<table>
<thead>
<tr>
<th>Chapter, Section, Page</th>
<th>Item</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 3, Section C, Page C-1</td>
<td>M1000</td>
<td><strong>Correction:</strong> &quot;8&quot; should be &quot;NA&quot; and &quot;IPPS&quot; at end of response 3 is missing</td>
</tr>
<tr>
<td>Chapter 3, Section C, Page C-12</td>
<td>M1021, M1023, M1025</td>
<td><strong>Correction:</strong> On page C-12, bullet 2: M1025 (optional), sub-bullet 2, line 2, a reference to OASIS-C1 is corrected to OASIS-C2.</td>
</tr>
<tr>
<td>Chapter 3, Section L, Page L-9</td>
<td>M2010</td>
<td><strong>Correction:</strong> The response choices for M2010 and M2016 do not include a &quot;9&quot; for the NA response (although &quot;9&quot; is included in Chapter 3, OASIS Item Guidance). The M2010 item on page L-9 and the M2016 item on page L-11 are both incorrect. The &quot;9&quot; is deleted from the Chapter 3 presentation of both ITEMS.</td>
</tr>
</tbody>
</table>

**Chapter 3, Section C, Page C-1**

**M1000**

From which of the following **Inpatient Facilities** was the patient discharged within the past 14 days? (Mark all that apply.)

- ☐ 1 Long-term nursing facility (NF)
- ☐ 2 Skilled nursing facility (SNF / TCU)
- ☐ 3 Short-stay acute hospital (IPPS)
- ☐ 4 Long-term care hospital (LTCH)
- ☐ 5 Inpatient rehabilitation hospital or unit (IRF)
- ☐ 6 Psychiatric hospital or unit
- ☐ 7 Other (specify)
- ☐ 8 NA Patient was not discharged from an inpatient facility [**Go to M1017**]

**Chapter 3, Section C, Page C-12**

**M1021, M1023, M1025**

If an agency chooses to report a diagnosis in Columns 3 and 4, then the instructions that accompany items M1021/M1023/M1025 in the OASIS-C12 data set should be followed to code each row in Column 3 and/or 4. If a diagnosis and ICD-10-CM code is entered in Columns 3 and/or 4, it must be placed in the same row as the corresponding Z-code. Note that external cause codes (ICD-10-CM codes beginning with V, W, X, or Y) may not be reported in M1025.

**Chapter 3, Section L, Page L-9**

**M2010**

**Patient/Caregiver High Risk Drug Education:** Has the patient/caregiver received instruction on special precautions for all high-risk medications (such as hypoglycemics, anticoagulants, etc.) and how and when to report problems that may occur?

<p>| Enter Code | 0 No | 1 Yes | 9 NA Patient not taking any high risk drugs OR patient/caregiver fully knowledgeable about special precautions associated with all high-risk medications |</p>
<table>
<thead>
<tr>
<th>Chapter, Section, Page</th>
<th>Item</th>
<th>Change</th>
</tr>
</thead>
</table>
| Chapter 3, Section L, Page L-11 | M2016 | **Correction:** The response choices for M2010 and M2016 do not include a "9" for the NA response (although "9" is included in Chapter 3, OASIS Item Guidance). The M2010 item on page L-9 and the M2016 item on page L-11 are both incorrect. The "9" should be deleted from the Chapter 3 presentation of both ITEMS.  

(M2016) **Patient/Caregiver Drug Education Intervention:** At the time of, or at any time since the most recent SOC/ROC assessment, was the patient/caregiver instructed by agency staff or other health care provider to monitor the effectiveness of drug therapy, adverse drug reactions, and significant side effects, and how and when to report problems that may occur?  

<table>
<thead>
<tr>
<th>Enter Code</th>
<th>0</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>NA – Patient not taking any drugs</td>
</tr>
</tbody>
</table>

| Chapter 3, Section O, Page O-3 | M2310 | **Correction:** On page O-3, item M2310 is depicted with a response option #19 "Scheduled treatment or procedure." This response is not correct for item M2310, and has been removed.  

(M2310) **Reason for Emergent Care:** For what reason(s) did the patient seek and/or receive emergent care (with or without hospitalization)? (Mark all that apply.)  
1. Improper medication administration, adverse drug reactions, medication side effects, toxicity, anaphylaxis  
2. Injury caused by fall  
3. Respiratory infection (for example, pneumonia, bronchitis)  
4. Other respiratory problem  
5. Heart failure (for example, fluid overload)  
6. Cardiac dysrhythmia (irregular heartbeat)  
7. Myocardial infarction or chest pain  
8. Other heart disease  
9. Stroke (CVA) or TIA  
10. Hypo/Hyperglycemia, diabetes out of control  
11. GI bleeding, obstruction, constipation, impaction  
12. Dehydration, malnutrition  
13. Urinary tract infection  
14. IV catheter-related infection or complication  
15. Wound infection or deterioration  
16. Uncontrolled pain  
17. Acute mental/behavioral health problem  
18. Deep vein thrombosis, pulmonary embolus  
19. **Scheduled treatment or procedure**  
20. 19. Other than above reasons  
21. 20. Reason unknown |