

**Track Changes**  
**from Chapter 3 Section E V1.03**  
**to Chapter 3 Section E V1.04**

Chapter	Section	Page	Change
3	E0100	E-2	<p><b>Steps for Assessment</b></p> <p>31. Review the resident's medical record for the 7-day look-back period.</p> <p>42. Interview staff members and others who have had the opportunity to observe the resident in a variety of situations during the 7-day look-back period.</p> <p>53. Observe the resident during conversations and the structured interviews in other assessment sections and listen for statements indicating an experience of hallucinations, or the expression of false beliefs (delusions).</p> <p>64. Clarify potentially false beliefs:</p>
3	E0100	E-3 & E-4	<p><b>Examples</b></p> <p>71. A resident carries a doll which she believes is her baby and the resident appears upset. When asked about this, she reports she is distressed from hearing her baby crying and thinks she's hungry and wants to get her a bottle.</p> <p>Coding: E0100A would be checked and E0100B would be checked.</p> <p>Rationale: The resident believes the doll is a baby which is a delusion and she hears the doll crying which is an auditory hallucination.</p> <p>82. A resident reports that he heard a gunshot. In fact, there was a loud knock on the door. When this is explained to him, he accepts the alternative interpretation of the loud noise.</p> <p>Coding: E0100Z would be checked.</p> <p>Rationale: He misinterpreted a real sound in the external environment. Because he is able to accept the alternative explanation for the cause of the sound, his report of a gunshot is not a fixed false belief and is therefore not a delusion.</p> <p>93. A resident is found speaking aloud in her room. When asked about this, she states that she is answering a question posed to her by the gentleman in front of her. Staff note that no one is present and that no other</p>

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			<p>voices can be heard in the environment.</p> <p>Coding: E0100A would be checked.  Rationale: The resident reports an auditory sensation that occurs in the absence of any external stimulus. Therefore, this is a hallucination.</p> <p>104. A resident announces that he must leave to go to work, because he is needed in his office right away. In fact, he has been retired for 15 years. When reminded of this, he continues to insist that he must get to his office.</p> <p>Coding: E0100B would be checked.  Rationale: The resident adheres to the belief that he still works, even after being reminded about his retirement status. Because the belief is held firmly despite an explanation of the real situation, it is a delusion.</p> <p>115. A resident believes she must leave the facility immediately because her mother is waiting for her to return home. Staff know that, in reality, her mother is deceased and gently remind her that her mother is no longer living. In response to this reminder, the resident acknowledges, “Oh yes, I remember now. Mother passed away years ago.”</p>
3	E0600C	E-11	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>For E0600C, code based on whether the behavior interferes with staff ability to deliver care or conduct organized activities, interrupts receipt of care or participation in organized activities by other residents, and/or causes other residents to experience distress or adverse consequences.</li> </ul>
3	E0800	E-15	<p><b>Coding Tips and Special Populations</b></p> <ul style="list-style-type: none"> <li>Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family) and/or determined to be consistent with the resident’s values, preferences, or goals. Residents who have made an informed choice about not wanting a particular treatment, procedure,</li> </ul>

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			etc., should not be identified as “rejecting care.”