



CASPER Report
MDS 3.0 NH Assessment Print

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State: MO
 Facility ID: 12345
 Facility Name: SUNNY VALLEY NURSING CENTER
 Resident Name: JONES, BRIAN
 Assessment ID: 149201683

Section M: Skin Conditions

M0210	RESIDENT HAS 1+ UNHEALED PU/INJURIES	1 – YES
M0300B1	STAGE 2 PRESSURE ULCERS: NUMBER PRESENT	1
M0300B2	STAGE 2 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	0
M0300C1	STAGE 3 PRESSURE ULCERS: NUMBER PRESENT	0
M0300C2	STAGE 3 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300D1	STAGE 4 PRESSURE ULCERS: NUMBER PRESENT	0
M0300D2	STAGE 4 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY	^
M0300E1	UNSTAGED DUE TO DRESSING/DVC: NUM PRESENT	0
M0300E2	UNSTAGED DUE TO DRESSING/DVC: NUM AT ADMIT/REENTRY	^
M0300F1	UNSTAGED SLOUGH/ESCHAR: NUMBER PRESENT	0
M0300F2	UNSTAGED SLOUGH/ESCHAR: NUMBER AT ADMIT/REENTRY	^
M0300G1	UNSTAGEABLE – DEEP TISSUE INJURY: # PRESENT	0
M0300G2	UNSTAGEABLE – DEEP TISSUE INJURY: # AT ADMIT/REENTRY	^

This report contains fictional resident data created
for demonstration purposes only.