		
Enter Code	H. Is this a SNF PPS 0. No 1. Yes	Part A Discharge (End of Stay) Assessment?		
A0410. U	Jnit Certification o	r Licensure Designation		
Enter Code	2. Unit is neithe	er Medicare nor Medicaid certified and MDS data is not required by the State er Medicare nor Medicaid certified but MDS data is required by the State care and/or Medicaid certified		
A0500. I	egal Name of Resid	dent		
	A. First name:	B. Middle ir	nitial:	
	C. Last name:	D. Suffix:		
A0600	Social Security and	Medicare Numbers		
A0000. 1	A. Social Security N			
A0700. I		<b>er</b> (or comparable railroad insurance number) <b>:</b> Enter "+" if pending, "N" if not a Medicaid recipient		
A0800. (	Gender			
Enter Code	1. Male 2. Female			
A0900. E	Birth Date			
		– Day Year		
A1000, F	Race/Ethnicity			
	eck all that apply			
	A. American Indiar	n or Alaska Native		
	B. Asian			
	C. Black or African American			
	D. Hispanic or Latin	no		
	E. Native Hawaiian	or Other Pacific Islander		
	F. White			
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Identifier

Sectio	n A	Identification Information
A1100. L	anguage	
Enter Code	0. No → Skip 1. Yes → Spec	nt need or want an interpreter to communicate with a doctor or health care staff? to A1200, Marital Status :ify in A1100B, Preferred language termine → Skip to A1200, Marital Status age:
A1200. N	Aarital Status	
Enter Code	<ol> <li>Never marrie</li> <li>Married</li> <li>Widowed</li> <li>Separated</li> <li>Divorced</li> </ol>	d
A1300. C	Optional Resident I	tems
	<ul><li>A. Medical record i</li><li>B. Room number:</li></ul>	number:
		resident prefers to be addressed:
	D. Lifetime occupa	tion(s) - put "/" between two occupations:
		ning and Resident Review (PASRR)
Complete Enter Code	("mental retardatio 0. No → Skip 1. Yes → Co	<ul> <li>1, 03, 04, or 05</li> <li>ently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability</li> <li>n" in federal regulation) or a related condition?</li> <li>to A1550, Conditions Related to ID/DD Status</li> <li>ntinue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions</li> <li>caid-certified unit → Skip to A1550, Conditions Related to ID/DD Status</li> </ul>
A1510. L		on Screening and Resident Review (PASRR) Conditions
	only if A0310A = $0$	-
↓ Ch	eck all that apply	
	A. Serious mental	llness
	B. Intellectual Disa	bility ("mental retardation" in federal regulation)
	C. Other related co	nditions

Resident			laentiller	Date
Sectio	on A	Identification Ir	nformation	
A1550.	<b>Conditions Related</b>	to ID/DD Status		
	-	ge or older, complete on		
			only if A0310A = 01, 03, 04, o	
↓ ci			atus that were manifested before	e age 22, and are likely to continue indefinitely
	ID/DD With Organic	Condition		
	A. Down syndrome	2		
	B. Autism			
	C. Epilepsy			
	D. Other organic co	ondition related to ID/DD		
	ID/DD Without Orga	anic Condition		
	E. ID/DD with no o	rganic condition		
	No ID/DD			
	Z. None of the abo	ve		
Most Red	cent Admission/Ent	try or Reentry into this	Facility	
A1600. I	Entry Date			
	-	_		
	Month	Day Year		
A1700.	Type of Entry			
Enter Code	1. Admission			
	2. Reentry			
A1800. I	Entered From			
	01. Community	/ (private home/apt., board/	/care, assisted living, group home	2)
Enter Code	02. Another nu	rsing home or swing bed	5,5,1,1	,
	03. Acute hosp			
	04. Psychiatric	hospital Phabilitation facility		
	06. ID/DD facili	•		
	07. Hospice			
		Care Hospital (LTCH)		
	99. Other			
A1900.	Admission Date (Da	ate this episode of care	in this facility began)	
	_	_		
	Month	Day Year		
A2000 I	Discharge Date			
	- istinarye bute			

Complete only if A0310F = 10, 11, or 12

Month Day

\_

— Day

Year

Sectio	n A	Identification Information			
A2100. D	00. Discharge Status				
Complete	only if A0310F = 1	0, 11, or 12			
Enter Code	01. Communit 02. Another nu 03. Acute hosp 04. Psychiatric 05. Inpatient r 06. ID/DD facil 07. Hospice 08. Deceased	y (private home/apt., board/care, assisted living, group home) irsing home or swing bed ital hospital ehabilitation facility			
A2200. P	Previous Assessme	nt Reference Date for Significant Correction			
Complete	e only if A0310A = 0	5 or 06			
	– Month	– Day Year			
A2300. A	ssessment Refere	nce Date			
	Observation end d	ate:			
	-	-			
	Month	Day Year			
A2400. N	/ledicare Stay				
Enter Code	A. Has the residen	t had a Medicare-covered stay since the most recent entry?			
		to B0100, Comatose tinue 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			

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Section GG	<b>Functional Abilities and Goals</b> - Admission (Sta	rt of SNF PPS Stay)
<b>GG0130. Self-Care</b> (Asse Complete only if A0310B =	ssment period is days 1 through 3 of the SNF PPS Stay starting with A240 = 01	00B)
attempted at the start of th	erformance at the start of the SNF PPS stay (admission) for each activity usine SNF PPS stay (admission), code the reason. Code the resident's end of SN odes 07, 09, or 88 to code end of SNF PPS stay (discharge) goals.	
<ul> <li>unsafe or of poor quality, sce Activities may be completed w</li> <li>06. Independent - Resic</li> <li>05. Setup or clean-up a assists only prior to c</li> <li>04. Supervision or touc assistance as resider intermittently.</li> <li>03. Partial/moderate as supports trunk or lim</li> <li>02. Substantial/maxima trunk or limbs and p</li> <li>01. Dependent - Helper</li> </ul>	<ul> <li>brmance - If helper assistance is required because resident's performance is pre according to amount of assistance provided.</li> <li>bit or without assistive devices.</li> <li>bent completes the activity by him/herself with no assistance from a helper.</li> <li>ssistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper provides VERBAL CUES or TOUCHING/STEADYING at completes activity. Assistance may be provided throughout the activity or ssistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or hbs, but provides less than half the effort.</li> <li>al assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds rovides more than half the effort.</li> <li>does ALL of the effort. Resident does none of the effort to complete the activity.</li> </ul>	If activity was not attempted, code reason: 07. Resident refused. 09. Not applicable. 88. Not attempted due to medical condition or safety concerns.
1.2.AdmissionDischargePerformanceGoal↓Enter Codes in Boxes ↓	<ul> <li>A. Eating: The ability to use suitable utensils to bring food to the mouth and s presented on a table/tray. Includes modified food consistency.</li> <li>B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if replace dentures from and to the mouth, and manage equipment for soaki</li> </ul>	applicable): The ability to remove and
	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes commode, bedpan, or urinal. If managing an ostomy, include wiping the o	

**Section GG** 

Identifier

Functional Abilities and Goals - Admission (Start of SNF PPS Stay)

<b>GG0170. Mobility</b> Complete only if A		nt period is days 1 through 3 of the SNF PPS Stay starting with A2400E	3)		
attempted at the sta	art of the SN	rmance at the start of the SNF PPS stay (admission) for each activity using IF PPS stay (admission), code the reason. Code the resident's end of SNF I 5 07, 09, or 88 to code end of SNF PPS stay (discharge) goals.			
<ul> <li>Coding:</li> <li>Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.</li> <li>Activities may be completed with or without assistive devices.</li> <li>06. Independent - Resident completes the activity by him/herself with no assistance from a helper.</li> <li>05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper assistance as resident completes activity.</li> <li>04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</li> <li>03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</li> <li>04. Supervision or touching assistance - Helper does LESS THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</li> <li>05. Substantial/maximal assistance - Helper does MORE THAN HALF the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.</li> </ul>					
Admission Disc	2. charge oal oxes ↓				
	B.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the	e bed.		
	C.	Lying to sitting on side of bed: The ability to safely move from lying on the with feet flat on the floor, and with no back support.	back to sitting on the side of the bed		
	D.	Sit to stand: The ability to safely come to a standing position from sitting in a	a chair or on the side of the bed.		
	E. Chair/bed-to-chair transfer: The ability to safely transfer to and from a bed to a chair (or wheelchair).				
	F.	Toilet transfer: The ability to safely get on and off a toilet or commode.			
	<ul> <li>H1. Does the resident walk?</li> <li>No, and walking goal is not clinically indicated → Skip to GG0170Q1, Does the resident use a wheelchair/scooter?</li> <li>No, and walking goal is clinically indicated → Code the resident's discharge goal(s) for items GG0170K</li> <li>Yes → Continue to GG0170J, Walk 50 feet with two turns</li> </ul>				
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 fee	et and make two turns.		
	К.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corrido	or or similar space.		
	Q1. Does the resident use a wheelchair/scooter?         0. No → Skip to GG0130, Self Care (Discharge)         1. Yes → Continue to GG0170R, Wheel 50 feet with two turns				
	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.				
	RR1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized				
	S.	Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 fe	eet in a corridor or similar space.		
		SS1. Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized			

Section GG	<b>Functional Abilities and Goals</b> - Discharge (End of SNF PPS Stay)			
CC0120 Colf Cover (Association to revised in the last 2 days of the SNE DDS Stay and ing on A2400C)				
GG0130. Self-Care (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C)				
Complete only if $AO210C$ is not $-2$ and $AO210H - 1$ and $AO200C$ minus $AO200P$ is greater than 2 and $AO210O$ is not $-O2$				

Complete only if A0310G is not = 2 and A0310H = 1 an	<b>d</b> A2400C minus A2400B is greater than 2 <b>and</b> A2100 is not = 03
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## Code the resident's usual performance at the end of the SNF PPS stay for each activity using the 6-point scale. If an activity was not attempted at the end of the SNF PPS stay, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is If activity was not attempted, code unsafe or of poor quality, score according to amount of assistance provided. reason: Activities may be completed with or without assistive devices. 07. Resident refused. 06. Independent - Resident completes the activity by him/herself with no assistance from a helper. 09. Not applicable. 05. Setup or clean-up assistance - Helper SETS UP or CLEANS UP; resident completes activity. Helper 88. Not attempted due to **medical** assists only prior to or following the activity. condition or safety concerns. 04. Supervision or touching assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. 3. Discharge Performance Enter Code A. Eating: The ability to use suitable utensils to bring food to the mouth and swallow food once the meal is presented on a table/ tray. Includes modified food consistency. Enter Code B. Oral hygiene: The ability to use suitable items to clean teeth. [Dentures (if applicable): The ability to remove and replace dentures from and to the mouth, and manage equipment for soaking and rinsing them.] Enter Code C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after using the toilet, commode, bedpan, or urinal. If managing an ostomy, include wiping the opening but not managing equipment.

Identifier

Section GG		Functional Abilities and Goals - Discharge (End of SNF PPS Stay)			
<b>GG0170.</b> Mobility (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) Complete only if A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2100 is not = 03					
Code the resident' at the end of the S		rmance at the end of the SNF PPS stay for each activity using the 6-point code the reason.	scale. If an activity was not attempted		
unsafe or of poor of Activities may be co 06. Independe 05. Setup or cl assists only 04. Supervisio assistance a intermitten 03. Partial/mo supports tr 02. Substantia trunk or lim 01. Dependen	uality, score a mpleted with ent - Resident ean-up assis prior to or fo n or touching as resident co htly. derate assist unk or limbs, il/maximal as hbs and provie t - Helper doe	<ul> <li>Ince - If helper assistance is required because resident's performance is according to amount of assistance provided.</li> <li><i>or without assistive devices.</i></li> <li>completes the activity by him/herself with no assistance from a helper.</li> <li>tance - Helper SETS UP or CLEANS UP; resident completes activity. Helper llowing the activity.</li> <li>g assistance - Helper provides VERBAL CUES or TOUCHING/STEADYING mpletes activity. Assistance may be provided throughout the activity or</li> <li>ance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or but provides less than half the effort.</li> <li><i>isistance</i> - Helper does MORE THAN HALF the effort. Helper lifts or holds des more than half the effort.</li> <li>s ALL of the effort. Resident does none of the effort to complete the activity.</li> </ul>	If activity was not attempted, code reason: 07. Resident refused. 09. Not applicable. 88. Not attempted due to medical condition or safety concerns.		
3. Discharge Performance Enter Codes in Boxes					
	B. Sit to lyi	<b>ng:</b> The ability to move from sitting on side of bed to lying flat on the bed.			
		<b>sitting on side of bed:</b> The ability to safely move from lying on the back to sine floor, and with no back support.	itting on the side of the bed with feet		
	D. Sit to st	and: The ability to safely come to a standing position from sitting in a chair or	on the side of the bed.		
	E. Chair/be	ed-to-chair transfer: The ability to safely transfer to and from a bed to a chair	(or wheelchair).		
		ansfer: The ability to safely get on and off a toilet or commode.			
	Н3.	<ul> <li>Does the resident walk?</li> <li>0. No → Skip to GG0170Q3, Does the resident use a wheelchair/scooter?</li> <li>2. Yes → Continue to GG0170J, Walk 50 feet with two turns</li> </ul>			
	J. Walk 50	feet with two turns: Once standing, the ability to walk at least 50 feet and ma	ake two turns.		
	K. Walk 15	<b>0 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or simil	ar space.		
	Q3.	<ul> <li>Does the resident use a wheelchair/scooter?</li> <li>0. No → Skip to H0100, Appliances</li> <li>1. Yes → Continue to GG0170R, Wheel 50 feet with two turns</li> </ul>			
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, can wheel at least 50 feet and make two turns.				
	RR3	Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized			
	S. Wheel 150 feet: Once seated in wheelchair/scooter, can wheel at least 150 feet in a corridor or similar space.				
	SS3	Indicate the type of wheelchair/scooter used. 1. Manual 2. Motorized			