MINIMUM DATA SET (MDS) FOR SWING BED HOSPITALS

1. RESIDENT NAME
   a. (First) b. (Middle Initial) c. (Last) d. (Suffix)

2. GENDER
   AA2 1. Male 2. Female

3. BIRTHDATE

4. MARITAL STATUS

5. RACE/ETHNICITY
   (Check all that apply)
   a. American Indian/Alaskan Native b. Asian
   c. Black or African American d. Hispanic or Latino
   e. Native Hawaiian or other Pacific Islander f. White

6. ZIP CODE
   Enter code for the pre-hospital residence

7. RESIDENT SSN and MEDICARE NUMBERS
   a. Social Security Number
   b. Medicare or Railroad Insurance Number

8. RESIDENT MEDICAID NUMBER
   Enter + if pending or N if not a Medicaid recipient in first digit followed by blanks

9. FACILITY PROVIDER NUMBER
   a. State Medicaid Provider Number
   b. Medicare Provider Number

10. ASSESSMENT REFERENCE DATE
    a. Last day of MDS observation period
    b. Original (00) or correction (enter number of correction)

11. REASONS FOR ASSESSMENT
    a. Primary Reasons for Assessment
       00. PPS assessment for Medicare Payment
       06. Discharged–Return Not Anticipated
       07. Discharged–Return Anticipated
       09. Reentry
       11. Assessment–Not for Medicare payment
    b. PPS Scheduled Assessments
       1. 5-day 2. 10-day 3. 20-day 4. 30-day 5. 45-day 6. 90-day
       9. Other
    c. OMRA Assessment
       0. No 1. Yes
    d. Clinical Change Assessment
       0. No 1. Yes
    e. State-Required Assessment
       0. No 1. Yes
    f. Assessment Needed for Other Reasons
       (e.g., HMOs, MSP, sanction situations, etc.)
       0. No 1. Yes

12. PRIOR ACUTE CARE STAY
    Date of admission for prior qualifying hospital stay

13. ADMISSION DATE
    Date of initial admission for extended care swing bed services

14. ADMISSION/DISCHARGE STATUS CODE
    01. Private Home/apt with
    02. Private Home/apt with
    03. Board and Care/assisted
    04. Another nursing facility
    05. Acute unit at own hospital
    06. Acute unit at another hospital
    07. Psychiatric hospital
    08. Rehabilitation hospital
    09. MR/DD facility
    10. Hospice
    11. Decedent
    12. Other
    a. Admitted From — Code with all records
    b. Discharge Status — Complete if Item 11a = 06 or 07
    c. Reentered From — Complete if Item 11a = 09

15. DISCHARGE DATE
    Complete if Item 11a = 06 or 07

16. REENTRY DATE
    Complete if Item 11a = 09

17. COMATOSE
    Persistent vegetative state with no discernible consciousness
    0. No 1. Yes

18. SHORT TERM MEMORY
    Seems/appears to recall after 5 minutes
    0. Memory okay 1. Memory problem

19. COGNITIVE SKILLS
    Makes decisions regarding tasks of daily life
    0. Independent 1. Modified independence 2. Moderately impaired
    3. Severely impaired

20. MAKING SELF UNDERSTOOD
    Expressing information content – (however able)
    0. Understood 1. Usually understood 2. Sometimes understood
    3. Rarely/never understood

21. INDICATORS OF DEPRESSION
    Code for indicators observed in the last 30 days, regardless of the assumed cause
    0. Indicator not exhibited in last 30 days
    1. Indicator exhibited up to five days a week
    2. Indicator exhibited daily or almost daily (6 or 7 days a week)
    a. Negative statements
    b. Repetitive questions
    c. Repetitive verbalizations
    d. Persistent anger with self/others
    e. Self deprecation
    f. Expression of unrealistic fears
    g. Recurrent statements that something terrible is about to happen.
    h. Repetitive health complaints
    i. Repetitive anxious complaints/concerns

22. BEHAVIORAL SYMPTOMS
    Behavioral symptom frequency in last 7 days
    0. Behavior NOT exhibited in last 7 days
    1. Behavior occurred 1 to 3 days in last 7 days
    2. Behavior occurred 4 to 6 days, but less than daily
    3. Behavior occurred daily
    a. Wandering (E4aA)
    b. Verbally abusive behavioral symptoms (E4bA)
    c. Physically abusive behavioral symptoms (E4cA)
    d. T otal dependence
    e. Crying, tearfulness
    f. Withdrawal from activities of interest
    g. Reduced social interaction

23. ADLs
    (A) ADL Self-Performance—Code for resident's performance over all shifts during the last 7 days
    0. Independent 1. Supervision 2. Limited assistance 3. Extensive assistance
    4. Total dependence 8. Activity did not occur
    a. Bed Mobility (G1a)
    b. Transfer (G1b)
    c. Eating (G1h)
    d. Toilet Use (G1i)

    (B) ADL support provided—Code for most support provided over all shifts during last 7 days
    0. No setup or physical help 1. Setup help only 2. One person assist
    3. Two + persons physical assist 4. Total physical assist
    5. Setup help + physical help 6. Activity did not occur

OM 0938-0872
SB-MDS 7/1/02
Resident Name

### TOILETING PROGRAMS
- Any scheduled toileting plan
- Bladder retraining program

### DISEASES
- Diabetes mellitus (11a)
- Hemiplegia/hemiparesis (11r)
- Aphasia (11r)
- Multiple sclerosis (11v)
- Cerebral palsy (11s)
- Quadruplegia (11z)

### INFECTIONS
- Pneumonia (I2e)
- Hallucinations (J1i)
- Delusions (J1e)
- Fever (J1h)

### SKIN PROBLEMS OR LESIONS
- Burns (second or third degree) (M4b)
- Open lesions other than ulcers, rashes, cuts (M4c)
- Surgical Wounds (M4g)

### SKIN TREATMENTS
- Pressure relieving device(s) for chair
- Pressure relieving device(s) for bed
- Turning/repositioning program
- Nutrition or hydration intervention to manage skin problems
- Ulcer Care
- Surgical wound care
- Application of dressings (with or without topical medications) other than to feet
- Application of ointments/medications (other than to feet)

### TOILETING PROBLEMS
- Infected of the foot – e.g., cellulitis, purulent drainage (M6b)
- Open lesions on the foot (M6c)
- Application of dressings (with or without topical medications) (M6f)

### FOOT CARE PROBLEMS
- Infected of the foot – e.g., cellulitis, purulent drainage (M6b)
- Open lesions on the foot (M6c)
- Application of dressings (with or without topical medications) (M6f)

### NUTRITIONAL APPROACHES
- Parenteral/IV
- Feeding tube

### PARENTERAL OR ENTERAL INTAKE
- Code the proportion of total calories the resident received through parenteral or tube feedings in the last 7 days
- Code the average fluid intake per day by IV or tube feedings in the last 7 days

### ULCERS
- Code all that apply during the last 7 days
- Code each ulcer stage — regardless of cause. If none present at a stage, record "0".
- Record the number of ulcers at each ulcer stage — regard-

### PROBLEM CONDITIONS
- Check all problems present in the last 7 days
- Dehydrated, output exceeds input (J1c)
- Hallucinations (J1i)
- Delusions (J1e)
- Fever (J1h)

### GROWTH AND DEVELOPMENT
- Infections
- Special Treatments and Procedures
- Infections
- Special Treatments and Procedures

### THERAPIES
- Speech language pathology and audiology
- Occupational therapy
- Physical therapy
- Respiratory therapy

### PHYSICIAN VISITS
- In the last 14 days
- In the last 14 days

### OUTCOMES
- Medicare
- State
- HIPPSS Code

### SIGNATURE
- Name/Signature of RN Coordinating Assessment
- Date RN Assessment Coordinator signed as complete