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**OUTCOME AND ASSESSMENT INFORMATION SET VERSION E2**  
**Death at Home (DAH)**

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| <b>Section A</b> | <b>Administrative Information</b> |
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| <b>M0080. Discipline of Person Completing Assessment</b> |
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| Enter Code<br><div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> | <ol style="list-style-type: none"> <li>1. RN</li> <li>2. PT</li> <li>3. SLP/ST</li> <li>4. OT</li> </ol> |
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| <b>M0090. Date Assessment Completed</b> |
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|  | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="font-size: 1.2em;">—</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="font-size: 1.2em;">—</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> |
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| <b>M0100. This Assessment is Currently Being Completed for the Following Reason</b> |
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| Enter Code<br><div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> | <p><b>Start/Resumption of Care</b></p> <ol style="list-style-type: none"> <li>1. <b>Start of care</b> — further visits planned</li> <li>3. <b>Resumption of Care</b> (after inpatient stay)</li> </ol> <p><b>Follow-up</b></p> <ol style="list-style-type: none"> <li>4. <b>Recertification (follow-up) reassessment</b></li> <li>5. <b>Other follow-up</b></li> </ol> <p><b>Transfer to an Inpatient Facility</b></p> <ol style="list-style-type: none"> <li>6. <b>Transferred to an inpatient facility</b> — patient not discharged from agency</li> <li>7. <b>Transferred to an inpatient facility</b> — patient discharged from agency</li> </ol> <p><b>Discharge from Agency — Not to an Inpatient Facility</b></p> <ol style="list-style-type: none"> <li>8. <b>Death at home</b></li> <li>9. <b>Discharge from agency</b></li> </ol> |
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| <b>M0906. Discharge/Transfer/Death Date</b> |
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| Enter the date of the discharge, transfer, or death (at home) of the patient. |   |
|   | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="font-size: 1.2em;">—</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> <div style="border: 1px solid black; width: 15px; height: 15px;"></div> </div> <div style="font-size: 1.2em;">—</div> <div style="border: 1px solid black; width: 40px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> <div style="border: 1px solid black; width: 10px; height: 15px;"></div> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Month</span> <span>Day</span> <span>Year</span> </div> |

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| <b>Section J</b> | <b>Health Conditions</b> |
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| <b>J1800. Any Falls Since SOC/ROC, whichever is more recent</b> |
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| Enter Code<br><div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> | Has the patient <b>had any falls since SOC/ROC</b> , whichever is more recent? <ol style="list-style-type: none"> <li>0. No → <i>Skip to M2005. Medication Intervention</i></li> <li>1. Yes → Continue to J1900, Number of Falls Since SOC/ROC</li> </ol> |
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| J1900. Number of Falls Since SOC/ROC, whichever is more recent             |                          |  |
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| <b>Coding:</b><br>0. <b>None</b><br>1. <b>One</b><br>2. <b>Two or more</b> | ↓ Enter code in boxes    |  |
|  | <input type="checkbox"/> | A. <b>No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall |
|  | <input type="checkbox"/> | B. <b>Injury (except major):</b> As described in the OASIS manual  |
|  | <input type="checkbox"/> | C. <b>Major injury:</b> As described in the OASIS manual   |

| Section N  | Medications  |
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| <b>M2005. Medication Intervention</b><br>Did the agency contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the SOC/ROC? |  |
| <b>Enter Code</b><br><input type="checkbox"/>  | 0. <b>No</b><br>1. <b>Yes</b><br>9. <b>NA</b> — There were no potential clinically significant medication issues identified since SOC/ROC or patient is not taking any medications |