

**Section GG**

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

**GG0100. Prior Functioning: Everyday Activities.** Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury

<p><b>Coding:</b></p> <p>3. <b>Independent</b> - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</p> <p>2. <b>Needed Some Help</b> - Resident needed partial assistance from another person to complete activities.</p> <p>1. <b>Dependent</b> - A helper completed the activities for the resident.</p> <p>8. <b>Unknown.</b></p> <p>9. <b>Not Applicable.</b></p>	↓	<b>Enter Codes in Boxes</b>
	<input type="checkbox"/>	<b>A. Self-Care:</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	<b>B. Indoor Mobility (Ambulation):</b> Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	<b>C. Stairs:</b> Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.
	<input type="checkbox"/>	<b>D. Functional Cognition:</b> Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

**GG0110. Prior Device Use.** Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury

↓	<b>Check all that apply</b>
<input type="checkbox"/>	<b>A. Manual wheelchair</b>
<input type="checkbox"/>	<b>B. Motorized wheelchair and/or scooter</b>
<input type="checkbox"/>	<b>C. Mechanical lift</b>
<input type="checkbox"/>	<b>D. Walker</b>
<input type="checkbox"/>	<b>E. Orthotics/Prosthetics</b>
<input type="checkbox"/>	<b>Z. None of the above</b>

**Section GG**

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

**GG0130. Self-Care** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)  
 Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

**Coding:**  
**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.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard 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.

**If activity was not attempted, code reason:**

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input type="text"/>	<input type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input type="text"/>	<input type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input type="text"/>	<input type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input type="text"/>	<input type="text"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input type="text"/>	<input type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input type="text"/>	<input type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

**Section GG**

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

**GG0170. Mobility** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B)

Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

**Coding:**

**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.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
- 05. **Setup or clean-up assistance** - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. **Supervision or touching assistance** - Helper provides verbal cues and/or touching/steadying and/or contact guard 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.

**If activity was not attempted, code reason:**

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
<input type="text"/>	<input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/>	<input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/>	<input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/>	<input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/>	<input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/>	<input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/>	<input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/>	<input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/>	<input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/>	<input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**Section GG**

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

**GG0170. Mobility** (Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B) - Continued  
 Complete only if A0310B = 01

Code the resident's usual performance at the start of the SNF PPS stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the SNF PPS stay (admission), code the reason. Code the resident's end of SNF PPS stay (discharge) goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code end of SNF PPS stay (discharge) goal(s).

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- 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.
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- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

1. Admission Performance	2. Discharge Goal	
↓ Enter Codes in Boxes ↓		
□ □	□ □	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
□ □	□ □	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step.
□ □	□ □	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
□ □	□ □	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
□ □	□ □	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
		<input type="checkbox"/> <b>Q1. Does the resident use a wheelchair and/or scooter?</b> 0. No → Skip to H0100, Appliances 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, the ability to wheel at least 50 feet and make two turns.
		<input type="checkbox"/> <b>RR1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
□ □	□ □	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
		<input type="checkbox"/> <b>SS1. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

<b>Section GG</b>	<b>Functional Abilities and Goals - Discharge (End of SNF PPS Stay)</b>
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**GG0130. Self-Care** (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'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 unsafe or of poor quality, score according to amount of assistance provided.  
*Activities may be completed with or without assistive devices.*

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- 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.

**If activity was not attempted, code reason:**

- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

<b>3. Discharge Performance</b>	
Enter Codes in Boxes ↓	
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>B. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>C. Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>E. Shower/bathe self:</b> The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>F. Upper body dressing:</b> The ability to dress and undress above the waist; including fasteners, if applicable.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>G. Lower body dressing:</b> The ability to dress and undress below the waist, including fasteners; does not include footwear.
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<b>H. Putting on/taking off footwear:</b> The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

**Section GG**

**Functional Abilities and Goals - Discharge (End of SNF PPS Stay)**

**GG0170. 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'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 unsafe or of poor quality, score according to amount of assistance provided.

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- 07. **Resident refused**
- 09. **Not applicable** - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<b>A. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
<input type="text"/> <input type="text"/>	<b>B. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed.
<input type="text"/> <input type="text"/>	<b>C. Lying to sitting on side of bed:</b> The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.
<input type="text"/> <input type="text"/>	<b>D. Sit to stand:</b> The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
<input type="text"/> <input type="text"/>	<b>E. Chair/bed-to-chair transfer:</b> The ability to transfer to and from a bed to a chair (or wheelchair).
<input type="text"/> <input type="text"/>	<b>F. Toilet transfer:</b> The ability to get on and off a toilet or commode.
<input type="text"/> <input type="text"/>	<b>G. Car transfer:</b> The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.
<input type="text"/> <input type="text"/>	<b>I. Walk 10 feet:</b> Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb)
<input type="text"/> <input type="text"/>	<b>J. Walk 50 feet with two turns:</b> Once standing, the ability to walk at least 50 feet and make two turns.
<input type="text"/> <input type="text"/>	<b>K. Walk 150 feet:</b> Once standing, the ability to walk at least 150 feet in a corridor or similar space.

**Section GG**

**Functional Abilities and Goals - Discharge (End of SNF PPS Stay)**

**GG0170. Mobility** (Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C) - Continued  
 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'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 unsafe or of poor quality, score according to amount of assistance provided.

*Activities may be completed with or without assistive devices.*

- 06. **Independent** - Resident completes the activity by him/herself with no assistance from a helper.
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- 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.

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- 10. **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints)
- 88. **Not attempted due to medical condition or safety concerns**

3. Discharge Performance	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<b>L. Walking 10 feet on uneven surfaces:</b> The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
<input type="text"/> <input type="text"/>	<b>M. 1 step (curb):</b> The ability to go up and down a curb and/or up and down one step.
<input type="text"/> <input type="text"/>	<b>N. 4 steps:</b> The ability to go up and down four steps with or without a rail.
<input type="text"/> <input type="text"/>	<b>O. 12 steps:</b> The ability to go up and down 12 steps with or without a rail.
<input type="text"/> <input type="text"/>	<b>P. Picking up object:</b> The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
<input type="checkbox"/>	<b>Q3. Does the resident use a wheelchair and/or scooter?</b> 0. No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
<input type="text"/> <input type="text"/>	<b>R. Wheel 50 feet with two turns:</b> Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
<input type="checkbox"/>	<b>RR3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized
<input type="text"/> <input type="text"/>	<b>S. Wheel 150 feet:</b> Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
<input type="checkbox"/>	<b>SS3. Indicate the type of wheelchair or scooter used.</b> 1. Manual 2. Motorized

**Section I****Active Diagnoses****I0020. Indicate the resident's primary medical condition category**

Enter Code

Indicate the resident's primary medical condition category that best describes the primary reason for admission  
Complete only if A0310B = 01

01. Stroke
02. Non-Traumatic Brain Dysfunction
03. Traumatic Brain Dysfunction
04. Non-Traumatic Spinal Cord Dysfunction
05. Traumatic Spinal Cord Dysfunction
06. Progressive Neurological Conditions
07. Other Neurological Conditions
08. Amputation
09. Hip and Knee Replacement
10. Fractures and Other Multiple Trauma
11. Other Orthopedic Conditions
12. Debility, Cardiorespiratory Conditions
13. Medically Complex Conditions
14. Other Medical Condition If "Other Medical Condition," enter the ICD code in the boxes

I0020A.

**Section J****Health Conditions****J2000. Prior Surgery**

Enter Code

Did the resident have major surgery during the 100 days prior to admission?

0. No
1. Yes
8. Unknown

Section O	Special Treatments, Procedures, and Programs		
<b>O0100. Special Treatments, Procedures, and Programs</b>			
Check all of the following treatments, procedures, and programs that were performed during the last 14 days (columns 1 and 2) and during the first 3 days of admission (column 3) following the instructions for each column provided below			
<b>1. While NOT a Resident</b> Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i> . Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank <b>2. While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i> <b>3. Performed during the first 3 days of admission</b> Complete only if A0310B = 01	1. While NOT a Resident	2. While a Resident	3. Performed during the first 3 days of admission
Check all that apply			
<b>Cancer Treatments</b>	↓	↓	↓
<b>A. Chemotherapy</b> (if checked, please specify below) A2a. IV A3a. Oral A10a. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Radiation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respiratory Treatments</b>			
<b>C. Oxygen Therapy</b> (if checked, please specify below) C2a. Continuous C3a. Intermittent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Suctioning</b> (if checked, please specify below) D2a. Scheduled D3a. As Needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Tracheostomy Care</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Invasive Mechanical Ventilator</b> (ventilator or respirator)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Non-Invasive Mechanical Ventilator</b> (BiPAP/CPAP) (if checked, please specify below) G2a. BiPAP G3a. CPAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other Treatments</b>			
<b>H. IV Medications</b> (if checked, please specify below) H3a. Antibiotics H4a. Anticoagulation H10a. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. Transfusions</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>O0100 continued on next page</b>			

**Section O**

**Special Treatments, Procedures, and Programs**

**O0100. Special Treatments, Procedures, and Programs - Continued**

Check all of the following treatments, procedures, and programs that were performed during the last 14 days (columns 1 and 2) and during the first 3 days of admission (column 3) following the instructions for each column provided below

<p><b>1. While NOT a Resident</b>                      Performed <i>while NOT a resident</i> of this facility and within the <i>last 14 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 14 DAYS. If resident last entered 14 or more days ago, leave column 1 blank</p> <p><b>2. While a Resident</b>                      Performed <i>while a resident</i> of this facility and within the <i>last 14 days</i></p> <p><b>3. Performed during the first 3 days of admission</b>                      Complete only if A0310B = 01</p>	<p><b>1. While NOT a Resident</b></p>	<p><b>2. While a Resident</b></p>	<p><b>3. Performed during the first 3 days of admission</b></p>
	<p>Check all that apply</p>		
	<p>↓</p>	<p>↓</p>	<p>↓</p>
<p><b>J. Dialysis</b> (if checked, please specify below)</p> <p>J2a. Hemodialysis</p> <p>J2b. Hemodialysis received in facility, in an ESRD certified unit</p> <p>J2c. Hemodialysis received in facility, not in an ESRD certified unit</p> <p>J2d. Hemodialysis received outside of facility</p> <p>J3a. Peritoneal dialysis</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>K. Hospice Care</b></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p><b>L. Respite Care</b></p>		<p><input type="checkbox"/></p>	
<p><b>M. Isolation or Quarantine for Active Infectious Disease</b> (does not include standard body/fluid precautions)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	
<p><b>O. IV Access</b> (if checked, please specify below)</p> <p>O2a. Peripheral IV</p> <p>O3a. Midline</p> <p>O4a. Central line (e.g., PICC, tunneled, port)</p> <p>O10a. Other</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>None of the Above</b></p>			
<p><b>Z. None of the above</b></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

**Section K**

**Swallowing/Nutritional Status**

**K0510. Nutritional Approaches**

Check all of the following nutritional approaches that were performed during the last 7 days (columns 1 and 2) and during the first 3 days of admission (column 3) following the instructions for each column provided below

<p><b>1. While NOT a Resident</b>                      Performed <i>while NOT a resident</i> of this facility and within the <i>last 7 days</i>. Only check column 1 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered 7 or more days ago, leave column 1 blank</p> <p><b>2. While a Resident</b>                      Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i></p> <p><b>3. Performed during the first 3 days of admission</b>                      Complete only if AO310B = 01</p>	<p><b>1. While NOT a Resident</b></p>	<p><b>2. While a Resident</b></p>	<p><b>3. Performed during the first 3 days of admission</b></p>
<p style="text-align: center;">Check all that apply</p>			
	↓	↓	↓
<p><b>A. Parenteral/IV feeding</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>B. Feeding tube</b> - nasogastric or abdominal (e.g., PEG)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>C. Mechanically altered diet</b> - require change in texture of food or liquids (e.g., pureed food, thickened liquids)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>D. Therapeutic diet</b> (e.g., low salt, diabetic, low cholesterol)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Z. None of the above</b></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix A

MDS 3.0 Section M Changes for Items Used in the Calculation of SNF QRP Quality Measure

Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury Effective 10/1/2018 \*

#	Item / Text Affected	MDS 3.0 Data Set V 1.14.1	Revised MDS 3.0 Data Set Effective 10/1/2018
1.	M0300E	<p><b>E. Unstageable - Non-removable dressing:</b> Known but not stageable due to non-removable dressing/device</p> <p><b>1. Number of unstageable pressure ulcers due to non-removable dressing/device</b> - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</p> <p><b>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry</b> - enter how many were noted at the time of admission/entry or reentry</p>	<p><b>E. Unstageable - Non-removable dressing/device:</b> Known but not stageable due to non-removable dressing/device</p> <p><b>1. Number of unstageable pressure ulcers/injuries due to non-removable dressing/device</b> - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar</p> <p><b>2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry</b> - enter how many were noted at the time of admission/entry or reentry</p>
2.	M0300G	<p><b>G: Unstageable - Deep tissue injury:</b> Suspected deep tissue injury in evolution</p> <p><b>1. Number of unstageable pressure ulcers with suspected deep tissue injury in evolution</b> - If 0 → Skip to M0610, Dimension of Unhealed Stage 3 or 4 Pressure Ulcers or Eschar</p> <p><b>2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry</b> - enter how many were noted at the time of admission/entry or reentry</p>	<p><b>G: Unstageable - Deep tissue injury:</b> Suspected deep tissue injury in evolution</p> <p><b>1. Number of unstageable pressure injuries presenting as deep tissue injury</b> - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers</p> <p><b>2. Number of these unstageable pressure injuries that were present upon admission/entry or reentry</b> - enter how many were noted at the time of admission/entry or reentry</p>

\*All other items in Section M of the MDS 3.0 used in the calculation of the SNF QRP Quality Measure Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury including M0300 A through D2, F1, and F2 will remain unchanged. The following items are being removed from Section M of the MDS 3.0 effective October 1, 2018: M0800A through M0800C. Please see the supplemental change table for further discussion of the M0800A through M0800C item removal.