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About this Guide

SHP is pleased to provide skilled nursing facilities with the IntelliLogix™ MDS 1.18.11 to MDS 1.19.1 Crosswalk Guide—a complete side-by-side comparison of versions 1.18.11 and 1.19.1 of the MDS 3.0 Nursing Home Comprehensive (NC). Items that have been added or removed between the two versions are indicated with color coding.

Change Summary

Open Full Change History on CMS.gov 🔼

Item #	Name	Change	Notes
<u>GG</u>	Functional Abilities	Item Changed	
<u>GG0130</u>	Self Care - Admission	Item Changed	
<u>GG0170</u>	Mobility - Admission	Item Changed	
<u>GG0130</u>	Self Care - Discharge	Item Changed	
<u>GG0170</u>	Mobility - Discharge	Item Changed	
<u>GG0130</u>	Self Care - OBRA/Interim	Item Changed	
<u>GG0170</u>	Mobility - OBRA/Interim	Item Changed	
<u>N0415</u>	High-Risk Drug Classes: Use and Indication	Item Changed	
<u>00300</u>	Pneumococcal Vaccine	Item Changed	
<u>00350</u>	Resident's COVID vaccination is up to date	Item Added	

Using this Guide

This guide is an excellent reference for anyone who works with the MDS and will improve accuracy, help reduce coding errors, and potentially reduce the number of returned claims. We recommend printing copies for your staff to aid in the transition to this new MDS and beyond.

Note: When printing from browser, set the scale to "Fit to paper" in the print dialog box for best results.





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		◆ v1.18.11 • OLD	NEW • v1.19.1 →			
Resident	Identifier	Date	Resident	Identifier		Date
	MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING Nursing Home Comprehensive (NC) Item Set			MINIMUM DATA SET (MD RESIDENT ASSESSMENT AND Nursing Home Comprehens	CARE SCREENING	
Section A - Id	dentification Information		Section A - Identifi	cation Information		
A0050. Type of R	ecord		A0050. Type of Record			
Enter Code 1. Ac 2. Mc 3. Ina	ld new record → Continue to A0100, Facility Provider Numbers odify existing record → Continue to A0100, Facility Provider Numbers activate existing record → Skip to X0150, Type of Provider		Enter Code 1. Add new rec 2. Modify existi 3. Inactivate ex	cord → Continue to A0100, Facility Provider Numbe ing record → Continue to A0100, Facility Provider tisting record → Skip to X0150, Type of Provider	ers Numbers	
A0100. Facility Pr			A0100. Facility Provider N			
B. CMS C	al Provider Identifier (NPI): ertification Number (CCN): rovider Number:		A. National Provider B. CMS Certification C. State Provider Nu	n Number (CCN):		
A0200. Type of P	rovider		A0200. Type of Provider			
	vider irsing home (SNF/NF) ving Bed		Enter Code Type of provider 1. Nursing hom 2. Swing Bed	ie (SNF/NF)		
A0310. Type of A			A0310. Type of Assessme			
01. Ac 02. Qu 03. Ar 04. Si 05. Si 06. Si	I OBRA Reason for Assessment Imission assessment (required by day 14) Inarterly review assessment Innual assessment Ignificant change in status assessment Ignificant correction to prior comprehensive assessment Ignificant correction to prior quarterly assessment		02. Quarterly rev 03. Annual asses 04. Significant c 05. Significant c	assessment (required by day 14) view assessment ssment change in status assessment correction to prior comprehensive assessment correction to prior quarterly assessment		
PPS So	sessment heduled Assessment for a Medicare Part A Stay		B. PPS Assessment PPS Scheduled A	Assessment for a Medicare Part A Stay		
PPS Ur	day scheduled assessment scheduled Assessment for a Medicare Part A Stay		01. 5-day schedu PPS Unscheduled	d Assessment for a Medicare Part A Stay		
08. IP /	A - Interim Payment Assessment S Assessment		08. IPA - Interim F Not PPS Assessn	Payment Assessment nent		
99. N o	ne of the above		99. None of the a	above		
Enter Code E. Is this a 0. No 1. Ye		nt admission/entry or reentry?	Enter Code E. Is this assessmer 0. No 1. Yes	nt the first assessment (OBRA, Scheduled PPS, o	or Discharge) since the most recent	t admission/entry or reentry?
01. En 10. Di: 11. Di: 12. De	ischarge reporting try tracking record scharge assessment-return not anticipated scharge assessment-return anticipated sath in facility tracking record one of the above		11. Discharge as	g record ssessment-return not anticipated ssessment-return anticipated slitty tracking record		
A0310 continued on	next page		A0310 continued on next pag	ge		
MDS 3.0 Nursing Home	Comprehensive (NC) Version 1.18.11 Effective 10/01/2023	Page 1 of 58	MDS 3.0 Nursing Home Compreh	nensive (NC) Version 1.19.1 Effective 10/01/202	24	Page 1 of 58

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Resident		Identifier	Date	Resident		Identifier	Date
Section A -	· Identification Information			Section	on A - Identification Information		
A0310. Type of	f Assessment - Continued			A0310.	Type of Assessment - Continued		
1.	oe of discharge - Complete only if A0310F = 10 or 11 Planned Unplanned			Enter Code	 G. Type of discharge - Complete only if A0310F = 10 or 11 1. Planned 2. Unplanned 		
0.	his a SNF Part A Interrupted Stay? No Yes			Enter Code	G1. Is this a SNF Part A Interrupted Stay? 0. No 1. Yes		
0.	his a SNF Part A PPS Discharge Assessment? No Yes			Enter Code	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes		
A0410. Unit Ce	ertification or Licensure Designation			A0410.	Unit Certification or Licensure Designation		
2.	Unit is neither Medicare nor Medicaid certified and Unit is neither Medicare nor Medicaid certified but Nunit is Medicare and/or Medicaid certified	MDS data is not required by the State MDS data is required by the State		Enter Code	 Unit is neither Medicare nor Medicaid certified and Unit is neither Medicare nor Medicaid certified but Unit is Medicare and/or Medicaid certified 	MDS data is not required by the State MDS data is required by the State	
A0500. Legal N	Name of Resident			A0500.	Legal Name of Resident		
A. Firs C. Las			3. Middle initial: D. Suffix:		A. First name: C. Last name:		B. Middle in D. Suffix:
A0600. Social	Security and Medicare Numbers			A0600.	Social Security and Medicare Numbers		
	cial Security Number:				A. Social Security Number: B. Medicare Number:		
A0700. Medica	aid Number - Enter "+" if pending, "N" if not a Medicai	d recipient		A0700.	Medicaid Number - Enter "+" if pending, "N" if not a Medica	id recipient	
A0800. Gender	r			A0800.	Gender		
Enter Code 1. 2.	Male Female			Enter Code	 Male Female 		
A0900. Birth D	Pate			A0900.	Birth Date		
M	Month Day Year				Month Day Year		

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Resident		Identifier Date
Section	on	A - Identification Information
A1005.		
		panic, Latino/a, or Spanish origin?
\downarrow	Che	eck all that apply
	A.	No, not of Hispanic, Latino/a, or Spanish origin
	В.	Yes, Mexican, Mexican American, Chicano/a
	C.	Yes, Puerto Rican
	D.	Yes, Cuban
	E.	Yes, another Hispanic, Latino/a, or Spanish origin
	X.	Resident unable to respond
	Y.	Resident declines to respond
A1010. What is y		
		eck all that apply
	Α.	
	B.	Black or African American
	C. D.	American Indian or Alaska Native Asian Indian
	Б. Е.	Chinese
	F.	Filipino
	G.	Japanese
	Н.	Korean
	l.	Vietnamese
	J.	Other Asian
	K.	Native Hawaiian
	L.	Guamanian or Chamorro
	M.	Samoan
	N.	Other Pacific Islander
	X.	Resident unable to respond
	Y.	Resident declines to respond
	Z.	
A1110.		
Enter Code		What is your preferred language? Do you need or want an interpreter to communicate with a doctor or health care staff? No No Section 1. Yes 9. Unable to determine

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Resident		Identifier Date
Section	n.	A - Identification Information
A1005. Are you or		panic, Latino/a, or Spanish origin?
↓	Che	eck all that apply
	A.	No, not of Hispanic, Latino/a, or Spanish origin
	В.	Yes, Mexican, Mexican American, Chicano/a
	C.	Yes, Puerto Rican
	D.	Yes, Cuban
	E.	Yes, another Hispanic, Latino/a, or Spanish origin
	X.	Resident unable to respond
	Y.	Resident declines to respond
A1010.		
What is yo		
		eck all that apply
	Α.	White
	В.	Black or African American
	C.	American Indian or Alaska Native
	D. _	Asian Indian
	E.	Chinese
	F.	Filipino .
	G.	Japanese
	Н.	
	l.	Vietnamese
	J.	Other Asian
	K.	Native Hawaiian
	L.	Guamanian or Chamorro
	M.	
	X.	Resident unable to respond
	Y. Z.	Resident declines to respond None of the above
A1110.		
		What is your preferred language?
Enter Code	В.	Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine

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Resident Identifier Date	NEW • v1.19.1 → Resident Identifier Date
Section A - Identification Information	Section A - Identification Information
A1200. Marital Status	A1200. Marital Status
Enter Code 1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced	Enter Code 1. Never married 2. Married 3. Widowed 4. Separated 5. Divorced
A1250. Transportation (from NACHC©) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	A1250. Transportation (from NACHC©) Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1
↓ Check all that apply	↓ Check all that apply
A. Yes, it has kept me from medical appointments or from getting my medications	A. Yes, it has kept me from medical appointments or from getting my medications
B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need	B. Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need
C. No	C. No
X. Resident unable to respond	X. Resident unable to respond
Y. Resident declines to respond	Y. Resident declines to respond
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A1300. Optional Resident Items	A1300. Optional Resident Items
A. Medical record number: B. Room number: C. Name by which resident prefers to be addressed: D. Lifetime occupation(s) - put "/" between two occupations:	A. Medical record number: B. Room number: C. Name by which resident prefers to be addressed: D. Lifetime occupation(s) - put "/" between two occupations:
A1500. Preadmission Screening and Resident Review (PASRR) Complete only if A0310A = 01, 03, 04, or 05	A1500. Preadmission Screening and Resident Review (PASRR) Complete only if A0310A = 01, 03, 04, or 05
Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? 0. No → Skip to A1550, Conditions Related to ID/DD Status 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status	Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition? 0. No → Skip to A1550, Conditions Related to ID/DD Status 1. Yes → Continue to A1510, Level II Preadmission Screening and Resident Review (PASRR) Conditions 9. Not a Medicaid-certified unit → Skip to A1550, Conditions Related to ID/DD Status
A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions Complete only if A0310A = 01, 03, 04, or 05	A1510. Level II Preadmission Screening and Resident Review (PASRR) Conditions Complete only if A0310A = 01, 03, 04, or 05
↓ Check all that apply	↓ Check all that apply
☐ A. Serious mental illness	A. Serious mental illness
☐ B. Intellectual Disability	B. Intellectual Disability
☐ C. Other related conditions	C. Other related conditions

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Resident	Identifier Date	
Secti	n A - Identification Information	
If the res	Conditions Related to ID/DD Status ent is 22 years of age or older, complete only if A0310A = 01 ent is 21 years of age or younger, complete only if A0310A = 01, 03, 04, or 05	
ļ	Check all conditions that are related to ID/DD status that were manifested before age 22, and are likely to continue indefinitely ID/DD With Organic Condition	
	A. Down syndrome	
	B. Autism	
	C. Epilepsy	
	D. Other organic condition related to ID/DD	
	ID/DD Without Organic Condition	
Ш	E. ID/DD with no organic condition No ID/DD	
	Z. None of the above	
Most F	cent Admission/Entry or Reentry into this Facility	
	Entry Date	
	Month Day Year	
A1700	Type of Entry	
Enter Code	1. Admission 2. Reentry	
A1805	Entered From	
Enter Code	 01. Home/Community (e.g., private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements) 02. Nursing Home (long-term care facility) 03. Skilled Nursing Facility (SNF, swing beds) 04. Short-Term General Hospital (acute hospital, IPPS) 05. Long-Term Care Hospital (LTCH) 16. Inpatient Rehabilitation Facility (IRF, free standing facility or unit) 17. Inpatient Psychiatric Facility (psychiatric hospital or unit) 18. Intermediate Care Facility (ID/DD facility) 19. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized home health service organization 19. Not listed 	
A1900	Admission Date (Date this episode of care in this facility began)	
A 2000	Month Day Year Discharge Date	
	only if A0310F = 10, 11, or 12	
	Month Day Year	

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esident		ldentifier	Date
Section	on A - Identification Informa	tion	
If the resid	Conditions Related to ID/DD Status dent is 22 years of age or older, complete only if A031 dent is 21 years of age or younger, complete only if A0		
↓	Check all conditions that are related to ID/DD sta ID/DD With Organic Condition	tus that were manifested before age 22,	and are likely to continue indefinitely
	A. Down syndrome		
	B. Autism		
	C. Epilepsy		
	D. Other organic condition related to ID/DD		
	ID/DD Without Organic Condition		
	E. ID/DD with no organic condition		
	No ID/DD		
	Z. None of the above		
	ecent Admission/Entry or Reentry into thi	is Facility	
A1600.	Entry Date		
	Month Day Year		
A1700.	Type of Entry		
Enter Code	 Admission Reentry 		
A1805.	Entered From		
Enter Code	 Home/Community (e.g., private home/apt., bo residential care arrangements) Nursing Home (long-term care facility) Skilled Nursing Facility (SNF, swing beds) Short-Term General Hospital (acute hospital, Long-Term Care Hospital (LTCH) Inpatient Rehabilitation Facility (IRF, free sta Inpatient Psychiatric Facility (psychiatric hos Intermediate Care Facility (ID/DD facility) Hospice (home/non-institutional) Critical Access Hospital (CAH) Home under care of organized home health Not listed 	IPPS) Inding facility or unit) pital or unit)	nsitional living, other
A1900.	Admission Date (Date this episode of ca	re in this facility began)	
	Month Day Year		
	Discharge Date only if A0310F = 10, 11, or 12		
	□ - □ - □ - □		

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Resident	Identifier	Date	Resident		Identifier	Date
Section A - Identification II	nformation		Secti	on A - Identification Ir	nformation	
A2105. Discharge Status Complete only if A0310F = 10, 11, or 12				. Discharge Status e only if A0310F = 10, 11, or 12		
arrangements) → Skip to A2123, 02. Nursing Home (long-term care fa 03. Skilled Nursing Facility (SNF, sw 04. Short-Term General Hospital (ac 05. Long-Term Care Hospital (LTCH 06. Inpatient Rehabilitation Facility 07. Inpatient Psychiatric Facility (ps 08. Intermediate Care Facility (ID/DI 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized h 13. Deceased	ving beds) cute hospital, IPPS) (IRF, free standing facility or unit) sychiatric hospital or unit) D facility)	at Discharge	Enter Code	arrangements) → Skip to A2123, F 02. Nursing Home (long-term care fac 03. Skilled Nursing Facility (SNF, sw 04. Short-Term General Hospital (aci 05. Long-Term Care Hospital (LTCH) 06. Inpatient Rehabilitation Facility (07. Inpatient Psychiatric Facility (ps) 08. Intermediate Care Facility (ID/DD 09. Hospice (home/non-institutional) 10. Hospice (institutional facility) 11. Critical Access Hospital (CAH) 12. Home under care of organized h 13. Deceased	ing beds) ute hospital, IPPS)) (IRF, free standing facility or unit) ychiatric hospital or unit)) facility)	dent at Discharge
A2121. Provision of Current Reconcil Complete only if A0310H = 1 and A2105 = 02-12	ed Medication List to Subsequent Provider at	Discharge		Provision of Current Reconcile e only if A0310H = 1 and A2105 = 02-12	ed Medication List to Subsequent Provider	at Discharge
0. No - Current reconciled medi Date for Significant Correctio	vider, did your facility provide the resident's current reconcile ication list not provided to the subsequent provider \to Skip to a lication list provided to the subsequent provider	· · ·	Enter Code	No - Current reconciled medic Date for Significant Correction	rider, did your facility provide the resident's current reconcation list not provided to the subsequent provider \rightarrow S ication list provided to the subsequent provider	·
	Medication List Transmission to Subsequent P reconciled medication list to the subsequent provider.	Provider	Indicate f		Medication List Transmission to Subsequer reconciled medication list to the subsequent provider.	nt Provider
↓ Check all that apply			\downarrow	Check all that apply		
Route of Transmission				Route of Transmission		
A. Electronic Health Record				A. Electronic Health Record		
☐ B. Health Information Exchange				B. Health Information Exchange		
C. Verbal (e.g., in-person, telephone	, video conferencing)			C. Verbal (e.g., in-person, telephone,	video conferencing)	
D. Paper-based (e.g., fax, copies, pr	rintouts)			D. Paper-based (e.g., fax, copies, pri	intouts)	
☐ E. Other methods (e.g., texting, email	ail, CDs)			E. Other methods (e.g., texting, ema	ail, CDs)	
Complete only if A0310H = 1 and A2105 = 01, 99	ed Medication List to Resident at Discharge			Provision of Current Reconcile only if A0310H = 1 and A2105 = 01, 99	ed Medication List to Resident at Discharg	e
	y provide the resident's current reconciled medication list to		Enter Code	At the time of discharge, did your facility	provide the resident's current reconciled medication list	st to the resident, family and/or caregiver?
Reference Date for Significar	ication list not provided to the resident, family and/or caregivnt Correction dication list provided to the resident, family and/or caregiver	er → Skip to A2200, Previous Assessment	Ш	Reference Date for Significant	cation list not provided to the resident, family and/or car t Correction ication list provided to the resident, family and/or careg	

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Date

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Resident Identifier	Date	Resident Identifier
Section A - Identification Information		Section A - Identification Information
A2124. Route of Current Reconciled Medication List Transmission to Resident Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver. Complete only if A2123 = 1		A2124. Route of Current Reconciled Medication List Transmission to Resident Indicate the route(s) of transmission of the current reconciled medication list to the resident/family/caregiver. Complete only if A2123 = 1
↓ Check all that apply		↓ Check all that apply
Route of Transmission		Route of Transmission
A. Electronic Health Record (e.g., electronic access to patient portal)		A. Electronic Health Record (e.g., electronic access to patient portal)
☐ B. Health Information Exchange		☐ B. Health Information Exchange
C. Verbal (e.g., in-person, telephone, video conferencing)		C. Verbal (e.g., in-person, telephone, video conferencing)
D. Paper-based (e.g., fax, copies, printouts)		D. Paper-based (e.g., fax, copies, printouts)
☐ E. Other methods (e.g., texting, email, CDs)		☐ E. Other methods (e.g., texting, email, CDs)
A2200. Previous Assessment Reference Date for Significant Correction Complete only if A0310A = 05 or 06		A2200. Previous Assessment Reference Date for Significant Correction Complete only if A0310A = 05 or 06
Month Day Year		Month Day Year
A2300. Assessment Reference Date		A2300. Assessment Reference Date
Observation end date: Month Day Year		Observation end date: Month Day Year
A2400. Medicare Stay Complete only if A0310G1 = 0		A2400. Medicare Stay Complete only if A0310G1 = 0
A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay		Enter Code A. Has the resident had a Medicare-covered stay since the most recent entry? 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent Medicare stay
B. Start date of most recent Medicare stay: Month		B. Start date of most recent Medicare stay: Month
C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: Month		C. End date of most recent Medicare stay - Enter dashes if stay is ongoing: Month

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Resident	Identifier	Date	Resident		Identifier	Date
Look back period for a	all items is 7 days unless another	time frame is indicated	Loo	k back period for all items is	7 days unless another	time frame is indicated
Section B - Hearing, Sp	peech, and Vision		Secti	on B - Hearing, Speech, and '	Vision	
B0100. Comatose			B0100.	Comatose		
Enter Code O. No → Continue to B02 1. Yes → Skip to GG010			Enter Code	Persistent vegetative state/no discernible conscioud. 0. No → Continue to B0200, Hearing 1. Yes → Skip to GG0100, Prior Functioning: I		
B0200. Hearing			B0200.	Hearing		
0. Adequate - no difficult 1. Minimal difficulty - di 2. Moderate difficulty -	d or hearing appliances if normally used) Ity in normal conversation, social interaction, listening to TV ifficulty in some environments (e.g., when person speaks softly or s speaker has to increase volume and speak distinctly sence of useful hearing	setting is noisy)	Enter Code	Ability to hear (with hearing aid or hearing appliances 0. Adequate - no difficulty in normal conversat 1. Minimal difficulty - difficulty in some enviro 2. Moderate difficulty - speaker has to increas 3. Highly impaired - absence of useful hearing	tion, social interaction, listening to TV Inments (e.g., when person speaks softly or se volume and speak distinctly	setting is noisy)
B0300. Hearing Aid			B0300.	Hearing Aid		
Enter Code Hearing aid or other hearing a 0. No 1. Yes	appliance used in completing B0200, Hearing		Enter Code	Hearing aid or other hearing appliance used in com 0. No 1. Yes	pleting B0200, Hearing	
B0600. Speech Clarity			B0600.	Speech Clarity		
Select best description of spe- 0. Clear speech - distinct 1. Unclear speech - slur 2. No speech - absence	ct intelligible words rred or mumbled words		Enter Code	Select best description of speech pattern 0. Clear speech - distinct intelligible words 1. Unclear speech - slurred or mumbled words 2. No speech - absence of spoken words	s	
B0700. Makes Self Understood			B0700.	Makes Self Understood		
0. Understood 1. Usually understood	vants, consider both verbal and non-verbal expression - difficulty communicating some words or finishing thoughts but is a bod - ability is limited to making concrete requests tood	able if prompted or given time	Enter Code	Ability to express ideas and wants, consider both vo. Understood Usually understood - difficulty communicat Sometimes understood - ability is limited to Rarely/never understood	ting some words or finishing thoughts but is	able if prompted or given time
B0800. Ability To Understand Ot			B0800.	Ability To Understand Others		
0. Understands - clear of 1. Usually understands	 misses some part/intent of message but comprehends most con ands - responds adequately to simple, direct communication only 	versation	Enter Code	Understanding verbal content, however able (with l 0. Understands - clear comprehension 1. Usually understands - misses some part/in 2. Sometimes understands - responds adequ 3. Rarely/never understands	•	onversation
B1000. Vision			B1000.	Vision		
0. Adequate - sees fine limpaired - sees large 2. Moderately impaired 3. Highly impaired - objut. Severely impaired - n	It (with glasses or other visual appliances) detail, such as regular print in newspapers/books print, but not regular print in newspapers/books l - limited vision; not able to see newspaper headlines but can ident ject identification in question, but eyes appear to follow objects no vision or sees only light, colors or shapes; eyes do not appear to		Enter Code	Ability to see in adequate light (with glasses or othe 0. Adequate - sees fine detail, such as regular 1. Impaired - sees large print, but not regular 2. Moderately impaired - limited vision; not at 3. Highly impaired - object identification in que 4. Severely impaired - no vision or sees only l	r print in newspapers/books print in newspapers/books ole to see newspaper headlines but can ide estion, but eyes appear to follow objects	
B1200. Corrective Lenses	Nonce or magnifying glood used in completing D4000 Vision		B1200.	Corrective Lenses		
Enter Code 0. No 1. Yes	glasses, or magnifying glass) used in completing B1000, Vision		Enter Code	Corrective lenses (contacts, glasses, or magnifying 0. No	g glass) used in completing B1000, Vision	

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Resident	Identifier	Date
Section B - Hearing, Speed	h, and Vision	
B1300. Health Literacy Complete only if A0310B = 01 or A0310G = 1 and	A0310H = 1	
How often do you need to have someor pharmacy? 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond		or other written material from your doctor or
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Resident			Date
Section B -	Hearing, Speech, and Visio	on	
B1300. Health Complete only if A0	Literacy 310B = 01 or A0310G = 1 and A0310H = 1		
Enter Code How ofte pharmac 0. 1. 2. 3. 4. 7. 8.	n do you need to have someone help you when you r y? Never Rarely Sometimes Often Always Resident declines to respond Resident unable to respond	ead instructions, pamphlets, or other written mate	erial from your doctor or
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Resident		Identifier	Date	Resident		Identifier Date	
Section	on C - Cognitive Patterns			Section	on C	C - Cognitive Patterns	
	Should Brief Interview for Mental Status (C020 conduct interview with all residents	00-C0500) be Conducted?				ould Brief Interview for Mental Status (C0200-C0500) be Conducted? uct interview with all residents	
Enter Code	 No (resident is rarely/never understood) → Skip t Yes → Continue to C0200, Repetition of Three W 		sessment for Mental Status	Enter Code	0. 1.	 No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status Yes → Continue to C0200, Repetition of Three Words 	
Brief I	nterview for Mental Status (BIM	NS)		Brief I	Inter	erview for Mental Status (BIMS)	
C0200.	Repetition of Three Words			C0200.	Repe	petition of Three Words	
Enter Code	Ask resident: "I am going to say three words for you to reme The words are: sock , blue , and bed . Now tell me the three Number of words repeated after first attempt		ave said all three.	Enter Code	The wo	resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. words are: sock, blue, and bed. Now tell me the three words."	
	0. None1. One2. Two3. Three					nber of words repeated after first attempt 0. None 1. One 2. Two 3. Three	
	After the resident's first attempt, repeat the words using cue the words up to two more times.	s ("sock, something to wear; blue, a colo	or; bed, a piece of furniture"). You may repeat			the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture") vords up to two more times.	. You may repea
C0300.	Temporal Orientation (orientation to year, month, and	day)		C0300.		nporal Orientation (orientation to year, month, and day)	
Enter Code	Ask resident: "Please tell me what year it is right now." A. Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct			Enter Code	Ask res	resident: "Please tell me what year it is right now." Able to report correct year 0. Missed by > 5 years or no answer 1. Missed by 2-5 years 2. Missed by 1 year 3. Correct	
Enter Code	Ask resident: "What month are we in right now?" B. Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days			Enter Code	B. A 0. 1.	resident: "What month are we in right now?" Able to report correct month 0. Missed by > 1 month or no answer 1. Missed by 6 days to 1 month 2. Accurate within 5 days	
Enter Code	Ask resident: "What day of the week is today?" C. Able to report correct day of the week 0. Incorrect or no answer 1. Correct			Enter Code	C. A	resident: "What day of the week is today?" Able to report correct day of the week 0. Incorrect or no answer 1. Correct	
C0400.	Recall			C0400.	Reca	eall	
Enter Code	Ask resident: "Let's go back to an earlier question. What we If unable to remember a word, give cue (something to wear; A. Able to recall "sock" O. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required	re those three words that I asked you to a color; a piece of furniture) for that wo	repeat?" rd.	Enter Code	If unab A. A 0. 1.	resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" able to remember a word, give cue (something to wear; a color; a piece of furniture) for that word. Able to recall "sock" 0. No - could not recall 1. Yes, after cueing ("something to wear") 2. Yes, no cue required	
Enter Code	B. Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required			Enter Code	0. 1.	Able to recall "blue" 0. No - could not recall 1. Yes, after cueing ("a color") 2. Yes, no cue required	
Enter Code	C. Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required			Enter Code	0. 1.	Able to recall "bed" 0. No - could not recall 1. Yes, after cueing ("a piece of furniture") 2. Yes, no cue required	
C0500.	BIMS Summary Score			C0500.		IS Summary Score	
Enter Score	Add scores for questions C0200-C0400 and fill in total scor Enter 99 if the resident was unable to complete the inter			Enter Score	Add s	scores for questions C0200-C0400 and fill in total score (00-15) er 99 if the resident was unable to complete the interview	
			-11) @				-11)
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Date _

esident		Identifier	Date
Section	on C - Cognitive Patterns		
C0600.	Should the Staff Assessment for Mental Sta	tus (C0700 - C1000) be Conduc	ted?
Enter Code	 No (resident was able to complete Brief Interv Yes (resident was unable to complete Brief Interv 	, .	• • •
Staff As	ssessment for Mental Status		
Do not co	nduct if Brief Interview for Mental Status (C0200-C0500) v	vas completed	
C0700.	Short-term Memory OK		
Enter Code	Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem		
C0800.	Long-term Memory OK		
Enter Code	Seems or appears to recall long past 0. Memory OK 1. Memory problem		
C0900.	Memory/Recall Ability		
\downarrow	Check all that the resident was normally able to reca	ıl	
	A. Current season		
	B. Location of own room		
	C. Staff names and faces		
	D. That they are in a nursing home/hospital swing	bed	
	Z. None of the above were recalled		
C1000.	Cognitive Skills for Daily Decision Making		
Enter Code	Made decisions regarding tasks of daily life 0. Independent - decisions consistent/reasonab 1. Modified independence - some difficulty in n. 2. Moderately impaired - decisions poor; cues/s 3. Severely impaired - never/rarely made decisi	ew situations only upervision required	
Deliriur	n		
C1310.	Signs and Symptoms of Delirium (from CA	√ ©)	
Code afte	er completing Brief Interview for Mental Status or Staff As	sessment, and reviewing medical record	
A. Acut	e Onset Mental Status Change		
Enter Code	Is there evidence of an acute change in mental statu 0. No 1. Yes	s from the resident's baseline?	
1. Bo	ehavior not present ehavior continuously present, does not fluctuate ehavior present, fluctuates (comes and goes, changes in	n severity)	
in Boxes	-		
	B. Inattention - Did the resident have difficulty focusir what was being said?	g attention, for example, being easily dist	tractible or having difficulty keeping track of
	C. Disorganized Thinking - Was the resident's thinkin flow of ideas, or unpredictable switching from subje	ig disorganized or incoherent (rambling o	r irrelevant conversation, unclear or illogical
	D. Altered Level of Consciousness - Did the resider vigilant - startled easily to any sound or touch lethargic - repeatedly dozed off when being asked stuporous - very difficult to arouse and keep arous comatose - could not be aroused	t have altered level of consciousness, as questions, but responded to voice or touch	indicated by any of the following criteria?
lapted from	: Inouye SK, et al. Ann Intern Med. 1990; 113: 941-948. Confusio	n Assessment Method. Copyright 2003, Hosp	oital Elder Life Program, LLC. Not to be reproduce

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Resident

Jecuit	on C - Cognitive Patterns
	Should the Staff Assessment for Mental Status (C0700 - C1000) be Conducted?
Enter Code	 No (resident was able to complete Brief Interview for Mental Status) → Skip to C1310, Signs and Symptoms of Delirium Yes (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK
Staff As	ssessment for Mental Status
Do not co	nduct if Brief Interview for Mental Status (C0200-C0500) was completed
C0700.	Short-term Memory OK
Enter Code	Seems or appears to recall after 5 minutes 0. Memory OK 1. Memory problem
C0800.	Long-term Memory OK
Enter Code	Seems or appears to recall long past 0. Memory OK 1. Memory problem
C0900.	Memory/Recall Ability
\downarrow	Check all that the resident was normally able to recall
	A. Current season
	B. Location of own room
	C. Staff names and faces
	D. That they are in a nursing home/hospital swing bed
	Z. None of the above were recalled
C1000.	Cognitive Skills for Daily Decision Making
Enter Code	Made decisions regarding tasks of daily life 0. Independent - decisions consistent/reasonable 1. Modified independence - some difficulty in new situations only 2. Moderately impaired - decisions poor; cues/supervision required 3. Severely impaired - never/rarely made decisions
Deliriun	• •
C1310.	Signs and Symptoms of Delirium (from CAM©)
Code afte	er completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record
A. Acut	e Onset Mental Status Change
Enter Code	Is there evidence of an acute change in mental status from the resident's baseline? 0. No 1. Yes
1. Be	ehavior not present ehavior continuously present, does not fluctuate ehavior present, fluctuates (comes and goes, changes in severity)
Enter Code in Boxes	s
	B. Inattention - Did the resident have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?
	C. Disorganized Thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	 Altered Level of Consciousness - Did the resident have altered level of consciousness, as indicated by any of the following criteria? vigilant - startled easily to any sound or touch lethargic - repeatedly dozed off when being asked questions, but responded to voice or touch stuporous - very difficult to arouse and keep aroused for the interview comatose - could not be aroused

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Identifier

• Back to Change Summary

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Resident	Identifier	Date		Resident		ldentifier	Date _
Section D	- Mood			Section	n D - Mood		
D0100. Shoul	d Resident Mood Interview be Conducted? - Attempt to conduct interview with all	l residents		D0100. S	Should Resident Mood Interview be Cor	iducted? - Attempt to conduct interview with all	residents
	p (resident is rarely/never understood) \rightarrow Skip to and complete D0500-D0600, Staff Assessment \rightarrow Continue to D0150, Resident Mood Interview (PHQ-2 to 9©)	ent of Resident Mood	(PHQ-9-OV)	Enter Code 0	. No (resident is rarely/never understood) \rightarrow Ski Yes \rightarrow Continue to D0150, Resident Mood Interval.	ip to and complete D0500-D0600, Staff Assessme erview (PHQ-2 to 9©)	ent of Resident Mo
D0150. Resid	ent Mood Interview (PHQ-2 to 9©)			D0150. R	Resident Mood Interview (PHQ-2 to 9©)		
If symptom is pres If yes in column 1, Read and show th 1. Symptom 0. No (en 1. Yes (er	ent: "Over the last 2 weeks, have you been bothered by any of the following ent, enter 1 (yes) in column 1, Symptom Presence. Ithen ask the resident: "About how often have you been bothered by this?" e resident a card with the symptom frequency choices. Indicate response in column 2, Symptom Presence ter 0 in column 2) inter 0-3 in column 2) pronse (leave column 2 blank)			If symptom is If yes in colu Read and sh 1. Symp 0. N 1. Y	sident: "Over the last 2 weeks, have your spresent, enter 1 (yes) in column 1, Symptom Presumn 1, then ask the resident: "About how often have the resident a card with the symptom frequency tom Presence lo (enter 0 in column 2) (se (enter 0-3 in column 2) lo response (leave column 2 blank)	sence. nave you been bothered by this?"	
2. Symptom		1.	2.		tom Frequency		1.
0. Never		Symptom	Symptom	0. N	lever or 1 day		Symptom
	/s (several days)	Presence	Frequency		-6 days (several days)		Presence
	nys (half or more of the days) lays (nearly every day)	↓ Enter Score			-11 days (half or more of the days)		
J. 12-14 C	lays (lically every day)	↓ Litter ocon	es iii Doxes	3. 1.	2-14 days (nearly every day)		↓ Enter Sc
A. Little inter	est or pleasure in doing things			A. Little	interest or pleasure in doing things		
B. Feeling do	own, depressed, or hopeless			B. Feelin	ng down, depressed, or hopeless		
If both D0150A1 a	and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PH	Q interview; otherw	ise, continue.	If both D015	50A1 and D0150B1 are coded 9, OR both D0150/	A2 and D0150B2 are coded 0 or 1, END the PH	Q interview; othe
C. Trouble fa	lling or staying asleep, or sleeping too much			C. Troub	ole falling or staying asleep, or sleeping	į too much	
D. Feeling tir	ed or having little energy			D. Feelin	ng tired or having little energy		
E. Poor appe	tite or overeating			E. Poor a	appetite or overeating		
F. Feeling ba family dov	d about yourself - or that you are a failure or have let yourself or your yn				ng bad about yourself - or that you are a r down	a failure or have let yourself or your	
G. Trouble co television	oncentrating on things, such as reading the newspaper or watching			G. Troub televis	ole concentrating on things, such as reasion	ading the newspaper or watching	
	speaking so slowly that other people could have noticed. Or the being so fidgety or restless that you have been moving around a lot usual			oppos	ng or speaking so slowly that other peo site - being so fidgety or restless that y than usual		
l. Thoughts	that you would be better off dead, or of hurting yourself in some way			l. Thoug	ghts that you would be better off dead,	or of hurting yourself in some way	
D0160. Total	Severity Score			D0160. T	otal Severity Score		
Enter Score Add so Enter 9	Fores for all frequency responses in Column 2, Symptom Frequency. Total score must be be 9 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required iten	etween 00 and 27. ns).		Enter Score A	add scores for all frequency responses in Colun inter 99 if unable to complete interview (i.e., Sympton	nn 2, Symptom Frequency. Total score must be brom Frequency is blank for 3 or more required item	etween 00 and 27. ns).

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	Resident	Identifier	Date	
	Section D - Mood			
	D0100. Should Resident Mood Interview	be Conducted? - Attempt to conduct interview with a	all residents	
OV)	No (resident is rarely/never understoo 1. Yes → Continue to D0150, Resident	d) \rightarrow Skip to and complete D0500-D0600, Staff Assessr Mood Interview (PHQ-2 to 9©)	ment of Resident Mood (PH	IQ-9-OV)
	D0150. Resident Mood Interview (PHQ-2	to 9©)		
	If symptom is present, enter 1 (yes) in column 1, Symples in column 1, then ask the resident: "About how			
2.	2. Symptom Frequency		1.	2.
ptom	0. Never or 1 day		Symptom	Symptom
iency	 2-6 days (several days) 7-11 days (half or more of the days) 		Presence	Frequency
	3. 12-14 days (nail of more of the days)		↓ Enter Scores in	
	A. Little interest or pleasure in doing thi	ngs		
	B. Feeling down, depressed, or hopeless	3		Ш
	If both D0150A1 and D0150B1 are coded 9, OR bot	h D0150A2 and D0150B2 are coded 0 or 1, END the P	HQ interview; otherwise,	continue.
_	C. Trouble falling or staying asleep, or s	leeping too much		
	D. Feeling tired or having little energy			
	E. Poor appetite or overeating			
	F. Feeling bad about yourself - or that yo family down	ou are a failure or have let yourself or your		
	G. Trouble concentrating on things, such television	h as reading the newspaper or watching		
	H. Moving or speaking so slowly that otle opposite - being so fidgety or restless more than usual	her people could have noticed. Or the s that you have been moving around a lot		
	l. Thoughts that you would be better of	f dead. or of hurting yourself in some way		

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2. Symptom Frequency

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Resident	ldentifier	Date		Resident	Identifier	Date
Section D - Mood				Section D - Mood		
D0500. Staff Assessment of Resident Mod Do not conduct if Resident Mood Interview (D0150-D01				D0500. Staff Assessment of Resid		
Over the last 2 weeks, did the resident hav If symptom is present, enter 1 (yes) in column 1, Sympt Then move to column 2, Symptom Frequency, and indie 1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 2. Symptom Frequency 0. Never or 1 day 1. 2-6 days (several days) 2. 7-11 days (half or more of the days) 3. 12-14 days (nearly every day) A. Little interest or pleasure in doing things B. Feeling or appearing down, depressed, or hope	ve any of the following problems or behave tom Presence. cate symptom frequency.	1. Symptom Presence ↓ Enter Scores	2. Symptom Frequency in Boxes↓	,	dent have any of the following problems or behing. Symptom Presence. A, and indicate symptom frequency. Application of the following problems or behing in the following problems or behind in the following prob	1. 2 Symptom Sym Presence Frequ ↓ Enter Scores in Boxes↓
C. Trouble falling or staying asleep, or sleeping to				C. Trouble falling or staying asleep, or s	<u> </u>	
D. Feeling tired or having little energy	·········			D. Feeling tired or having little energy	eeping too much	
E. Poor appetite or overeating				E. Poor appetite or overeating		
F. Indicating that they feel bad about self, are a fa	ailure, or have let self or family down			F. Indicating that they feel bad about sel	f, are a failure, or have let self or family down	
G. Trouble concentrating on things, such as readi	ing the newspaper or watching television			G. Trouble concentrating on things, sucl	n as reading the newspaper or watching television	
H. Moving or speaking so slowly that other people being so fidgety or restless that they have been	e have noticed. Or the opposite - n moving around a lot more than usual			H. Moving or speaking so slowly that oth being so fidgety or restless that they	ner people have noticed. Or the opposite - have been moving around a lot more than usual	
I. States that life isn't worth living, wishes for dea	ath, or attempts to harm self			I. States that life isn't worth living, wish	es for death, or attempts to harm self	
J. Being short-tempered, easily annoyed				J. Being short-tempered, easily annoyed	I	
D0600. Total Severity Score				D0600. Total Severity Score		
Add scores for all frequency responses i	n Column 2, Symptom Frequency. Total score must b	e between 00 and 30.		Add scores for all frequency res	ponses in Column 2, Symptom Frequency. Total score mus	st be between 00 and 30.
D0700. Social Isolation				D0700. Social Isolation		
How often do you feel lonely or isolated from 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to respond 8. Resident unable to respond	n those around you?			How often do you feel lonely or isc 0. Never 1. Rarely 2. Sometimes 3. Often 4. Always 7. Resident declines to re 8. Resident unable to res	espond	

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Resident		Identifier	Date
Section	on	E - Behavior	
E0100.	Po	tential Indicators of Psychosis	
↓ Ch	neck	all that apply	
	A.	Hallucinations (perceptual experiences in the absence of real external sensory stimuli)	
	В.	Delusions (misconceptions or beliefs that are firmly held, contrary to reality)	
	Z.	None of the above	
Behavio	oral	Symptoms	
E0200.	Ве	havioral Symptom - Presence & Frequency	
Note pres	senc	e of symptoms and their frequency	
1. Be 2. Be	havi havi	or not exhibited or of this type occurred 1 to 3 days or of this type occurred 4 to 6 days, but less than daily or of this type occurred daily	
Enter Code	A.	Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grab	bing, abusing others sexually)
Enter Code	В.	Verbal behavioral symptoms directed toward others (e.g., threatening others, screaming at others, cur	rsing at others)
Enter Code	C.	Other behavioral symptoms not directed toward others (e.g., physical symptoms such as hitting or sc rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/v disruptive sounds)	eratching self, pacing, vocal symptoms like screaming,
E0300.	Ov	erall Presence of Behavioral Symptoms	
Enter Code	We	re any behavioral symptoms in questions E0200 coded 1, 2, or 3? 0. No → Skip to E0800, Rejection of Care 1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below	
E0500.		pact on Resident	
Enter Code		any of the identified symptom(s): Put the resident at significant risk for physical illness or injury? 0. No 1. Yes	
Enter Code	В.	Significantly interfere with the resident's care? 0. No 1. Yes	
Enter Code	C.	Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes	
E0600.		pact on Others	
		any of the identified symptom(s):	
Enter Code	A.	Put others at significant risk for physical injury? 0. No 1. Yes	
Enter Code	B.	Significantly intrude on the privacy or activity of others? 0. No 1. Yes	
Enter Code	C.	Significantly disrupt care or living environment? 0. No 1. Yes	

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Resident	Iden	tifier	Date
Section	on E - Behavior		
E0100.	Potential Indicators of Psychosis		
↓ Ch	Check all that apply		
	A. Hallucinations (perceptual experiences in the absence of real e	xternal sensory stimuli)	
	B. Delusions (misconceptions or beliefs that are firmly held, contra	ry to reality)	
	Z. None of the above		
Behavio	ioral Symptoms		
E0200.	Behavioral Symptom - Presence & Frequency		
Note pres	esence of symptoms and their frequency		
 Be Be 	Behavior not exhibited Behavior of this type occurred 1 to 3 days Behavior of this type occurred 4 to 6 days, but less than daily Behavior of this type occurred daily		
Enter Code	A. Physical behavioral symptoms directed toward others (e.g.,	hitting, kicking, pushing, scratching, grabbi	ng, abusing others sexually)
Enter Code	B. Verbal behavioral symptoms directed toward others (e.g., the	reatening others, screaming at others, curs	ing at others)
Enter Code	C. Other behavioral symptoms not directed toward others (e.g. rummaging, public sexual acts, disrobing in public, throwing or sidisruptive sounds)	physical symptoms such as hitting or scra mearing food or bodily wastes, or verbal/vo	tching self, pacing, ical symptoms like screaming,
E0300.	Overall Presence of Behavioral Symptoms		
Enter Code	 Were any behavioral symptoms in questions E0200 coded 1, 2, on 0. No → Skip to E0800, Rejection of Care 1. Yes → Considering all of E0200, Behavioral Symptoms, an 		
E0500.	Impact on Resident		
	Did any of the identified symptom(s):		
Enter Code	 A. Put the resident at significant risk for physical illness or inju 0. No 1. Yes 	ry?	
Enter Code	B. Significantly interfere with the resident's care? 0. No 1. Yes		
Enter Code	C. Significantly interfere with the resident's participation in action0. No1. Yes	vities or social interactions?	
E0600.	Impact on Others		
	Did any of the identified symptom(s):		
Enter Code	Put others at significant risk for physical injury?		
Enter Code	B. Significantly intrude on the privacy or activity of others? 0. No 1. Yes		
Enter Code	C. Significantly disrupt care or living environment? 0. No 1. Yes		

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Resident	Identifier	Date	Resident		Identifier	Date
Section E - Behavior			Section	on E - Behavior		
E0800. Rejection of Care - Presence & Fre Did the resident reject evaluation or care ((e.g., bloodwork, taking medications, ADL assistance) that is	necessary to achieve the resident's		Rejection of Care - Presence & Frequency Did the resident reject evaluation or care (e.g., bloodwo goals for health and well-being? Do not include behavio	ork, taking medications, ADL assist	ance) that is necessary to achieve the resident's
goals for health and well-being? Do not incresident or family), and determined to be consecuted. Enter Code 0. Behavior not exhibited 1. Behavior of this type occurred 1 2. Behavior of this type occurred 4 3. Behavior of this type occurred data	to 6 days, but less than daily	scussion or care planning with the	Enter Code	resident or family), and determined to be consistent with re 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but 3. Behavior of this type occurred daily	esident values, preferences, or goa	ed (e.g., by discussion or care planning with the ls.
E0900. Wandering - Presence & Frequency	у		E0900.	Wandering - Presence & Frequency		
Has the resident wandered? 0. Behavior not exhibited → Skip to 1. Behavior of this type occurred 1 2. Behavior of this type occurred 4 3. Behavior of this type occurred date	to 6 days, but less than daily		Enter Code	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Chan 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but 3. Behavior of this type occurred daily		s
E1000. Wandering - Impact			E1000.	Wandering - Impact		
Enter Code A. Does the wandering place the resident facility)? 0. No 1. Yes	nt at significant risk of getting to a potentially dangerous p	place (e.g., stairs, outside of the	Enter Code	Does the wandering place the resident at signification facility)? No No Yes	ant risk of getting to a potentially	dangerous place (e.g., stairs, outside of the
Enter Code B. Does the wandering significantly intro 0. No 1. Yes	ude on the privacy or activities of others?		Enter Code	B. Does the wandering significantly intrude on the pool. No 1. Yes	rivacy or activities of others?	
E1100. Change in Behavior or Other Symp Consider all of the symptoms assessed in items E0100 to				Change in Behavior or Other Symptoms all of the symptoms assessed in items E0100 through E100	0	
How does resident's current behavior status, 0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessr	care rejection, or wandering compare to prior assessment ((OBRA or Scheduled PPS)?	Enter Code	How does resident's current behavior status, care rejection 0. Same 1. Improved 2. Worse 3. N/A because no prior MDS assessment	n, or wandering compare to prior	assessment (OBRA or Scheduled PPS)?

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Resident _	Identifier	Date	Resident	l	Identifier	Date
Secti	on F - Preferences for Customary Routine and Activities		Section F	- Preferences for Customary R	Routine and Activities	
F0300. If reside	Should Interview for Daily and Activity Preferences be Conducted? - Attempt to interview it is unable to complete, attempt to complete interview with family member or significant other	all residents able to communicate.	F0300. Sho	ould Interview for Daily and Activity Preferences able to complete, attempt to complete interview with family me	be Conducted? - Attempt to interview all rember or significant other	residents able to communicate.
Enter Code	 No (resident is rarely/never understood <u>and</u> family/significant other not available) → Skip to and conductivity Preferences Yes → Continue to F0400, Interview for Daily Preferences 	mplete F0800, Staff Assessment of	Enter Code	 No (resident is rarely/never understood <u>and</u> family/signifi Daily and Activity Preferences Yes → Continue to F0400, Interview for Daily Preference 	,	ete F0800, Staff Assessment of
F0400.	Interview for Daily Preferences		F0400. Inte	rview for Daily Preferences		
	sident the response options and say: "While you are in this facility"			ne response options and say: "While you are in this facili	itv"	
Coding			Coding:			
2. \$	Very important 4. Not important at all 5. Important, but can't do or no Not very important 4. Not response or non-response or	choice ive	1. Very imp 2. Somewh	portant nat important v important	 4. Not important at all 5. Important, but can't do or no cho 9. No response or non-responsive 	ice
Enter Cod	des in Boxes		Enter Codes in B	Boxes		
	A. how important is it to you to choose what clothes to wear?		<i>A.</i>	how important is it to you to choose what clothes to weak	r?	
	B. how important is it to you to take care of your personal belongings or things?		В.	how important is it to you to take care of your personal b	elongings or things?	
	C. how important is it to you to choose between a tub bath, shower, bed bath, or sponge bath?		c.	how important is it to you to choose between a tub bath,	shower, bed bath, or sponge bath?	
	D. how important is it to you to have snacks available between meals?		☐ <i>D.</i>	how important is it to you to have snacks available between	een meals?	
	E. how important is it to you to choose your own bedtime?		E.	how important is it to you to choose your own bedtime?		
	F. how important is it to you to have your family or a close friend involved in discussions about	your care?	F.	how important is it to you to have your family or a close t	friend involved in discussions about you	ur care?
	G. how important is it to you to be able to use the phone in private?		G.	how important is it to you to be able to use the phone in p	private?	
	H. how important is it to you to have a place to lock your things to keep them safe?		П н.	how important is it to you to have a place to lock your thi	ings to keep them safe?	
F0500.	Interview for Activity Preferences		F0500. Inte	rview for Activity Preferences		
Show re	sident the response options and say: "While you are in this facility"		Show resident th	ne response options and say: "While you are in this fac	cility"	
2. 3	Very important Somewhat important Not important at all important, but can't do or no No response or non-response in Boxes 4. Not important at all important, but can't do or no No response or non-response in Boxes			nat important v important	 4. Not important at all 5. Important, but can't do or no cho 9. No response or non-responsive 	ice
	A. how important is it to you to have books, newspapers, and magazines to read?		A.	how important is it to you to have books, newspapers, an	nd magazines to read?	
	B. how important is it to you to listen to music you like?		В.	how important is it to you to listen to music you like?		
	C. how important is it to you to be around animals such as pets?		□ c.	how important is it to you to be around animals such as p	pets?	
	D. how important is it to you to keep up with the news?			how important is it to you to keep up with the news?		
	E. how important is it to you to do things with groups of people?		□ <i>E.</i>	how important is it to you to do things with groups of ped	ople?	
	F. how important is it to you to do your favorite activities?		<i>F.</i>	how important is it to you to do your favorite activities?		
	G. how important is it to you to go outside to get fresh air when the weather is good?		G.	how important is it to you to go outside to get fresh air w	hen the weather is good?	
	H. how important is it to you to participate in religious services or practices?		П н.	how important is it to you to participate in religious servi	ices or practices?	
F0600.				y and Activity Preferences Primary Responden	-	
Enter Code	Indicate primary respondent for Daily and Activity Preferences (F0400 and F0500) 1. Resident			ate primary respondent for Daily and Activity Preferences (F	-0400 and F0500)	
	 Resident Family or significant other (close friend or other representative) Interview could not be completed by resident or family/significant other ("No response" to 3 or m 	ore items)	Enter Code	 Resident Family or significant other (close friend or other repres Interview could not be completed by resident or family 	sentative) y/significant other ("No response" to 3 or more it	tems)
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Resident	Identifier Date	Resident		Identifier	Date
Section	n F - Preferences for Customary Routine and Activities	Section	n F - Preferences for 0	Customary Routine and Ac	tivities
F0700. S	Should the Staff Assessment of Daily and Activity Preferences be Conducted?	F0700.	Should the Staff Assessment of I	Daily and Activity Preferences be Condu	ucted?
Enter Code	 No (because Interview for Daily and Activity Preferences (F0400 and F0500) was completed by resident or family/significant other) → Skip to and complete GG0100, Prior Functioning: Everyday Activities Yes (because 3 or more items in Interview for Daily and Activity Preferences (F0400 and F0500) were not completed by resident or family/significant other) → Continue to F0800, Staff Assessment of Daily and Activity Preferences 	Enter Code	Skip to and complete GG0100, P	and Activity Preferences (F0400 and F0500) was co Prior Functioning: Everyday Activities Interview for Daily and Activity Preferences (F0400 nue to F0800, Staff Assessment of Daily and Activity	
F0800. S	Staff Assessment of Daily and Activity Preferences	F0800.	Staff Assessment of Daily and Ac	ctivity Preferences	
Do not conduct	t if Interview for Daily and Activity Preferences (F0400-F0500) was completed	Do not condu	ct if Interview for Daily and Activity Preferer	nces (F0400-F0500) was completed	
Resident Pr	refers:	Resident	Prefers:		
↓ Chec	ck all that apply	↓ Ch	eck all that apply		
	A. Choosing clothes to wear		A. Choosing clothes to wear		
	3. Caring for personal belongings		B. Caring for personal belongings		
	C. Receiving tub bath		C. Receiving tub bath		
	D. Receiving shower		D. Receiving shower		
	E. Receiving bed bath		E. Receiving bed bath		
F	Receiving sponge bath		F. Receiving sponge bath		
	G. Snacks between meals		G. Snacks between meals		
H	H. Staying up past 8:00 p.m.		H. Staying up past 8:00 p.m.		
l.	. Family or significant other involvement in care discussions		I. Family or significant other involven	nent in care discussions	
J	J. Use of phone in private		J. Use of phone in private		
K	C. Place to lock personal belongings		K. Place to lock personal belongings		
	. Reading books, newspapers, or magazines		L. Reading books, newspapers, or ma	gazines	
N	M. Listening to music		M. Listening to music		
	N. Being around animals such as pets		N. Being around animals such as pets	1	
	D. Keeping up with the news		O. Keeping up with the news		
P	P. Doing things with groups of people		P. Doing things with groups of people	1	
	Q. Participating in favorite activities		Q. Participating in favorite activities		
R	R. Spending time away from the nursing home		R. Spending time away from the nursi	ng home	
	S. Spending time outdoors		S. Spending time outdoors		
T	7. Participating in religious activities or practices		T. Participating in religious activities	or practices	
Z	Z. None of the above		Z. None of the above		

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Resident		← v1.18.11 • C
Section	on	GG - Functional Abilities and Goals
exacerba	tion, o	rior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, or injury if A0310B = 01
without 2. Need perso	ut an ed So n to c	ent - Resident completed all the activities by themself, with or assistive device, with no assistance from a helper. ome Help - Resident needed partial assistance from another complete any activities. t - A helper completed all the activities for the resident.
Enter Code	es in	Boxes
	A.	Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation or injury.
	В.	Indoor Mobility (Ambulation): 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.
	C.	Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) price to the current illness, exacerbation, or injury.
	D.	Functional Cognition: 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.
		rior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury if A0310B = 01
Check all t	hat a	pply
$\stackrel{\star}{\Box}$	A.	Manual wheelchair
	В.	Motorized wheelchair and/or scooter
	C.	Mechanical lift
	D.	Walker
	E.	Orthotics/Prosthetics
	Z.	None of the above
GG011	5. F	unctional Limitation in Range of Motion
Code for	limit	ation that interfered with daily functions or placed resident at risk of injury in the last 7 days
Coding: 0. No in 1. Impa 2. Impa	irmer	ment nt on one side nt on both sides
Enter Code	es in	Boxes
	A.	Upper extremity (shoulder, elbow, wrist, hand)
		Lower extremity (hip, knee, ankle, foot)
		obility Devices
Check all t	hat w	vere normally used in the last 7 days
	A.	Cane/crutch
	В.	Walker
	C.	Wheelchair (manual or electric)
	D.	Limb prosthesis
	Z.	None of the above were used

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Resident		Identifier Date
Secti	on	GG - Functional Abilities
exacerba	ation, d	rior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, or injury if A0310B = 01
without 2. Need	pende out an ded So on to c	ent - Resident completed all the activities by themself, with or assistive device, with no assistance from a helper. one Help - Resident needed partial assistance from another complete any activities. t - A helper completed all the activities for the resident.
Enter Cod	es in	Boxes
	A.	Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbatio or injury.
	В.	Indoor Mobility (Ambulation): 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.
	C.	Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) price to the current illness, exacerbation, or injury.
	D.	Functional Cognition: 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.
		rior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury if A0310B = 01
Check all	that a	pply
	A.	Manual wheelchair
	В.	Motorized wheelchair and/or scooter
	C.	Mechanical lift
	D.	Walker
	E.	Orthotics/Prosthetics
	Z.	None of the above
		unctional Limitation in Range of Motion ation that interfered with daily functions or placed resident at risk of injury in the last 7 days
Coding: 0. No ii 1. Impa	mpairı airmer	
Enter Cod	les in	Boxes
	A.	Upper extremity (shoulder, elbow, wrist, hand)
	В.	Lower extremity (hip, knee, ankle, foot)
GG012	0. M	obility Devices
Check all	that w	vere normally used in the last 7 days
Ď	A.	Cane/crutch
	В.	Walker
	C.	Wheelchair (manual or electric)
	D.	Limb prosthesis
	Z.	None of the above were used

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Identifier Resident Date Section GG - Functional Abilities and Goals - Admission **GG0130. Self-Care** (Assessment period is the first 3 days of the stay) **Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.**When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the 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).

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 themself with no assistance from a helper.
- 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
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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
- Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
 Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
 Not attempted due to medical condition or safety concerns

1. Admission	2. Discharge		
Performance	Goal		
Enter Codes	in Boxes		
		ating: The ability to use suitable utensils to brin eal is placed before the resident.	g food and/or liquid to the mouth and swallow food and/or liquid once the
			clean teeth. Dentures (if applicable): The ability to insert and remove enture soaking and rinsing with use of equipment.
		Dileting hygiene: The ability to maintain perine ovement. If managing an ostomy, include wiping	al hygiene, adjust clothes before and after voiding or having a bowel g the opening but not managing equipment.
		hower/bathe self: The ability to bathe self, incloses not include transferring in/out of tub/shower	uding washing, rinsing, and drying self (excludes washing of back and hair).
		pper body dressing: The ability to dress and u	indress above the waist; including fasteners, if applicable.
		ower body dressing: The ability to dress and u	indress below the waist, including fasteners; does not include footwear.
		utting on/taking off footwear: The ability to pu afe mobility; including fasteners, if applicable.	at on and take off socks and shoes or other footwear that is appropriate for
		ersonal hygiene: The ability to maintain persor ying face and hands (excludes baths, showers,	nal hygiene, including combing hair, shaving, applying makeup, washing/ and oral hygiene).

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esident		Identifier	Date

Section GG - Functional Abilities - Admission

GG0130. Self-Care (Assessment period is the first 3 days of the stay) **Complete column 1 when A0310A = 01 or when A0310B = 01.** When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Codina:

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 themself 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.
- Supervision or touching assistance Helper provides verbal cues and/or touching/steadying and/or contact quard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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

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

Admission Performance	e	
Enter Codes	in Box	kes
	A.	Eating: 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.
	В.	Oral hygiene: 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.
	C.	Toileting hygiene: 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.
	E.	Shower/bathe self: 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.
	F.	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G.	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	Н.	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
	l.	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

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Identifier Resident Date Section GG - Functional Abilities and Goals - Admission **GG0170. Mobility** (Assessment period is the first 3 days of the stay) **Complete column 1 when A0310A = 01. Complete columns 1 and 2 when A0310B = 01.** When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600. Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the 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).

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 themself with no assistance from a helper.
- 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.

 O3. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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 N Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
 Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
 Not attempted due to medical condition or safety concerns

1. Admission Performance	2. Discharge Goal		
Enter Codes	in Boxes ↓		
		A.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
		В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
		C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
		D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
		E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
		F.	Toilet transfer: The ability to get on and off a toilet or commode.
		FF.	Tub/shower transfer: The ability to get in and out of a tub/shower.
		G.	Car transfer: 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.
		l.	Walk 10 feet: 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 $88 \rightarrow \text{Skip to GG0170M}$, 1 step (curb)
		J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
		K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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Resident
Section GG - Functional Abilities - Admission
GG0170. Mobility (Assessment period is the first 3 days of the stay) Complete column 1 when A0310A = 01 or when A0310B = 01. When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.
Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted a the start of the stay (admission), 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 themself 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 and be provided throughout the activity or intermittently.

 O3. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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.
- 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		
Enter Codes i	n Box	es es
	A.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
	D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F.	Toilet transfer: The ability to get on and off a toilet or commode.
	FF.	Tub/shower transfer: The ability to get in and out of a tub/shower.
	G.	Car transfer: 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.
	I.	Walk 10 feet: 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)
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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		← v1.18.11 • OLI
sident	Identifier	Date
Section GG - Functional Abiliti	ies and Goals - Admissio	n
GG0170. Mobility (Assessment period is the first 3 d Complete column 1 when A0310A = 01. Complete colu When A0310B = 01, the stay begins on A2400B. When A0	mns 1 and 2 when A0310B = 01.	
Code the resident's usual performance at the start of t at the start of the stay (admission), code the reason. C codes 07, 09, 10, or 88 is permissible to code end of S	Code the resident's end of SNF PPS stay (dis	

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 themself 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.

 O3. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half
- 02. **Substantial/maximal assistance** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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:

- 107. Resident refused
 109. 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)
 10. Not attempted due to medical condition or safety concerns

1. Admission Performance	2. Discharge Goal		
Enter Codes	in Boxes		
		L.	Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.
		M.	1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or $88 \rightarrow Skip$ to GG0170P, Picking up object
		N.	4 steps: The ability to go up and down four steps with or without a rail. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object
		0.	12 steps: The ability to go up and down 12 steps with or without a rail.
		P.	Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
			Q1. Does the resident use a wheelchair and/or scooter?
			 0. No → Skip to GG0130, Self Care (Discharge) 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns
		R.	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns.
			RR1. Indicate the type of wheelchair or scooter used.
			1. Manual 2. Motorized
		S.	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
			SS1. Indicate the type of wheelchair or scooter used.
			1. Manual 2. Motorized

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Resident			Identifier	Date
Section	on	GG - Functional Abilities - A	dmission	
Complete	e col	obility (Assessment period is the first 3 days of the sumn 1 when A0310A = 01 or when A0310B = 01. = 01, the stay begins on A2400B. When A0310B = 99,		
Code the the start	resi of th	lent's usual performance at the start of the stay (ace stay (admission), code the reason.	Imission) for each activity	using the 6-point scale. If activity was not attempted a
amount o Activities 06. In 05. Sc 04. Sc 03. Pc th 02. Sc ef 01. Dc re If activity 07. Rc 09. Nc 10. Nc	f assimay depee tup uperv uper	rt.	th no assistance from a help resident completes activity. all cues and/or touching/stea e activity or intermittently. F the effort. Helper lifts, hold HALF the effort. Helper lifts ne of the effort to complete the true of equipment, weather considerations.	Der. Helper assists only prior to or following the activity. Idying and/or contact guard assistance as resident lds, or supports trunk or limbs, but provides less than half is or holds trunk or limbs and provides more than half the ithe activity. Or, the assistance of 2 or more helpers is current illness, exacerbation, or injury.
1. Admission Performance				
Enter Codes	in Bo		walk 10 feet on uneven or s	loping surfaces (indoor or outdoor), such as turf or gravel.
	M.	1 step (curb): The ability to go up and down a curb a If admission performance is coded 07, 09, 10, or 88 –	nd/or up and down one step → Skip to GG0170P, Pickinç	o. g up object
	N.	4 steps: The ability to go up and down four steps with If admission performance is coded 07, 09, 10, or 88 –	n or without a rail. → Skip to GG0170P, Pickinç	g up object
	0.	12 steps: The ability to go up and down 12 steps with	or without a rail.	
	P.	Picking up object: The ability to bend/stoop from a sthe floor.	tanding position to pick up a	a small object, such as a spoon, from
		Q1. Does the resident use a wheelchair and/or	scooter?	
		0. No \rightarrow Skip to GG0130, Self Care (Disch 1. Yes \rightarrow Continue to GG0170R, Wheel 50	arge) feet with two turns	
	R.	Wheel 50 feet with two turns: Once seated in wheel	chair/scooter, the ability to	wheel at least 50 feet and make two turns.
		RR1. Indicate the type of wheelchair or scooter u 1. Manual 2. Motorized	sed.	
	S.	Wheel 150 feet: Once seated in wheelchair/scooter, to	he ability to wheel at least 1	150 feet in a corridor or similar space.

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Motorized

SS1. Indicate the type of wheelchair or scooter used.

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STRATEGIC HEALTHCARE PROGRA

Developed by Strategic Healthcare Programs • www.SHPdata.com **←** v1.18.11 • OLD Identifier Resident Section GG - Functional Abilities and Goals - Discharge GG0130. Self-Care (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000 Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason. Codina: 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 themself 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. 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

02. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the

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

If activity was not attempted, code reason:

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

required for the resident to complete the activity.

3. Discharge Performand		
Enter Codes	in Box	tes .
	A.	Eating: 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.
	В.	Oral hygiene: 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.
	C.	Toileting hygiene: 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.
	E.	Shower/bathe self: 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.
	F.	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G.	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	Н.	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
	l.	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

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Resident Identifier Date

Section GG - Functional Abilities - Discharge

GG0130. Self-Care (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C.

For all other Discharge assessments, the stay ends on A2000

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Codina:

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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 themself with no assistance from a helper.
- Setup or clean-up assistance Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 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.

 O3. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the
- 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:

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

3. Discharg Performan		
Enter Codes	in Box	tes
	A.	Eating: 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.
	В.	Oral hygiene: 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.
	C.	Toileting hygiene: 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.
	E.	Shower/bathe self: 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.
	F.	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G.	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	Н.	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
	l.	Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

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Date

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Identifier

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esident	_ Identifier _		Date	
Section GG - Functional Abilities and	Goals -	Discharge		
GG0170. Mobility (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310G is not = 2 and A0310H = 1 and A2400C minus A2400R is		and A2105 is not = 04, the stay and	s on 42400C	

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the 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.

For all other Discharge assessments, the stay ends on A2000.

- 06. Independent Resident completes the activity by themself 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.
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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
- 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

3.

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

Discharge Performance nter Codes i		es
<u> </u>	A.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
П	C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
	D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F.	Toilet transfer: The ability to get on and off a toilet or commode.
	FF.	Tub/shower transfer: The ability to get in and out of a tub/shower.
	G.	Car transfer: 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.
	l.	Walk 10 feet: 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)
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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GG0170. Mobility (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C.

For all other Discharge assessments, the stay ends on A2000

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Codina:

3.

Resident

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 themself with no assistance from a helper.
- Setup or clean-up assistance Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 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.

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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
- 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:

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

Discharge Performance Inter Codes in		•
↓		
	Α.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed.
	В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.
	C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support.
	D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.
	E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).
	F.	Toilet transfer: The ability to get on and off a toilet or commode.
	FF.	Tub/shower transfer: The ability to get in and out of a tub/shower.
	G.	Car transfer: 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.
	I.	Walk 10 feet: 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 $88 \rightarrow \text{Skip to GG0170M}$, 1 step (curb)
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.
	K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.

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esident	ldentifier	Date	Resident
Section GG - Functional Abilitie	es and Goals - Discharg	je	Section
GG0170. Mobility (Assessment period is the last 3 day Complete column 3 when A0310F = 10 or 11 or when A0 When A0310G is not = 2 and A0310H = 1 and A2400C minus For all other Discharge assessments, the stay ends on A200	310H = 1. us A2400B is greater than 2 and A2105 is no	ot = 04, the stay ends on A2400C.	GG0170. I Complete co When A0310l For all other D
Code the resident's usual performance at the end of the of the stay, code the reason.	stay for each activity using the 6-point s	cale. If an activity was not attempted at the end	Code the res of the stay, c
Coding: Safety and Quality of Performance - If helper assistance is amount of assistance provided. Activities may be completed with or without assistive device 06. Independent - Resident completes the activity by th 05. Setup or clean-up assistance - Helper sets up or clean-up assistance - Helper sets up or completes activity. Assistance may be provided throut on the effort. 03. Partial/moderate assistance - Helper does LESS Total the effort. 04. Substantial/maximal assistance - Helper does Modeffort. 05. Substantial/maximal assistance - Helper does Modeffort. 06. Dependent - Helper does ALL of the effort. Resident required for the resident to complete the activity. 16. If activity was not attempted, code reason: 17. Resident refused 18. Not attempted due to environmental limitations (19. Not attempted due to medical condition or safety)	s. emself with no assistance from a helper. leans up; resident completes activity. Helper des verbal cues and/or touching/steadying a ughout the activity or intermittently. HAN HALF the effort. Helper lifts, holds, or s RE THAN HALF the effort. Helper lifts or ho does none of the effort to complete the activity prior to the current i e.g., lack of equipment, weather constraints)	r assists only prior to or following the activity. and/or contact guard assistance as resident supports trunk or limbs, but provides less than half olds trunk or limbs and provides more than half the ivity. Or, the assistance of 2 or more helpers is illness, exacerbation, or injury.	Coding: Safety and Q amount of as: Activities may 06. Indep 05. Setup 04. Supe compl 03. Partia the ef 02. Subs effort. 01. Depe requir If activity wa 07. Resid 09. Not a 10. Not a 88. Not a
3. Discharge Performance inter Codes in Boxes L. Walking 10 feet on uneven surfaces: The	ability to walk 10 feet on uneven or sloping	surfaces (indoor or outdoor), such as turf or gravel.	3. Discharge Performance Enter Codes in Bo
M. 1 step (curb): The ability to go up and dow If discharge performance is coded 07, 09, 1	n a curb and/or up and down one step. 0, or 88 → Skip to GG0170P, Picking up ob	oject	M
N. 4 steps: The ability to go up and down four If discharge performance is coded 07, 09, 1	steps with or without a rail. 0, or 88 → Skip to GG0170P, Picking up ob	pject	
O. 12 steps: The ability to go up and down 12	steps with or without a rail.		
P. Picking up object: The ability to bend/stoo	p from a standing position to pick up a small	l object, such as a spoon, from the floor.	
Q3. Does the resident use a wheelchain 0. No → Skip to H0100, Appliance 1. Yes → Continue to GG0170R,	es		
R. Wheel 50 feet with two turns: Once seate	d in wheelchair/scooter, the ability to wheel	at least 50 feet and make two turns.	R
RR3. Indicate the type of wheelchair or	scooter used.		
Manual			
1. Manual 2. Motorized			
	/scooter, the ability to wheel at least 150 fee	et in a corridor or similar space.	s s
2. Motorized	•	et in a corridor or similar space.	S.

Identifier Date GG - Functional Abilities - Discharge **obility** (Assessment period is the last 3 days of the stay) **IRMN 3 when A0310F = 10 or 11 or when A0310H = 1.**= 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. scharge assessments, the stay ends on A2000. lent's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end de the reason. ality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to stance provided be completed with or without assistive devices. ndent - Resident completes the activity by themself with no assistance from a helper. or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. ision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident es activity. Assistance may be provided throughout the activity or intermittently.

moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half ntial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the lent - 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 for the resident to complete the activity. not attempted, code reason: nt refused licable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury. empted due to environmental limitations (e.g., lack of equipment, weather constraints) mpted due to medical condition or safety concerns Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. **1 step (curb):** The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 4 steps: The ability to go up and down four steps with or without a rail If discharge performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object 12 steps: The ability to go up and down 12 steps with or without a rail. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. Q3. Does the resident use a wheelchair and/or scooter? No → Skip to H0100, Appliances 1. Yes → Continue to GG0170R, Wheel 50 feet with two turns Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. RR3. Indicate the type of wheelchair or scooter used. Manual 2. Motorized Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. SS3. Indicate the type of wheelchair or scooter used.

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Manual 2. Motorized

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Resident Identifier Date Section GG - Functional Abilities and Goals - OBRA/Interim GG0130. Self-Care (Assessment period is the ARD plus 2 previous calendar days) Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08. Code the resident's usual performance for each activity using the 6-point scale. If an activity was not attempted, 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 themself 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.	embogix wids i.io.ii to wid	5 1.19.1 C1055Walk (Juide
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07. Resident refused	Safety and Quality of Performance - If helper assistance is amount of assistance provided. Activities may be completed with or without assistive devices 06. Independent - Resident completes the activity by the 05. Setup or clean-up assistance - Helper sets up or cl 04. Supervision or touching assistance - Helper provided throut 03. Partial/moderate assistance - Helper does LESS Touch the effort. 02. Substantial/maximal assistance - Helper does MOdeffort. 03. Dependent - Helper does ALL of the effort. Resident required for the resident to complete the activity.	s. emself with no assistance from a helper. leans up; resident completes activity. Helpe ides verbal cues and/or touching/steadying ughout the activity or intermittently. HAN HALF the effort. Helper lifts, holds, or	er assists only prior to or following the activity. I and/or contact guard assistance as resident r supports trunk or limbs, but provides less than half holds trunk or limbs and provides more than half the

5. OBRA/Inter Performand		
Enter Codes in	Вох	es s
	A.	Eating: 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.
	В.	Oral hygiene: 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.
	C.	Toileting hygiene: 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.
	E.	Shower/bathe self: 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.
	F.	Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G.	Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	Н.	Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and

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

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hands (excludes baths, showers, and oral hygiene).

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esident	Identifier	Date
Section GG - Functional Ab	ilities - OBRA/Interim	
GG0130. Self-Care (Assessment period is the Complete column 5 when A0310A = 02 - 06 and A	• • •	
	activity using the 6-point scale. If an activity was i	not attempted, code the reason.
 amount of assistance provided. Activities may be completed with or without assistive 06. Independent - Resident completes the activ 05. Setup or clean-up assistance - Helper sets 04. Supervision or touching assistance - Helper completes activity. Assistance may be provid 03. Partial/moderate assistance - Helper does the effort. 02. Substantial/maximal assistance - Helper deffort. 01. Dependent - Helper does ALL of the effort. Frequired for the resident to complete the activity was not attempted, code reason: 07. Resident refused 09. Not applicable - Not attempted and the resident 	ity by themself with no assistance from a helper. It is up or cleans up; resident completes activity. Helper a per provides verbal cues and/or touching/steadying an ed throughout the activity or intermittently. LESS THAN HALF the effort. Helper lifts, holds, or su loes MORE THAN HALF the effort. Helper lifts or hold Resident does none of the effort to complete the activity. Ident did not perform this activity prior to the current illustrons (e.g., lack of equipment, weather constraints)	assists only prior to or following the activity. nd/or contact guard assistance as resident upports trunk or limbs, but provides less than half ds trunk or limbs and provides more than half the ity. Or, the assistance of 2 or more helpers is
5. OBRA/Interim Performance		
nter Codes in Boxes		
<u> </u>		vallow food and/or liquid once the meal is placed

Toileting hygiene: 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. Shower/bathe self: 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. F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.

H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.

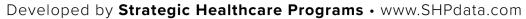
G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.

Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

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Decident Identifier	◆ v1.18.11 • OLD	NEW • v1.19.1 →	ldentifier	Data
Section GG - Functional Abilities and Goals - OBF	ZA/Interim	Section GG - Function	nal Abilities - OBRA/Interim	Date
GG0170. Mobility (Assessment period is the ARD plus 2 previous calendar days)			riod is the ARD plus 2 previous calendar days)	
Complete column 5 when A0310A = 02 - 06 and A0310B = 99 or when A0310B = 08.		Complete column 5 when A0310A = 02		
Code the resident's usual performance for each activity using the 6-point scale. If an activity	vity was not attempted, code the reason.	Code the resident's usual performance	e for each activity using the 6-point scale. If an activity was not	attempted, code the reason.
Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themself with no assistance from a help of the complete of the completes activity. O3. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity of the completes activity. O3. Partial/moderate assistance may be provided throughout the activity or intermittently. O3. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, he the effort. O2. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts, he fort. O4. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete required for the resident to complete the activity. If activity was not attempted, code reason: O7. Resident refused O9. Not applicable - Not attempted and the resident did not perform this activity prior to the Not attempted due to environmental limitations (e.g., lack of equipment, weather con 88. Not attempted due to medical condition or safety concerns	elper. y. Helper assists only prior to or following the activity. eadying and/or contact guard assistance as resident olds, or supports trunk or limbs, but provides less than half ifts or holds trunk or limbs and provides more than half the e the activity. Or, the assistance of 2 or more helpers is current illness, exacerbation, or injury	amount of assistance provided. Activities may be completed with or without 06. Independent - Resident complete 05. Setup or clean-up assistance - 04. Supervision or touching assistance completes activity. Assistance and 03. Partial/moderate assistance - Hother effort. 02. Substantial/maximal assistance effort. 01. Dependent - Helper does ALL of required for the resident to complete for the resident to complete of the resident refused 07. Resident refused 09. Not applicable - Not attempted a	es the activity by themself with no assistance from a helper. Helper sets up or cleans up; resident completes activity. Helper assisance - Helper provides verbal cues and/or touching/steadying and/o by be provided throughout the activity or intermittently. Helper does LESS THAN HALF the effort. Helper lifts, holds, or suppose - Helper does MORE THAN HALF the effort. Helper lifts or holds to the effort. Resident does none of the effort to complete the activity. Helper the activity. Helper does MORE THAN HALF the effort to complete the activity. Helper lifts or holds to the effort. Resident does none of the effort to complete the activity. Helper does MORE THAN HALF the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper does MORE THAN HALF the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the activity. Helper lifts or holds to the effort to complete the effort to complete the activity. Helper lifts or holds to the effort to the eff	sts only prior to or following the activity. r contact guard assistance as resident orts trunk or limbs, but provides less than half unk or limbs and provides more than half the Or, the assistance of 2 or more helpers is
5. OBRA/Interim Performance		5. OBRA/Interim Performance		
Enter Codes in Boxes ↓		Enter Codes in Boxes		
A. Roll left and right: The ability to roll from lying on back to left and right side, at	nd return to lying on back on the bed.	A. Roll left and right: The	ability to roll from lying on back to left and right side, and return to lyi	ing on back on the bed.
B. Sit to lying: The ability to move from sitting on side of bed to lying flat on	the bed.	B. Sit to lying: The ability t	to move from sitting on side of bed to lying flat on the bed.	
C. Lying to sitting on side of bed: The ability to move from lying on the back to	sitting on the side of the bed and with no back support.	C. Lying to sitting on side	e of bed: The ability to move from lying on the back to sitting on the s	side of the bed and with no back support.
D. Sit to stand: The ability to come to a standing position from sitting in a chair, w	heelchair, or on the side of the bed.	D. Sit to stand: The ability	to come to a standing position from sitting in a chair, wheelchair, or or	on the side of the bed.
E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair	r (or wheelchair).	E. Chair/bed-to-chair tran	sfer: The ability to transfer to and from a bed to a chair (or wheelcha	ir).
F. Toilet transfer: The ability to get on and off a toilet or commode.		F. Toilet transfer: The abil	lity to get on and off a toilet or commode.	
FF. Tub/shower transfer: The ability to get in and out of a tub/shower.		FF. Tub/shower transfer: T	he ability to get in and out of a tub/shower.	
I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corricceded 07, 09, 10, or 88 → Skip to GG0170Q5, Does the resident use a wheele	dor, or similar space. If performance in the last 7 days is chair and/or scooter?	I. Walk 10 feet: Once stan coded 07, 09, 10, or 88 -	nding, the ability to walk at least 10 feet in a room, corridor, or similar → Skip to GG0170Q5, Does the resident use a wheelchair and/or so	space. If performance in the last 7 days is cooter?
J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet	and make two turns.	J. Walk 50 feet with two to	urns: Once standing, the ability to walk at least 50 feet and make tw	o turns.
K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor	or similar space.	K. Walk 150 feet: Once sta	anding, the ability to walk at least 150 feet in a corridor or similar space	ce.

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Resident		ldentifier		Resident _
Section GG - I	Functional Abilities a	ind Goals - OBRA/I	nterim	Sect
- '	Assessment period is the ARD plus 2 pre	* *		GG01
· · · · · · · · · · · · · · · · · · ·	en A0310A = 02 - 06 and A0310B = 99 o al performance for each activity using		as not attempted, code the reason.	Compl Code t
Coding:	ar periormanos for outin desirity doning	, and a point could in an activity in	not untimpted, odde into roddom	Coding
amount of assistance provactivities may be complete 06. Independent - Re 05. Setup or clean-up 04. Supervision or to completes activity. 03. Partial/moderate the effort. 02. Substantial/maximelfort. 01. Dependent - Help required for the result of the res	ted with or without assistive devices. esident completes the activity by themsels p assistance - Helper sets up or cleans ouching assistance - Helper provides ve. Assistance may be provided throughout assistance - Helper does LESS THAN I mal assistance - Helper does MORE There does ALL of the effort. Resident does sident to complete the activity.	f with no assistance from a helper. up; resident completes activity. Help erbal cues and/or touching/steadying the activity or intermittently. HALF the effort. Helper lifts, holds, o HAN HALF the effort. Helper lifts or h none of the effort to complete the ac	er assists only prior to or following the and/or contact guard assistance as resupports trunk or limbs, but provides olds trunk or limbs and provides more trivity. Or, the assistance of 2 or more tillness, exacerbation, or injury	amoun Activitie 06. 05. esident 04. s less than half 03. e than half the 02.
5. OBRA/Interim Performance Enter Codes in Boxes		l/or scooter?		5 OBRA/I Perforr Enter Code
	50 feet with two turns: Once seated in		eel at least 50 feet and make two turn	s.
 1.	ndicate the type of wheelchair or scool Manual	ter usea.		
2.				
	150 feet: Once seated in wheelchair/sco	<u> </u>) feet in a corridor or similar space.	
	idicate the type of wheelchair or scoot	ter used.		
1. 2.	Manual Motorized			
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EW • v1.19.1 ·	→				
Resident			Ident	tifier	Date
Section	GG -	Functional Abi	lities - OBRA/II	nterim	
	• (Assessment period is the AR en A0310A = 02 - 06 and A0		days)	
Code the resi	ident's usu	al performance for each a	ctivity using the 6-point so	ale. If an activity w	vas not attempted, code the reason.
amount of ass Activities may 06. Indepe 05. Setup 04. Super comple 03. Partial the eff 02. Substa effort. 01. Depen require If activity was 07. Reside 09. Not ap 10. Not at	sistance provided to the complete endent - Recorded or clean-up vision or to the cort. Immoderate ort. Imm	vided. ed with or without assistive esident completes the activity passistance - Helper sets in buching assistance - Helper Assistance may be provide assistance - Helper does Lemal assistance - Helper does Lemal assistance - Helper does der does ALL of the effort. Resident to complete the activity pted, code reason:	devices. y by themself with no assistate por cleans up; resident correspond to the provides verbal cues and/orded throughout the activity or in ESS THAN HALF the effort. The second to the second the efforts are the provided that the efforts are the provided that the efforts are the provided that t	ance from a helper. Impletes activity. Help or touching/steadying intermittently. Helper lifts, holds, o effort. Helper lifts or h ort to complete the ac- ity prior to the currer	e is unsafe or of poor quality, score according to be assists only prior to or following the activity. It is and/or contact guard assistance as resident or supports trunk or limbs, but provides less than half tholds trunk or limbs and provides more than half the activity. Or, the assistance of 2 or more helpers is intillness, exacerbation, or injury its)
5. OBRA/Interim Performance					
Enter Codes in Bo	xes				
↓	Q5. D	oes the resident use a who	elchair and/or scooter?		
	0. 1.		pliances 170R, Wheel 50 feet with tw	o turns	
R.	Wheel	50 feet with two turns: On	ce seated in wheelchair/sco	oter, the ability to wh	heel at least 50 feet and make two turns.
	RR5. In	dicate the type of wheelch	nair or scooter used.		
	1. 2.				
□ s.	Wheel	150 feet: Once seated in w	heelchair/scooter. the ability	to wheel at least 15	60 feet in a corridor or similar space.

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SS5. Indicate the type of wheelchair or scooter used.

1. Manual 2. Motorized

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Resident	Identifier	Date
Section	on H - Bladder and Bowel	
H0100.	Appliances	
\downarrow	Check all that apply	
	A. Indwelling catheter (including suprapubic catheter and nephrostomy tube)	
	B. External catheter	
	C. Ostomy (including urostomy, ileostomy, and colostomy)	
	D. Intermittent catheterization	
	Z. None of the above	
H0200.	Urinary Toileting Program	
Enter Code	 A. Has a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) be or reentry or since urinary incontinence was noted in this facility? 0. No → Skip to H0300, Urinary Continence 1. Yes → Continue to H0200B, Response 9. Unable to determine → Skip to H0200C, Current toileting program or trial 	een attempted on admission/entry
Enter Code	 B. Response - What was the resident's response to the trial program? 0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress 	
Enter Code	 C. Current toileting program or trial - Is a toileting program (e.g., scheduled toileting, prompted voiding, or bused to manage the resident's urinary continence? 0. No 1. Yes 	oladder training) currently being
H0300.	•	
Enter Code	Urinary continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (less than 7 episodes of incontinence) 2. Frequently incontinent (7 or more episodes of urinary incontinence, but at least one episode of continent (as always incontinent (no episodes of continent voiding) 9. Not rated, resident had a catheter (indwelling, condom), urinary ostomy, or no urine output for the entitient (as always incontinent to the individual catheter (indwelling, condom), urinary ostomy, or no urine output for the entitient (individual catheter (indwelling))	3,
H0400.	Bowel Continence	
Enter Code	Bowel continence - Select the one category that best describes the resident 0. Always continent 1. Occasionally incontinent (one episode of bowel incontinence) 2. Frequently incontinent (2 or more episodes of bowel incontinence, but at least one continent bowel incontinent (2 or more episodes of bowel incontinence) 3. Always incontinent (no episodes of continent bowel movements) 9. Not rated, resident had an ostomy or did not have a bowel movement for the entire 7 days	movement)
H0500.		
Enter Code	Is a toileting program currently being used to manage the resident's bowel continence? 0. No 1. Yes	
H0600.	Bowel Patterns	
Enter Code	Constipation present? 0. No	

NEW • v1.19.1 →
Resident _____

esident		Identifier	Date	
Section	on H - Bladder and Bowel			
H0100.	Appliances			
\downarrow	Check all that apply			
	A. Indwelling catheter (including suprapubic cathe	eter and nephrostomy tube)		
	B. External catheter			
	C. Ostomy (including urostomy, ileostomy, and colo	ostomy)		
	D. Intermittent catheterization			
	Z. None of the above			
H0200.	Urinary Toileting Program			
Enter Code	 A. Has a trial of a toileting program (e.g., schedo or reentry or since urinary incontinence was note 0. No → Skip to H0300, Urinary Continence 1. Yes → Continue to H0200B, Response 9. Unable to determine → Skip to H0200C, or the strain of the strain of the strain of the strain or the strain of th	ed in this facility?	oladder training) been attempted on admission/e	intr
Enter Code	 B. Response - What was the resident's response to 0. No improvement 1. Decreased wetness 2. Completely dry (continent) 9. Unable to determine or trial in progress 	o the trial program?		
Enter Code	 Current toileting program or trial - Is a toileting used to manage the resident's urinary continent 0. No 1. Yes 		ompted voiding, or bladder training) currently beir	ig
H0300.	Urinary Continence			
Enter Code	Urinary continence - Select the one category that be 0. Always continent 1. Occasionally incontinent (less than 7 epis 2. Frequently incontinent (7 or more episode 3. Always incontinent (no episodes of contin 9. Not rated, resident had a catheter (indwelli	sodes of incontinence) es of urinary incontinence, but at least o ent voiding)		
H0400.	Bowel Continence			
Enter Code	Bowel continence - Select the one category that best 0. Always continent 1. Occasionally incontinent (one episode of 2. Frequently incontinent (2 or more episode 3. Always incontinent (no episodes of contine 9. Not rated, resident had an ostomy or did not select that the continent of the cont	bowel incontinence) as of bowel incontinence, but at least or ent bowel movements)		
H0500.	Bowel Toileting Program			
Enter Code	Is a toileting program currently being used to mar 0. No 1. Yes	nage the resident's bowel continence	?	
H0600.	Bowel Patterns			
Enter Code	Constipation present? 0. No 1. Yes			

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NEW • v1.19.1 →
Resident Identifier Date
Section I - Active Diagnoses
I0020. Indicate the resident's primary medical condition category Complete only if A0310B = 01 or if state requires completion with an OBRA assessment
Indicate the resident's primary medical condition category that best describes the primary reason for admission O1. Stroke O2. Non-Traumatic Brain Dysfunction O3. Traumatic Spinal Cord Dysfunction O4. Non-Traumatic Spinal Cord Dysfunction O5. Traumatic Spinal Conditions O6. Progressive Neurological Conditions O7. Other Neurological Conditions O8. Amputation O9. Hip and Knee Replacement O6. Fractures and Other Multiple Trauma Other Orthopedic Conditions
I0020B. ICD Code

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esident		Identifier	◆ v1.18.11 • OI
Secti	on I - Active Diagnoses		
	Diagnoses in the last 7 days - Check all that a		ive lists
Cancer	, , , , , , , , , , , , , , , , , , ,		11-11-11
	I0100. Cancer (with or without metastasis)		
Heart/Ci	rculation		
	I0200. Anemia (e.g., aplastic, iron deficiency, pernicious I0300. Atrial Fibrillation or Other Dysrhythmias (e.g., I0400. Coronary Artery Disease (CAD) (e.g., angina, n I0500. Deep Venous Thrombosis (DVT), Pulmonary E I0600. Heart Failure (e.g., congestive heart failure (CHF I0700. Hypertension I0800. Orthostatic Hypotension I0900. Peripheral Vascular Disease (PVD) or Periphe	bradycardias and tachycardias) nyocardial infarction, and atheros Embolus (PE), or Pulmonary Th E) and pulmonary edema)	` ''
Gastroin		rai Arteriai Disease (PAD)	
	I1100. Cirrhosis I1200. Gastroesophageal Reflux Disease (GERD) or L I1300. Ulcerative Colitis, Crohn's Disease, or Inflamm		nd peptic ulcers)
Genitou	rinary		
	I1400. Benign Prostatic Hyperplasia (BPH) I1500. Renal Insufficiency, Renal Failure, or End-Stag I1550. Neurogenic Bladder I1650. Obstructive Uropathy	e Renal Disease (ESRD)	
Infection	• •		
	I1700. Multidrug-Resistant Organism (MDRO) I2000. Pneumonia I2100. Septicemia I2200. Tuberculosis I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS) I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) I2500. Wound Infection (other than foot)		
Metaboli	· · · · · · · · · · · · · · · · · · ·		
	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy I3100. Hyponatremia I3200. Hyperkalemia I3300. Hyperlipidemia (e.g., hypercholesterolemia) I3400. Thyroid Disorder (e.g., hypothyroidism, hyperthy		tis)
Musculo	skeletal		
	I3700. Arthritis (e.g., degenerative joint disease (DJD), or I3800. Osteoporosis I3900. Hip Fracture - any hip fracture that has a relation the trochanter and femoral neck)		, ,,
	I4000. Other Fracture		
Neurolo	I4200. Alzheimer's Disease I4300. Aphasia I4400. Cerebral Palsy I4500. Cerebrovascular Accident (CVA), Transient Isc I4800. Non-Alzheimer's Dementia (e.g. Lewy body dem as Pick's disease; and dementia related to stroke, Parkin	nentia, vascular or multi-infarct de	mentia; mixed dementia; frontotemporal dementia suct
Neu	rological Diagnoses continued on next page		
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	SHP
	STRATEGIC HEALTHCARE PROGRAM
NEW • v1.19.1 →	

esident	Identifier	Date
Section I	I - Active Diagnoses	
Diagnoses listed	noses in the last 7 days - Check all that apply ed in parentheses are provided as examples and should not be considered as all-inclusive lists	
Cancer		
☐ I0100	00. Cancer (with or without metastasis)	
Heart/Circulatio	ion	
10300 10400 10500 10600 10700	 Anemia (e.g., aplastic, iron deficiency, pernicious, and sickle cell) Atrial Fibrillation or Other Dysrhythmias (e.g., bradycardias and tachycardias) Coronary Artery Disease (CAD) (e.g., angina, myocardial infarction, and atherosclerotic becomes Thrombosis (DVT), Pulmonary Embolus (PE), or Pulmonary Thrombosio. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema) Hypertension Orthostatic Hypotension Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) 	
Gastrointestina		
☐ I1200	00. Cirrhosis 00. Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g., esophageal, gastric, and pepti 00. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease	c ulcers)
Genitourinary		
☐ I1500 ☐ I1550	00. Benign Prostatic Hyperplasia (BPH) 00. Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD) 50. Neurogenic Bladder 50. Obstructive Uropathy	
Infections		
☐ I2000 ☐ I2100 ☐ I2200 ☐ I2300 ☐ I2400	00. Multidrug-Resistant Organism (MDRO) 00. Pneumonia 00. Septicemia 00. Tuberculosis 00. Urinary Tract Infection (UTI) (LAST 30 DAYS) 00. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) 00. Wound Infection (other than foot)	
Metabolic		
☐ 13100 ☐ 13200 ☐ 13300	00. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) 00. Hyponatremia 00. Hyperkalemia 00. Hyperlipidemia (e.g., hypercholesterolemia) 00. Thyroid Disorder (e.g., hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis)	
Musculoskeleta	tal	
☐ 13800 ☐ 13900 the tro	00. Arthritis (e.g., degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA 00. Osteoporosis 00. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitor trochanter and femoral neck) 00. Other Fracture	,,
Neurological		
	00. Alzheimer's Disease 00. Aphasia 00. Cerebral Palsy 00. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke 00. Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia;	mixed dementia; frontotemporal dementia such
as Pi	Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases)	

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Resident		Identifier			D	ate		1.18.11 • OLE
	on I - Active Diagnoses					uic		
Active	Diagnoses in the last 7 days - Check all that apply es listed in parentheses are provided as examples and should not be	pe considered as all-inclusive	lists					
Neurolo	gical - Continued							
	I4900. Hemiplegia or Hemiparesis I5000. Paraplegia I5100. Quadriplegia I5200. Multiple Sclerosis (MS) I5250. Huntington's Disease I5300. Parkinson's Disease I5350. Tourette's Syndrome I5400. Seizure Disorder or Epilepsy I5500. Traumatic Brain Injury (TBI)							
Nutrition	nal							
	I5600. Malnutrition (protein or calorie) or at risk for malnutrition							
Psychia	tric/Mood Disorder							
	I5700. Anxiety Disorder I5800. Depression (other than bipolar) I5900. Bipolar Disorder I5950. Psychotic Disorder (other than schizophrenia) I6000. Schizophrenia (e.g., schizoaffective and schizophrenifor I6100. Post Traumatic Stress Disorder (PTSD)	m disorders)						
Pulmona	ary							
	I6200. Asthma, Chronic Obstructive Pulmonary Disease (CC diseases such as asbestosis) I6300. Respiratory Failure	PD), or Chronic Lung Dise	ase (e.g.	, chron	ic bron	chitis a	and restric	tive lung
Vision								
	16500. Cataracts, Glaucoma, or Macular Degeneration							
None of	Above							
	17900. None of the above active diagnoses within the last 7 da	ays						
Other	I8000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the decir	nal for the code in the appro	priate box	(.				
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В			_ Ш					
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esident _		Identifier	Date
Secti	on I - Active Diagnoses		
	Diagnoses in the last 7 days - Che es listed in parentheses are provided as example.	eck all that apply mples and should not be considered as all-inclusive	lists
Neurolo	gical - Continued		
	I4900. Hemiplegia or Hemiparesis I5000. Paraplegia I5100. Quadriplegia I5200. Multiple Sclerosis (MS) I5250. Huntington's Disease I5300. Parkinson's Disease I5350. Tourette's Syndrome I5400. Seizure Disorder or Epilepsy I5500. Traumatic Brain Injury (TBI)		
Nutritio			
	I5600. Malnutrition (protein or calorie) or	at risk for malnutrition	
Psychia	tric/Mood Disorder		
	I5700. Anxiety Disorder I5800. Depression (other than bipolar) I5900. Bipolar Disorder I5950. Psychotic Disorder (other than so I6000. Schizophrenia (e.g., schizoaffectiv I6100. Post Traumatic Stress Disorder (ve and schizophreniform disorders)	
Pulmon	·	,	
	I6200. Asthma, Chronic Obstructive Pu diseases such as asbestosis) I6300. Respiratory Failure	Imonary Disease (COPD), or Chronic Lung Disea	ase (e.g., chronic bronchitis and restr
Vision	10000. Respiratory Failure		
	I6500. Cataracts, Glaucoma, or Maculai	r Degeneration	
None of		_	
	I7900. None of the above active diagno	ses within the last 7 days	
Other			
	18000. Additional active diagnoses Enter diagnosis on line and ICD code in b	oxes. Include the decimal for the code in the approp	priate box.
A			
В			
C			
J			-

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Resident	← v1.18.11 • 0 Identifier Date
Section	on J - Health Conditions
J0100.	Pain Management - Complete for all residents, regardless of current pain level
At any tin	ne in the last 5 days, has the resident:
Enter Code	A. Received scheduled pain medication regimen?0. No1. Yes
Enter Code	B. Received PRN pain medications OR was offered and declined? 0. No 1. Yes
Enter Code	C. Received non-medication intervention for pain? 0. No 1. Yes
J0200.	Should Pain Assessment Interview be Conducted?
Attempt to	o conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea)
Enter Code	 No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain Yes → Continue to J0300, Pain Presence
Pain A	Assessment Interview
J0300.	Pain Presence
Enter Code	Ask resident: "Have you had pain or hurting at any time in the last 5 days?"
	 No → Skip to J1100, Shortness of Breath Yes → Continue to J0410, Pain Frequency Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain
J0410.	Pain Frequency
Enter Code	Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?"
Ш	 Rarely or not at all Occasionally Frequently Almost constantly Unable to answer
J0510.	Pain Effect on Sleep
Enter Code	Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"
Ш	 Rarely or not at all Occasionally Frequently Almost constantly Unable to answer
J0520.	Pain Interference with Therapy Activities
Enter Code	Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer

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INFVV • VI.IS	7.

Section J - Health Conditions	Resident	Identifier Date
At any time in the last 5 days, has the resident: A. Received scheduled pain medication regimen? A. Received scheduled pain medications OR was offered and declined? No No No No No No No N	Section	n J - Health Conditions
A. Received PRN pain medications OR was offered and declined? B. Received PRN pain medications OR was offered and declined? O. No 1. Yes B. Received non-medication intervention for pain? C. Received non-medication intervention for pain? O. No 1. Yes JO200. Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) Etwicose O. No (resident is rarely/never understood) — Skip to and complete J0800, Indicators of Pain or Possible Pain The Sessment Interview JO300. Pain Presence Ask resident. "Have you had pain or hurting at any time in the last 5 days?" O. No — Skip to J1100, Shortness of Breath No — Skip to J1100, Shortness of Breath Ask resident. "Have you had pain or hurting at any time in the last 5 days?" O. No — Skip to J1100, Shortness of Breath Ask resident. "How much of the time have you experienced pain or hurting over the last 5 days?" Ask resident. "How much of the time have you experienced pain or hurting over the last 5 days?" Ask resident. "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0520. Pain Effect on Sleep Ask resident. "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0520. Does not apply - I have not received rehabilitation therapy in the past 5 days Frequently Almost constantly 1. Rarely or not at all 2. Occasionally 3. Frequently Almost constantly Almost constantly Almost constantly 4. Almost constantly Almost constantly	J0100.	Pain Management - Complete for all residents, regardless of current pain level
B. Received PRN pain medications OR was offered and declined? 0. No	At any tim	in the last 5 days, has the resident:
1. Yes B. Received PRN pain medications OR was offered and declined? 0. No 1. Yes	Enter Code	
B. Received PRN pain medications OR was offered and declined? 0. No 0. N	Ш	
C. Received non-medication intervention for pain? O. No No O.		
C. Received non-medication intervention for pain? 0. No	Enter Code	
Jo200. Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) O. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence Pain Assessment Interview		1. Yes
J0200. Should Pain Assessment Interview be Conducted? Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) O. No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain 1. Yes → Continue to J0300, Pain Presence Pain Assessment Interview J0300. Pain Presence Ask resident: "Have you had pain or hurting at any time in the last 5 days?" O. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0520. Pain Interference with Therapy Activities Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" O. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Rarely or not at all 4. Rarely or not at all 5. Rarely or not at all 6. Rarely or not at all 7. Rarely or not at all 8. Rarely or not at all 8. Rarely or not at all 9. Occasionally 9. Unable to answer J0520. Pain Interference with Therapy Activities Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" All Rarely or not at all 9. Rar	Enter Code	
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain Yes → Continue to J0300, Pain Presence Pain Assessment Interview J0300. Pain Presence		
Attempt to conduct interview with all residents. If resident is comatose, skip to J1100, Shortness of Breath (dyspnea) No (resident is rarely/never understood) → Skip to and complete J0800, Indicators of Pain or Possible Pain Yes → Continue to J0300, Pain Presence Pain Assessment Interview J0300. Pain Presence	.10200	Should Pain Assessment Interview be Conducted?
Description Skip to and complete J0800, Indicators of Pain or Possible Pain Skip to and complete J0800, Indicators of Pain or Possible Pain Skip to J0800, Pain Presence		
1. Yes → Continue to J0300, Pain Presence		
Date Pain Presence		
Date Pain Presence		
Ask resident: "Have you had pain or hurting at any time in the last 5 days?" 0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 3. Frequently 4. Almost constantly 6. Occasionally 7. Rarely or not at all 7. Occasionally 7. Rarely or not at all 8. Almost constantly	Pain /	ssessment Interview
0. No → Skip to J1100, Shortness of Breath 1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 3. Frequently 4. Almost constantly 4. Almost constantly 5. Frequently 4. Almost constantly 6. Almost constantly 7. Frequently 8. Almost constantly 9. Unable to answer 9. Unable to answer 9. Unable to answer 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer 1. Rarely or not at all 9. Occasionally 9. Unable to answer	J0300.	Pain Presence
1. Yes → Continue to J0410, Pain Frequency 9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain J0410. Pain Frequency Enter Code Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Almost constantly 4. Almost constantly 4. Almost constantly	Enter Code	Ask resident: "Have you had pain or hurting at any time in the last 5 days?"
9. Unable to answer → Skip to J0800, Indicators of Pain or Possible Pain J0410. Pain Frequency Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Almost constantly 4. Rarely or not at all 5. Occasionally 6. Does not apply - I have not received rehabilitation therapy in the past 5 days 7. Frequently 8. Almost constantly 9. Unable to answer		
Pain Frequency		
Ask resident: "How much of the time have you experienced pain or hurting over the last 5 days?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Almost constantly	10440	·
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3. Frequently 4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code O. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Almost constantly 4. Almost constantly	Ш	
4. Almost constantly 9. Unable to answer J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code O. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 4. Almost constantly		
J0510. Pain Effect on Sleep Enter Code Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly		
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2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code O. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly	Enter Code	Ask resident: "Over the past 5 days, how much of the time has pain made it hard for you to sleep at night?"
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4. Almost constantly 8. Unable to answer J0520. Pain Interference with Therapy Activities Enter Code O. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly		
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Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?" 0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly		·
O. Does not apply - I have not received rehabilitation therapy in the past 5 days Rarely or not at all Occasionally Almost constantly	J0520.	Pain Interference with Therapy Activities
0. Does not apply - I have not received rehabilitation therapy in the past 5 days 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly	Enter Code	Ask resident: "Over the past 5 days, how often have you limited your participation in rehabilitation therapy sessions due to pain?"
 2. Occasionally 3. Frequently 4. Almost constantly 		
3. Frequently4. Almost constantly		
4. Almost constantly		·
		1 1 1
		Oliable to allower

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Resident		ldentifier	Date	Resident		Identifier	Date
Secti	on J - Health Conditions			Section	on J - Health Conditions		
Pain Assessment Interview - Continued					Assessment Interview - Contin	ued	
J0530.	Pain Interference with Day-to-Day Activities			J0530.	Pain Interference with Day-to-Day Activities	5	
Enter Code	Ask resident: "Over the past 5 days, how often have you limit because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer	ted your day-to-day activities (<u>exclu</u>	ding rehabilitation therapy sessions)	Enter Code	Ask resident: "Over the past 5 days, how often have yo because of pain?" 1. Rarely or not at all 2. Occasionally 3. Frequently 4. Almost constantly 8. Unable to answer	ou limited your day-to-day activities (excluding rehabilitation therapy sessions)
J0600.	Pain Intensity - Administer ONLY ONE of the following pair	n intensity questions (A or B)		J0600.	Pain Intensity - Administer ONLY ONE of the following	ng pain intensity questions (A or B)	
Enter Rating Enter Code	A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the last 5 of can imagine." (Show resident 00 -10 pain scale) Enter two-digit response. Enter 99 if unable to answer B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worst pain 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer	r.		Enter Rating Enter Code	A. Numeric Rating Scale (00-10) Ask resident: "Please rate your worst pain over the can imagine." (Show resident 00 -10 pain scale) Enter two-digit response. Enter 99 if unable to a B. Verbal Descriptor Scale Ask resident: "Please rate the intensity of your worse 1. Mild 2. Moderate 3. Severe 4. Very severe, horrible 9. Unable to answer	inswer.	
J0700.	Should the Staff Assessment for Pain be Conduc	cted?		J0700.	Should the Staff Assessment for Pain be Co	onducted?	
Enter Code	 No (J0410 = 1 thru 4) → Skip to J1100, Shortness of Yes (J0410 = 9) → Continue to J0800, Indicators of 			Enter Code	 No (J0410 = 1 thru 4) → Skip to J1100, Shortr Yes (J0410 = 9) → Continue to J0800, Indicat 		
Staff A	ssessment for Pain.			Staff A	ssessment for Pain.		
J0800.	Indicators of Pain or Possible Pain in the last 5 days	S		J0800.	Indicators of Pain or Possible Pain in the last	5 days	
\downarrow	Check all that apply			1	Check all that apply		
	A. Non-verbal sounds (e.g., crying, whining, gasping, moan	ning, or groaning)			A. Non-verbal sounds (e.g., crying, whining, gasping,	, moaning, or groaning)	
	B. Vocal complaints of pain (e.g., that hurts, ouch, stop)				B. Vocal complaints of pain (e.g., that hurts, ouch, st	top)	
	C. Facial expressions (e.g., grimaces, winces, wrinkled fore	ehead, furrowed brow, clenched teeth or	jaw)		C. Facial expressions (e.g., grimaces, winces, wrinkle	ed forehead, furrowed brow, clenched	eeth or jaw)
	 Protective body movements or postures (e.g., bracing, during movement) 	, guarding, rubbing or massaging a body	part/area, clutching or holding a body part		D. Protective body movements or postures (e.g., be during movement)	racing, guarding, rubbing or massaging	a body part/area, clutching or holding a body part
	Z. None of these signs observed or documented \rightarrow If \mbox{ch}	ecked, skip to J1100, Shortness of Brea	th (dyspnea)		Z. None of these signs observed or documented —	→ If checked, skip to J1100, Shortness	of Breath (dyspnea)
J0850.	Frequency of Indicator of Pain or Possible Pain	in the last 5 days		J0850.	Frequency of Indicator of Pain or Possible	•	
Enter Code	1. Indicators of pain or possible pain observed 1 to 2 of 2. Indicators of pain or possible pain observed 3 to 4 of 3. Indicators of pain or possible pain observed daily	days		Enter Code	Frequency with which resident complains or shows evided 1. Indicators of pain or possible pain observed and indicators of pain or poss	1 to 2 days 3 to 4 days	

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Resident	t Identifier	Date
Secti	ction J - Health Conditions	
Other H	er Health Conditions	
J1100.		
\downarrow	Check all that apply	
	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, to	ransferring)
	B. Shortness of breath or trouble breathing when sitting at rest	
	C. Shortness of breath or trouble breathing when lying flat	
	Z. None of the above	
J1300.	00. Current Tobacco Use	
Enter Code	0. No 1. Yes	
J1400.	00. Prognosis	
Enter Code	Does the resident have a condition or chronic disease that may result in a life expecta documentation)	ancy of less than 6 months? (Requires physician
ш	0. No 1. Yes	
J1550.		
Ţ	Check all that apply	
	A. Fever	
	B. Vomiting	
	D. Internal bleeding	
	Z. None of the above	
J1700. Complete	DO. Fall History on Admission/Entry or Reentry plete only if A0310A = 01 or A0310E = 1	
Enter Code	A. Did the resident have a fall any time in the last month prior to admission/entry or	reentry?
	0. No 1. Yes 9. Unable to determine	
Enter Code		ntry or reentry?
Ш	0. No 1. Yes	
Enter Code	 9. Unable to determine C. Did the resident have any fracture related to a fall in the 6 months prior to adm 	nission/entry or reentry?
Ш	0. No 1. Yes	
J1800. whicheve	9. Unable to determine Oo. Any Falls Since Admission/Entry or Reentry or Prior Assessment never is more recent	(OBRA or Scheduled PPS),
Enter Code		sment (OBRA or Scheduled PPS), whichever is more
	recent?	(
	 No → Skip to J2000, Prior Surgery Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reent 	try or Prior Assessment (OBRA or Scheduled PPS)

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esident	Identifier Date
Section	n J - Health Conditions
	ealth Conditions Shortness of Breath (dyspnea)
\downarrow	Check all that apply
	A. Shortness of breath or trouble breathing with exertion (e.g., walking, bathing, transferring)
	B. Shortness of breath or trouble breathing when sitting at rest
	C. Shortness of breath or trouble breathing when lying flat
	Z. None of the above
J1300.	Current Tobacco Use
Enter Code	0. No 1. Yes
J1400.	Prognosis
Enter Code	Does the resident have a condition or chronic disease that may result in a life expectancy of less than 6 months? (Requires physician documentation)
	0. No 1. Yes
J1550.	Problem Conditions
\downarrow	Check all that apply
	A. Fever
	B. Vomiting
	C. Dehydrated
	D. Internal bleeding
	Z. None of the above
J1700. Complete	Fall History on Admission/Entry or Reentry only if A0310A = 01 or A0310E = 1
Enter Code	 A. Did the resident have a fall any time in the last month prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine
Enter Code	 B. Did the resident have a fall any time in the last 2-6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine
Enter Code	 C. Did the resident have any fracture related to a fall in the 6 months prior to admission/entry or reentry? 0. No 1. Yes 9. Unable to determine
	Any Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), s more recent
Enter Code	Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent?
	 No → Skip to J2000, Prior Surgery Yes → Continue to J1900, Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS)

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Resident Identifier Date	Resident Identifier Date
Section J - Health Conditions	Section J - Health Conditions
J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent	J1900. Number of Falls Since Admission/Entry or Reentry or Prior Assessment (OBRA or Scheduled PPS), whichever is more recent
Coding: 0. None 1. One 2. Two or more	Coding: 0. None 1. One 2. Two or more
Enter Codes in Boxes	Enter Codes in Boxes
A. No injury - 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 resident; no change in the resident's behavior is noted after the fall	A. No injury - 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 resident; no change in the resident's behavior is noted after the fall
B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain	B. Injury (except major) - skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the resident to complain of pain
C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	C. Major injury - bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma
J2000. Prior Surgery - Complete only if A0310B = 01	J2000. Prior Surgery - Complete only if A0310B = 01
Did the resident have major surgery during the 100 days prior to admission? O. No 1. Yes 8. Unknown	Did the resident have major surgery during the 100 days prior to admission? 0. No 1. Yes 8. Unknown
J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment	J2100. Recent Surgery Requiring Active SNF Care - Complete only if A0310B = 01 or if state requires completion with an OBRA assessment
Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown	Did the resident have a major surgical procedure during the prior inpatient hospital stay that requires active care during the SNF stay? 0. No 1. Yes 8. Unknown

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Resident _	ldentifier Date	Resident		Identifier	Date
Sect	ion J - Health Conditions	Section	J - Health Conditions		
Surgio	cal Procedures - Complete only if J2100 = 1	Surgical P	Procedures - Complete only if J2100 = 1		
\downarrow	Check all that apply	· ·	heck all that apply		
Major J	Joint Replacement	<u>-</u>	Replacement		
	J2300. Knee Replacement - partial or total J2310. Hip Replacement - partial or total	I	2300. Knee Replacement - partial or total 2310. Hip Replacement - partial or total		
	J2320. Ankle Replacement - partial or total	I	2320. Ankle Replacement - partial or total		
	J2330. Shoulder Replacement - partial or total	_	2330. Shoulder Replacement - partial or total		
Spinal S	Surgery	Spinal Surge	ery		
	J2400. Involving the spinal cord or major spinal nerves	_	2400. Involving the spinal cord or major spina	al nerves	
	J2410. Involving fusion of spinal bones J2420. Involving lamina, discs, or facets	_	2410. Involving fusion of spinal bones 2420. Involving lamina, discs, or facets		
	J2499. Other major spinal surgery	_	2499. Other major spinal surgery		
Other C	Orthopedic Surgery		pedic Surgery		
	J2500. Repair fractures of the shoulder (including clavicle and scapula) or arm (but not hand)	□ J2	2500. Repair fractures of the shoulder (includi	ing clavicle and scapula) or arm (but not ha	nd)
	J2510. Repair fractures of the pelvis, hip, leg, knee, or ankle (not foot) J2520. Repair but not replace joints		2510. Repair fractures of the pelvis, hip, leg, l	knee, or ankle (not foot)	
	J2530. Repair other bones (such as hand, foot, jaw)	_	2520. Repair but not replace joints 2530. Repair other bones (such as hand, foot, j	iaw)	
	J2599. Other major orthopedic surgery		2599. Other major orthopedic surgery	jan,	
Neurolo	ogical Surgery	Neurological			
	J2600. Involving the brain, surrounding tissue or blood vessels (excludes skull and skin but includes cranial nerves)		2600. Involving the brain, surrounding tissue		but includes cranial nerves)
	J2610. Involving the peripheral or autonomic nervous system - open or percutaneous J2620. Insertion or removal of spinal or brain neurostimulators, electrodes, catheters, or CSF drainage devices		2610. Involving the peripheral or autonomic n		005 1
	J2699. Other major neurological surgery	1	2620. Insertion or removal of spinal or brain r 2699. Other major neurological surgery	neurostimulators, electrodes, catheters,	or CSF drainage devices
Cardiop	pulmonary Surgery		onary Surgery		
	J2700. Involving the heart or major blood vessels - open or percutaneous procedures	□ J2	2700. Involving the heart or major blood vess	sels - open or percutaneous procedures	
	J2710. Involving the respiratory system, including lungs, bronchi, trachea, larynx, or vocal cords - open or endoscopic	_	2710. Involving the respiratory system, include	ding lungs, bronchi, trachea, larynx, or v	ocal cords - open or endoscopic
	J2799. Other major cardiopulmonary surgery urinary Surgery		2799. Other major cardiopulmonary surgery		
	J2800. Involving genital systems (such as prostate, testes, ovaries, uterus, vagina, external genitalia)	Genitourinar			1 (1)
	J2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or laparoscopic (includes creation or removal of		2800. Involving genital systems (such as prost 2810. Involving the kidneys, ureters, adrenal (
	nephrostomies or urostomies)		nephrostomies or urostomies)	gianac, cr ziaaac. open or iapareceopie	(motages orealisment of normalism
Other M	J2899. Other major genitourinary surgery Major Surgery		2899. Other major genitourinary surgery		
	J2900. Involving tendons, ligaments, or muscles	Other Major	- ·		
	J2910, Involving the gastrointestinal tract or abdominal contents from the esophagus to the anus, the biliary tree, gall bladder, liver,		2900. Involving tendons, ligaments, or muscl 2910. Involving the gastrointestinal tract or al		to the anus the hiliary tree gall hladder li
	pancreas, or spleen - open or laparoscopic (including creation or removal of ostomies or percutaneous feeding tubes, or hernia repair)	_	pancreas, or spleen - open or laparoscop	pic (including creation or removal of ostomic	es or percutaneous feeding tubes, or hernia re
	J2920. Involving the endocrine organs (such as thyroid, parathyroid), neck, lymph nodes, or thymus - open J2930. Involving the breast	_	2920. Involving the endocrine organs (such as	s thyroid, parathyroid) , neck, lymph nodes	, or thymus - open
	J2940. Repair of deep ulcers, internal brachytherapy, bone marrow or stem cell harvest or transplant	_	2930. Involving the breast 2940. Repair of deep ulcers, internal brachyth	nerany hone marrow or stem cell harves	t or transplant
	J5000. Other major surgery not listed above		5000. Other major surgery not listed above	iorapy, wone indiriow or stelli cell lidives	t or transplant

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Resident _			Identifier	D	ate	/1.18.11 • OL
Secti	ion	K -	Swallowing/Nutritional Status			
K0100). Sw	/allo	wing Disorder			
Ū	•	•	s of possible swallowing disorder			
			at apply			
<u> </u>	Α.		s of liquids/solids from mouth when eating or drinking			
	В.		ding food in mouth/cheeks or residual food in mouth after meals			
	C.		ghing or choking during meals or when swallowing medications			
	D. Z.		e of the above			
K0200						
Inches]	A.	Height (in inches). Record most recent height measure since the most recent admission/entr	y or reentry		
ounds		B.	Weight (in pounds). Base weight on most recent measure in last 30 days; measure weight copractice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	onsistently, a	according to star	ndard facility
K0300). We	eight	Loss			
Enter Code	Los	ss of	5% or more in the last month or loss of 10% or more in last 6 months			
Ш		0. 1. 2.	No or unknown Yes, on physician-prescribed weight-loss regimen Yes, not on physician-prescribed weight-loss regimen			
K0310). We	eight	Gain			
Enter Code	Gai	in of	% or more in the last month or gain of 10% or more in last 6 months			
		0.	No or unknown			
		1. 2.	Yes, on physician-prescribed weight-gain regimen Yes, not on physician-prescribed weight-gain regimen			
K0520). Nu	tritic	onal Approaches			
			wing nutritional approaches that apply			
1. On /	essme	nt per a Re				
2. Whi Perf	formed	whil	e NOT a resident of this facility and within the last 7 days			
2. Whi Perf Only 3. Whi	formed y check ile a Re	colu eside	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered in	7 or more da	ıys ago, leave c	olumn 2 blank.
2. Whi Perf Only3. Whi Perf	formed y check ile a Re formed	colu eside whi	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered	7 or more da	iys ago, leave c	olumn 2 blank.
2. Whi Perf Only 3. Whi Perf 4. At D	formed y check ile a Re formed Discha	colu eside whi rge	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered in		ıys ago, leave c	olumn 2 blank.
2. Whi Perf Only 3. Whi Perf 4. At D	formed y check ile a Re formed Discha	colu eside whi rge	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered int e a resident of this facility and within the last 7 days and is the last 3 days of the SNF PPS Stay ending on A2400C 1.	2.	3.	4.
2. Whi Perf Only 3. Whi Perf 4. At D	formed y check ile a Re formed Discha	colu eside whi rge	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interested a resident of this facility and within the last 7 days and is the last 3 days of the SNF PPS Stay ending on A2400C 1. On W			
2. Whi Perf Only 3. Whi Perf 4. At D	formed y check ile a Re formed Discha	colu eside whi rge	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interesting a resident of this facility and within the last 7 days and is the last 3 days of the SNF PPS Stay ending on A2400C 1. On Admission	2. /hile Not a Resident	3. While a	4. At
2. Whi Perf Only 3. Whi Perf 4. At C Asse	formed y check ile a Re formed Discha essme	c colu eside whi rge nt per	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interesting a resident of this facility and within the last 7 days are idented as the last 3 days of the SNF PPS Stay ending on A2400C 1. On Admission	2. /hile Not a Resident	3. While a Resident	4. At
2. Whi Perf Only 3. Whi Perf 4. At C Asso	formed y check ile a Ref formed Discha essme	c colu eside whi rge nt per	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interesting a resident of this facility and within the last 7 days are idented as the last 3 days of the SNF PPS Stay ending on A2400C 1. On Admission	2. /hile Not a Resident ↓ Check all	3. While a Resident that apply↓	4. At Discharge
2. Whi Perf Only 3. Whi Perf 4. At C Asso	formed y check ile a Re formed Discha essme	c colueside whii rge nt per	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interest entered interest entered interest entered interest entered interest of this facility and within the last 7 days are identified in the last 3 days of the SNF PPS Stay ending on A2400C 1. On Admission eding .g., nasogastric or abdominal (PEG)) tered diet - require change in texture of food or liquids (e.g., pureed	2. /hile Not a Resident ↓ Check all	3. While a Resident that apply↓	4. At Discharge
2. Whi Perf Only 3. Whi Perf 4. At C Asse	formed y checkile a Reformed Discha essme	colueside whii rge nt per	mn 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident last entered interest entered interest entered interest entered interest entered interest of this facility and within the last 7 days are identified in the last 3 days of the SNF PPS Stay ending on A2400C 1. On Admission eding .g., nasogastric or abdominal (PEG)) tered diet - require change in texture of food or liquids (e.g., pureed	2. /hile Not a Resident ↓ Check all	3. While a Resident that apply↓	4. At Discharge

1 A #	4	19	N A	_
WW .	. \/`I	1 6	41	

Resident		Identifier		D	ate	
Section	on k	C - Swallowing/Nutritional Status				
		allowing Disorder toms of possible swallowing disorder				
↓ Ch	neck a	ll that apply				
	A.	Loss of liquids/solids from mouth when eating or drinking				
	В.	Holding food in mouth/cheeks or residual food in mouth after meals				
	C.	Coughing or choking during meals or when swallowing medications				
	D.	Complaints of difficulty or pain with swallowing				
	Z.	None of the above				
K0200.	Heiç	ght and Weight - While measuring, if the number is X.1 - X.4 round down; X	6.5 or greater ro	ound up		
Pounds		 A. Height (in inches). Record most recent height measure since the most rec B. Weight (in pounds). Base weight on most recent measure in last 30 days; 			ccording to sta	ndard facility
		practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)		,	J	
K0300.	Wei	ght Loss				
Enter Code		 of 5% or more in the last month or loss of 10% or more in last 6 months No or unknown Yes, on physician-prescribed weight-loss regimen Yes, not on physician-prescribed weight-loss regimen 				
K0310.	Wei	ght Gain				
Enter Code		of 5% or more in the last month or gain of 10% or more in last 6 months 0. No or unknown 1. Yes, on physician-prescribed weight-gain regimen 2. Yes, not on physician-prescribed weight-gain regimen				
K0520.	Nuti	ritional Approaches				
Check all	of the	following nutritional approaches that apply				
 While Perfor Only of S. While Perfor At Dis 	Sment Not a med v check of a Res med v scharge	period is days 1 through 3 of the SNF PPS Stay starting with A2400B Resident while NOT a resident of this facility and within the last 7 days column 2 if resident entered (admission or reentry) IN THE LAST 7 DAYS. If resident while a resident of this facility and within the last 7 days	ident last entere	ed 7 or more da	ys ago, leave c	olumn 2 blar
			1.	2.	3.	4.
			On Admission	While Not a Resident	While a Resident	At Discharge
				↓ Check all	that apply↓	
A. Paren	teral/ľ	V feeding				

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C. Mechanically altered diet - require change in texture of food or liquids (e.g., pureed

B. Feeding tube (e.g., nasogastric or abdominal (PEG))

D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)

food, thickened liquids)

Z. None of the above

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Resident	Identifier	Date _	
Sec	tion K - Swallowing/Nutritional Status		
K07′	10. Percent Intake by Artificial Route - Complete K0710 only if Column 2 and/or Column 3 are	e checked for K0520A	and/or K0520B
2. 3.	While a Resident Performed while a resident of this facility and within the last 7 days During Entire 7 Days Performed during the entire last 7 days	2. While a Resident	3. During Entire 7 Days
A.	Proportion of total calories the resident received through parenteral or tube feeding 1. 25% or less 2. 26-50% 3. 51% or more	↓ Enter	Codes
В.	Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more		

Section L - Oral/Dental Status						
L0200.	De	ental				
\downarrow	Ch	eck all that apply				
	A.	Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)				
	В.	No natural teeth or tooth fragment(s) (edentulous)				
	C.	Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)				
	D.	Obvious or likely cavity or broken natural teeth				
	E.	Inflamed or bleeding gums or loose natural teeth				
	F.	Mouth or facial pain, discomfort or difficulty with chewing				
	G.	Unable to examine				
	7.	None of the above were present				

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KI	E١	A /		4	4	0	4	-
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Resident	Iden	tifier [Date
Sec	tion K - Swallowing/Nutritional Status		
K071	0. Percent Intake by Artificial Route - Complete K0710 only if C	Column 2 and/or Column 3 are checked for K	(0520A and/or K0520B
2. 3.	While a Resident Performed while a resident of this facility and within the last During Entire 7 Days Performed during the entire last 7 days	t 7 days 2. While a Resident	3. During Entire 7 Days
			Enter Codes↓
A.	Proportion of total calories the resident received through parenteral 1. 25% or less 2. 26-50% 3. 51% or more	or tube feeding	
В.	Average fluid intake per day by IV or tube feeding 1. 500 cc/day or less 2. 501 cc/day or more		

Section	Section L - Oral/Dental Status					
L0200.	De	Dental Control				
\downarrow	Ch	eck all that apply				
	A.	Broken or loosely fitting full or partial denture (chipped, cracked, uncleanable, or loose)				
	В.	No natural teeth or tooth fragment(s) (edentulous)				
	C.	Abnormal mouth tissue (ulcers, masses, oral lesions, including under denture or partial if one is worn)				
	D.	Obvious or likely cavity or broken natural teeth				
	E.	Inflamed or bleeding gums or loose natural teeth				
	F.	Mouth or facial pain, discomfort or difficulty with chewing				
	G.	Unable to examine				
	Z.	None of the above were present				

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Resident Identifier Date	NEW • v1.19.1 → Resident Identifier Date
Section M - Skin Conditions	Section M - Skin Conditions
Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage	Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage
M0100. Determination of Pressure Ulcer/Injury Risk	M0100. Determination of Pressure Ulcer/Injury Risk
↓ Check all that apply	↓ Check all that apply
A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device	A. Resident has a pressure ulcer/injury, a scar over bony prominence, or a non-removable dressing/device
B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)	B. Formal assessment instrument/tool (e.g., Braden, Norton, or other)
C. Clinical assessment	C. Clinical assessment
☐ Z. None of the above	Z. None of the above
M0150. Risk of Pressure Ulcers/Injuries	M0150. Risk of Pressure Ulcers/Injuries
Is this resident at risk of developing pressure ulcers/injuries? 0. No 1. Yes	Is this resident at risk of developing pressure ulcers/injuries? 0. No 1. Yes
M0210. Unhealed Pressure Ulcers/Injuries	M0210. Unhealed Pressure Ulcers/Injuries
Does this resident have one or more unhealed pressure ulcers/injuries? 0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	Does this resident have one or more unhealed pressure ulcers/injuries? 0. No → Skip to M1030, Number of Venous and Arterial Ulcers 1. Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	M0300. Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
 A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues 1. Number of Stage 1 pressure injuries B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3 	 A. Stage 1: Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones only it may appear with persistent blue or purple hues 1. Number of Stage 1 pressure injuries B. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister 1. Number of Stage 2 pressure ulcers - If 0 → Skip to M0300C, Stage 3
2. Number of Mumber of these Stage 2 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but	2. Number of these time of admission/entry or reentry - enter how many were noted at the
does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4	 C. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling 1. Number of Stage 3 pressure ulcers - If 0 → Skip to M0300D, Stage 4
2. Number of these Stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	2. Number of these stage 3 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling	D. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling
1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device	1. Number of Stage 4 pressure ulcers - If 0 → Skip to M0300E, Unstageable - Non-removable dressing/device
2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	Enter Number 2. Number of these Stage 4 pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry
M0300 continued on next page	M0300 continued on next page
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Resident	Identifier Date	Resident	
Section	on M - Skin Conditions	Section	on M
M0300.	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage - Continued	M0300.	Curren
Enter Number	E. Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	Enter Number	E. Un:
	 Number of unstageable pressure ulcers/injuries due to non-removable dressing/device - If 0 → Skip to M0300F, Unstageable - Slough and/or eschar 	Enter Number	1.
Enter Number	2. Number of these unstageable pressure ulcers/injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry		2.
Enter Number	F. Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	Enter Number	F. Uns
Enter Number	 Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar - If 0 → Skip to M0300G, Unstageable - Deep tissue injury 		1.
Enter Number	2. Number of these unstageable pressure ulcers that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	Enter Number	2.
	G. Unstageable - Deep tissue injury:	Enter Number	G. Un
Enter Number	 Number of unstageable pressure injuries presenting as deep tissue injury - If 0 → Skip to M1030, Number of Venous and Arterial Ulcers 		1.
Enter Number	2. Number of <u>these</u> unstageable pressure injuries that were present upon admission/entry or reentry - enter how many were noted at the time of admission/entry or reentry	Enter Number	2.
M1030.	Number of Venous and Arterial Ulcers	M1030.	Numbe
Enter Number	Enter the total number of venous and arterial ulcers present	Enter Number	Enter th
M1040.	Other Ulcers, Wounds and Skin Problems	M1040.	Other
\downarrow	Check all that apply	\	Check a
	Foot Problems		Foot Pro
	A. Infection of the foot (e.g., cellulitis, purulent drainage)		A. Infe
	B. Diabetic foot ulcer(s)		B. Dia
	C. Other open lesion(s) on the foot		C. Oth
	Other Problems		Other P
	D. Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)		D. Ope
	E. Surgical wound(s)		E. Sur
	F. Burn(s) (second or third degree)		F. Bui
	G. Skin tear(s)		G. Ski
	H. Moisture Associated Skin Damage (MASD) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage)		H. Mo
	None of the Above		None of
	Z. None of the above were present		Z. Noi

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esident		ldentifier	Date
Sectio	M - Skin Co	nditions	
M0300.	rrent Number of U	Jnhealed Pressure Ulcers/Injuries at Each Stage - Co	ontinued
Enter Number	Unstageable - Non-	removable dressing/device: Known but not stageable due to non-	removable dressing/device
Enter Number	Number of uns Slough and/or e	tageable pressure ulcers/injuries due to non-removable dressin schar	ng/device - If $0 \rightarrow \text{Skip}$ to M0300F, Unstageable -
inter Number	2. Number of thes were noted at the	se unstageable pressure ulcers/injuries that were present upon the time of admission/entry or reentry	admission/entry or reentry - enter how many
Enter Number	Unstageable - Slouç	gh and/or eschar: Known but not stageable due to coverage of wo	und bed by slough and/or eschar
Enter Number	1. Number of uns Unstageable - D	tageable pressure ulcers due to coverage of wound bed by slo Deep tissue injury	ugh and/or eschar - If $0 \rightarrow \text{Skip to M0300G}$,
Intel Number		<u>se</u> unstageable pressure ulcers that were present upon admiss lmission/entry or reentry	ion/entry or reentry - enter how many were noted
Enter Number	Unstageable - Deep	tissue injury:	
	1. Number of uns Ulcers	tageable pressure injuries presenting as deep tissue injury - If	$0 \rightarrow \text{Skip to M1030}$, Number of Venous and Arteria
Enter Number	2. Number of these at the time of ad	se unstageable pressure injuries that were present upon admis mission/entry or reentry	sion/entry or reentry - enter how many were note
M1030.	mber of Venous a	and Arterial Ulcers	
Enter Number	er the total number o	f venous and arterial ulcers present	
M1040.	her Ulcers, Wound	ds and Skin Problems	
\downarrow	eck all that apply		
	ot Problems		
	Infection of the foot	(e.g., cellulitis, purulent drainage)	
	Diabetic foot ulcer(s	5)	
	Other open lesion(s	e) on the foot	
	ner Problems		
	Open lesion(s) othe	r than ulcers, rashes, cuts (e.g., cancer lesion)	
	Surgical wound(s)		
	Burn(s) (second or the	hird degree)	
	Skin tear(s)		
	Moisture Associated	d Skin Damage (MASD) (e.g., incontinence-associated dermatitis [AD], perspiration, drainage)
	ne of the Above		<u> </u>
	None of the above v	vere present	

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ETSHP STRATEGIC HEALTHCARE DROGRAM

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Resident		Identifier Date
Section	n	M - Skin Conditions
M1200.	Ski	in and Ulcer/Injury Treatments
\downarrow	Che	eck all that apply
	A.	Pressure reducing device for chair
	B.	Pressure reducing device for bed
	C.	Turning/repositioning program
	D.	Nutrition or hydration intervention to manage skin problems
	E.	Pressure ulcer/injury care
	F.	Surgical wound care
	G.	Application of nonsurgical dressings (with or without topical medications) other than to feet
	Н.	Applications of ointments/medications other than to feet
	I.	Application of dressings to feet (with or without topical medications)
	Z.	None of the above were provided

NEW • v1.19.1 →

Resident		Identifier Date						
Section	Section M - Skin Conditions							
M1200.	Sk	in and Ulcer/Injury Treatments						
\downarrow	Ch	eck all that apply						
	A.	Pressure reducing device for chair						
	В.	Pressure reducing device for bed						
	C.	Turning/repositioning program						
	D.	Nutrition or hydration intervention to manage skin problems						
	E.	Pressure ulcer/injury care						
	F.	Surgical wound care						
	G.	Application of nonsurgical dressings (with or without topical medications) other than to feet						
	Н.	Applications of ointments/medications other than to feet						
	l.	Application of dressings to feet (with or without topical medications)						
	Z.	None of the above were provided						

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Resident

← v1.18.11 • OLD

Date



Resident

IntelliLogix™ MDS 1.18.11 to MDS 1.19.1 Crosswalk Guide

Identifier



Date

Identifier

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	on N - Medications Injections				tion N - Medications 0. Injections		
Enter Days	Record the number of days that injections of any type were received during the last 7 days or since ac days. If $0 \rightarrow \text{Skip}$ to N0415, High-Risk Drug Classes: Use and Indication	lmission/entry or re	eentry if less than 7	Enter Da	Record the number of days that injections of any type were received during the last 7 days or since a days. If 0 → Skip to N0415, High-Risk Drug Classes: Use and Indication	admission/entry or r	reentry if less than 7
N0350.	Insulin			N035	0. Insulin		
Enter Days	 A. Insulin injections - Record the number of days that insulin injections were received during the large reentry if less than 7 days B. Orders for insulin - Record the number of days the physician (or authorized assistant or practions insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days 	•	·	Enter Day Enter Day	A. Insulin injections - Record the number of days that insulin injections were received during the reentry if less than 7 days	·	•
N0415.	High-Risk Drug Classes: Use and Indication			N041	5. High-Risk Drug Classes: Use and Indication		
C or 2. I n	taking heck if the resident is taking any medications by pharmacological classification, not how it is used, during the reentry if less than 7 days idication noted Column 1 is checked, check if there is an indication noted for all medications in the drug class	·			Is taking Check if the resident is taking any medications by pharmacological classification, not how it is used, during to or reentry if less than 7 days Indication noted If Column 1 is checked, check if there is an indication noted for all medications in the drug class	ne last 7 days or sir	nce admission/entry
		1.	2.			1.	2.
		Is taking	Indication noted			ls taking	Indication noted
		↓ Check al	l that apply↓			↓ Check a	ll that apply↓
A. A	ntipsychotic			A.	Antipsychotic		
	ntianxiety			В.	Antianxiety		
	ntidepressant			C.	Antidepressant		
	ypnotic			D.	Hypnotic		
	nticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)			E.	Anticoagulant (e.g., warfarin, heparin, or low-molecular weight heparin)		
	ntibiotic			F.	Antibiotic		
	iuretic			G.	Diuretic		
	pioid			H.	Opioid		
	ntiplatelet			l.	Antiplatelet		
	ypoglycemic (including insulin)			J.	Hypoglycemic (including insulin)		
Z. N	one of the above			K.	Anticonvulsant		
				Z.	None of the above		

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Resident	Identifier Date	Resident		Identifier	Date
Secti	on N - Medications	Sec	tion N - Medications		
N0450.	Antipsychotic Medication Review	N045	60. Antipsychotic Medication Review		
Enter Code	A. Did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent?	Enter Coc	more recent?	·	try or the prior OBRA assessment, whichever is
	0. No - Antipsychotics were not received → Skip N0450B, N0450C, N0450D, and N0450E		No - Antipsychotics were not receive	\prime ed \rightarrow Skip N0450B, N0450C, N0450D, and N04	450E
	 Yes - Antipsychotics were received on a routine basis only → Continue to N0450B, Has a GDR been attempted? 		1. Yes - Antipsychotics were received	on a routine basis only \rightarrow Continue to N0450B,	, Has a GDR been attempted?
	2. Yes - Antipsychotics were received on a PRN basis only → Continue to N0450B, Has a GDR been attempted?		2. Yes - Antipsychotics were received	on a PRN basis only \rightarrow Continue to N0450B, H	las a GDR been attempted?
Enter Code	 3. Yes - Antipsychotics were received on a routine and PRN basis → Continue to N0450B, Has a GDR been attempted? B. Has a gradual dose reduction (GDR) been attempted? 	Enter Coo	B Has a gradual dose reduction (GDR) h	on a routine and PRN basis \rightarrow Continue to N04 been attempted?	I50B, Has a GDR been attempted?
	0. $No \rightarrow Skip$ to N0450D, Physician documented GDR as clinically contraindicated		0. No \rightarrow Skip to N0450D, Physician d	documented GDR as clinically contraindicated	
	 Yes → Continue to N0450C, Date of last attempted GDR 		1. Yes → Continue to N0450C, Date of	of last attempted GDR	
	C. Date of last attempted GDR: Month		C. Date of last attempted GDR: Month Day Year		
Enter Code	D. Physician documented GDR as clinically contraindicated	Enter Coo	de D. Physician documented GDR as clinica	ally contraindicated	
	 No - GDR has not been documented by a physician as clinically contraindicated → Skip N0450E, Date physician documented GDR as clinically contraindicated 		1	•	Skip N0450E, Date physician documented GDR as
	 Yes - GDR has been documented by a physician as clinically contraindicated → Continue to N0450E, Date physician documented GDR as clinically contraindicated 		Yes - GDR has been documented b GDR as clinically contraindicated	by a physician as clinically contraindicated $ ightarrow$ Co	ontinue to N0450E, Date physician documented
	E. Date physician documented GDR as clinically contraindicated:		E. Date physician documented GDR as c	clinically contraindicated:	
N2001.	Drug Regimen Review - Complete only if A0310B = 01	N200	11. Drug Regimen Review - Complete only	y if A0310B = 01	
Enter Code	Did a complete drug regimen review identify potential clinically significant medication issues? 0. No - No issues found during review	Enter Coo	İ	ify potential clinically significant medication i	issues?
Ш	1. Yes - Issues found during review		 No - No issues found during review Yes - Issues found during review 	<i>!</i>	
	9. NA - Resident is not taking any medications		9. NA - Resident is not taking any med	dications	
N2003.	Medication Follow-up - Complete only if N2001 = 1	N200	3. Medication Follow-up - Complete only i	if N2001 = 1	
Enter Code	Did the facility contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/ recommended actions in response to the identified potential clinically significant medication issues?	Enter Coo	Did the facility contact a physician (or phyrecommended actions in response to the i	sician-designee) by midnight of the next cale identified potential clinically significant media	endar day and complete prescribed/ cation issues?
	0. No 1. Yes		0. No		
NOOF			1. Yes		
N2005.		N200	 Medication Intervention - Complete on 	•	
Enter Code	Did the facility 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 admission? O. No 1. Yes 9. NA - There were no potential clinically significant medication issues identified since admission or resident is not taking any medications	Enter Coc	0. No 1. Yes	sician (or physician-designee) prescribed/reco	ommended actions by midnight of the next d since the admission? admission or resident is not taking any medications
			9. NA - There were no potential clinica	ary Significant medication issues identified since	admission of resident is not taking any medications

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esident Identifier		Date	
Section O - Special Treatments, Procedures, a	nd Progran	าร	
O0110. Special Treatments, Procedures, and Programs			
Check all of the following treatments, procedures, and programs that were performed			
a. On Admission Assessment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	a. On Admission	b. While a Resident	c. At Discharge
b. While a Resident			<u>.</u>
Performed while a resident of this facility and within the last 14 days			
 At Discharge Assessment period is the last 3 days of the SNF PPS Stay ending on A2400C 	1	Check all that apply	1
Assessment period is the last 3 days of the SNI 11 3 Stay ending on A24000	↓	↓	↓
Cancer Treatments			
A1. Chemotherapy			
A2. IV			
A3. Oral			
A10. Other			
B1. Radiation			
Respiratory Treatments			
C1. Oxygen therapy			
C2. Continuous			
C3. Intermittent			
C4. High-concentration			
D1. Suctioning			
D2. Scheduled			
D3. As needed			
E1. Tracheostomy care			
F1. Invasive Mechanical Ventilator (ventilator or respirator)			
G1. Non-invasive Mechanical Ventilator			
G2. BiPAP			
G3. CPAP	Ш		Ш
Other			
H1. IV Medications			
H2. Vasoactive medications			<u>L</u>
H3. Antibiotics			
H4. Anticoagulant			<u> </u>
H10. Other			<u> </u>
II. Transfusions			
O0110 continued on next page			

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NEW • v1.19.1 →	

esident	Identifier		Date	
Section O - Special Treatments,	•	d Program	S	
O0110. Special Treatments, Procedures, and P	~			
Check all of the following treatments, procedures, and progran	ns that were performed			
a. On Admission Assessment period is days 1 through 3 of the SNF PPS 3	Stay starting with A2400B	a. On Admission	b. While a Resident	c. At Discharge
 While a Resident Performed while a resident of this facility and within th 	e last 14 davs			
c. At Discharge Assessment period is the last 3 days of the SNF PPS Sta	-	↓	Check all that apply ↓	\downarrow
Cancer Treatments				
A1. Chemotherapy				
A2. IV				
A3. Oral				
A10. Other				
B1. Radiation				
Respiratory Treatments				
C1. Oxygen therapy				
C2. Continuous				
C3. Intermittent				
C4. High-concentration				
D1. Suctioning				
D2. Scheduled				
D3. As needed				
E1. Tracheostomy care				
F1. Invasive Mechanical Ventilator (ventilator or respirator)				
G1. Non-invasive Mechanical Ventilator				
G2. BiPAP				
G3. CPAP				
Other				
H1. IV Medications				
H2. Vasoactive medications				
H3. Antibiotics				
H4. Anticoagulant				
H10. Other				
I1. Transfusions				
20110 continued on next nage				_

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Resident	Identifier _		Date	
Secti	on O - Special Treatments, Procedures,	and Program	ıs	
	Special Treatments, Procedures, and Programs - Continue			
Check all	Il of the following treatments, procedures, and programs that were performed			
a. On A	dmission	a.	b.	c.
Asse	ssment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	On Admission	While a Resident	At Discharge
	e a Resident ormed while a resident of this facility and within the last 14 days			
c. At Di	ischarge		Check all that apply	
Asse	ssment period is the last 3 days of the SNF PPS Stay ending on A2400C	\downarrow	↓ ↓	1
J1. Dialy				
	Hemodialysis			
J3. I K1. Hosp	Peritoneal dialysis			
	tion or quarantine for active infectious disease (does not include standard			
body/	/fluid precautions)		Ш	
O1. IV Ac				
	Peripheral			
	Midline Central (e.g., PICC, tunneled, port)			
	he Above	Ш		
	e of the above	П		П
	. Influenza Vaccine - Refer to current version of RAI manual for current i	nfluenza vaccination	season and	reporting period
Enter Code	 A. Did the resident receive the influenza vaccine in this facility for the number of the n	ason		
	B. Date influenza vaccine received → Complete date and skip to O030 Month Day Year	0A, Is the resident's Pne	umococcal vaccination	up to date?
Enter Code	 If influenza vaccine not received, state reason: Resident not in this facility during this year's influenza vaccination Received outside of this facility Not eligible - medical contraindication Offered and declined Not offered Inability to obtain influenza vaccine due to a declared shortage None of the above 			
O0300.	Pneumococcal Vaccine			
Enter Code	 A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to 00300B, If Pneumococcal vaccine not receive 1. Yes → Skip to 00400, Therapies 	d, state reason		
Enter Code	B. If Pneumococcal vaccine not received, state reason: Not eligible - medical contraindication			

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Resident	ldentifier		Date	
Secti	on O - Special Treatments, Procedures, a	nd Program	IS	
	Special Treatments, Procedures, and Programs - Continued			
Check all	of the following treatments, procedures, and programs that were performed			
a. On A	dmission ssment period is days 1 through 3 of the SNF PPS Stay starting with A2400B	a. On Admission	b. While a Resident	c. At Discharge
	e a Resident rmed while a resident of this facility and within the last 14 days			
c. At Di	scharge ssment period is the last 3 days of the SNF PPS Stay ending on A2400C		Check all that apply	
J1. Dialy				
	Hemodialysis			
	Peritoneal dialysis			
K1. Hosp				
	tion or quarantine for active infectious disease (does not include standard fluid precautions)			
O1. IV Ac	cess			
	Peripheral			
	Midline			
None of the	Central (e.g., PICC, tunneled, port)			
Z1.	None of the above		П	П
O0250.		uenza vaccination seas	son and reporting period	
Enter Code	 A. Did the resident receive the influenza vaccine in this facility for this 0. No → Skip to O0250C, If influenza vaccine not received, state reason 1. Yes → Continue to O0250B, Date influenza vaccine received B. Date influenza vaccine received → Complete date and skip to O0300A 	on		o to date?
	Month Day Year	, 10 110 100100111011101		, to date.
Enter Code	C. If influenza vaccine not received, state reason: 1. Resident not in this facility during this year's influenza vaccination 2. Received outside of this facility 3. Not eligible - medical contraindication 4. Offered and declined 5. Not offered 6. Inability to obtain influenza vaccine due to a declared shortage 9. None of the above	season		
O0300.	Pneumococcal Vaccine			
Enter Code	 A. Is the resident's Pneumococcal vaccination up to date? 0. No → Continue to 00300B, If Pneumococcal vaccine not received, 1. Yes → Skip to 00350, Resident's COVID-19 vaccination is up to date. 			
Enter Code	B. If Pneumococcal vaccine not received, state reason:			
O0350.	Resident's COVID-19 vaccination is up to date			
Enter Code	No, resident is not up to dateYes, resident is up to date			

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Resident	ldentifier	Date	Resident	Identifier	Date
Section O - 9	Special Treatments, Procedures, and Progra	ms	Section O - Sr	pecial Treatments, Procedures, and Prog	arams
O0400. Therapie	•		O0400. Therapies	· · · · · · · · · · · · · · · · · · ·	,
	A. Speech-Language Pathology and Audiology Services		A	. Speech-Language Pathology and Audiology Services	
Enter Number of Minutes	Individual minutes - record the total number of minutes this therapy was a last 7 days	dministered to the resident individually in the	Enter Number of Minutes	Individual minutes - record the total number of minutes this therapy last 7 days	was administered to the resident individually in the
Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therapy was with one other resident in the last 7 days	administered to the resident concurrently	Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therap with one other resident in the last 7 days	y was administered to the resident concurrently
Enter Number of Minutes	Group minutes - record the total number of minutes this therapy was admiresidents in the last 7 days	nistered to the resident as part of a group of	Enter Number of Minutes	Group minutes - record the total number of minutes this therapy was residents in the last 7 days	administered to the resident as part of a group of
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O04	00A5, Therapy start date		If the sum of individual, concurrent, and group minutes is zero, \rightarrow $skip$	to O0400A5, Therapy start date
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was sessions in the last 7 days	is administered to the resident in co-treatment	Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this there sessions in the last 7 days	apy was administered to the resident in co-treatment
Enter Number of Days	4. Days - record the number of days this therapy was administered for at lea	st 15 minutes a day in the last 7 days	Enter Number of Days	4. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
	5. Therapy start date - record the date the most recent therapy regimen (since	e the most recent entry) started		5. Therapy start date - record the date the most recent therapy regimen	ı (since the most recent entry) started
	Month Day Year			Month Day Year	
	Therapy end date - record the date the most recent therapy regimen (since therapy is ongoing	the most recent entry) ended - enter dashes if		Therapy end date - record the date the most recent therapy regimen therapy is ongoing	(since the most recent entry) ended - enter dashes in
	Month Day Year			Month Day Year	
Enter Number of Minutes	B. Occupational Therapy			·	
	 Individual minutes - record the total number of minutes this therapy was a last 7 days 	dministered to the resident individually in the	Enter Number of Minutes	. Occupational Therapy	was administrated to the annidant in the idea in the
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was with one other resident in the last 7 days	administered to the resident concurrently	Enter Number of Minutes	Individual minutes - record the total number of minutes this therapy last 7 days	·
Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was admired residents in the last 7 days 	nistered to the resident as part of a group of	Enter Number of Minutes	Concurrent minutes - record the total number of minutes this therap with one other resident in the last 7 days	y was administered to the resident concurrently
Esta Naciona (Maria	If the sum of individual, concurrent, and group minutes is zero, → skip to O04	00B5, Therapy start date		Group minutes - record the total number of minutes this therapy was residents in the last 7 days	administered to the resident as part of a group of
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was sessions in the last 7 days	is administered to the resident in co-treatment	Enter Number of Minutes	If the sum of individual, concurrent, and group minutes is zero, \rightarrow $skip$	o O0400B5, Therapy start date
Enter Number of Days	4. Days - record the number of days this therapy was administered for at lea	st 15 minutes a day in the last 7 days	Enter Number of Days	3A. Co-treatment minutes - record the total number of minutes this there sessions in the last 7 days	py was administered to the resident in co-treatment
<u>—</u>	5. Therapy start date - record the date the most recent therapy regimen (since	e the most recent entry) started	Litter Number of Days	4. Days - record the number of days this therapy was administered for	at least 15 minutes a day in the last 7 days
			_	5. Therapy start date - record the date the most recent therapy regimen	ı (since the most recent entry) started
	Month Day Year				
	Therapy end date - record the date the most recent therapy regimen (since therapy is ongoing	the most recent entry) ended - enter dashes if		Month Day Year	
				 Therapy end date - record the date the most recent therapy regimen therapy is ongoing 	(since the most recent entry) ended - enter dashes it
	Month Day Year			Month Day Voca	
O0400 continued of	on next page		O0400 continued on	Month Day Year next page	
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Resident	✓ V1.18.11 • OLD Identifier	Resident	Identifier Date
Section O -	Special Treatments, Procedures, and Programs	Section O	- Special Treatments, Procedures, and Programs
O0400. Therap	ies - Continued	O0400. Thera	pies - Continued
	C. Physical Therapy		C. Physical Therapy
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days 	Enter Number of Minute	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days
Enter Number of Minutes	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days	Enter Number of Minute	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days
Enter Number of Minutes	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days	Enter Number of Minute	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days
Enter Number of Minutes	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0400C5, Therapy start date	Enter Number of Minute	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400C5, Therapy start date
Enter Number of Minutes	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days	Enter Number of Minute	3A. Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions in the last 7 days
Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
	5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started		5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started
	Month Day Year		Month Day Year
	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing		6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing
	Month Day Year		Month Day Year
Enter Number of Minutes	D. Respiratory Therapy	Enter Number of Minute	D. Respiratory Therapy
Enter Number of Days	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy 		 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400E, Psychological Therapy
Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days	Enter Number of Days	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
Enter Number of Minutes	E. Psychological Therapy (by any licensed mental health professional)	Enter Number of Minute	E. Psychological Therapy (by any licensed mental health professional)
Enter Number of Days	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy 	Enter Number of Days	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0400F, Recreational Therapy
	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days		2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
Enter Number of Minutes	F. Recreational Therapy (includes recreational and music therapy)	Enter Number of Minute	
Enter Number of Days	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0420, Distinct Calendar Days of Therapy 	Enter Number of Days	 Total minutes - record the total number of minutes this therapy was administered to the resident in the last 7 days If zero, → skip to O0420, Distinct Calendar Days of Therapy
Ш	2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days		2. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days
O0420. Distinc	t Calendar Days of Therapy	O0420. Distin	nct Calendar Days of Therapy
Enter Number of Days	Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.		
	Occupational Therapy, or Engalcal Therapy for at least 13 minutes in the past 7 udys.	Enter Number of Days	Record the number of calendar days that the resident received Speech-Language Pathology and Audiology Services, Occupational Therapy, or Physical Therapy for at least 15 minutes in the past 7 days.
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Resident	Identifier Date	Resident	Identifier	Date
Section O -	Special Treatments, Procedures, and Programs	Section O - Special Tre	eatments, Procedures, and Prog	grams
O0425. Part A T	herapies	O0425. Part A Therapies		
Complete only if A031		Complete only if A0310H = 1		
Enter Number of Minutes	A. Speech-Language Pathology and Audiology Services	Enter Number of Minutes	guage Pathology and Audiology Services	
Esta Nachard Minda	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) 	1. Individue the start	all minutes - record the total number of minutes this therapy date of the resident's most recent Medicare Part A stay (A24	was administered to the resident individually sinc 100B)
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) 	2. Concurr	rent minutes - record the total number of minutes this therape other resident since the start date of the resident's most re	by was administered to the resident concurrently ecent Medicare Part A stay (A2400B)
Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) 	3. Group m	ninutes - record the total number of minutes this therapy was ts since the start date of the resident's most recent Medicare	s administered to the resident as part of a group o Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, \rightarrow skip to O0425B, Occupational Therapy		ndividual, concurrent, and group minutes is zero, $ ightarrow$ skip	to O0425B, Occupational Therapy
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 4. Co-treat sessions	tment minutes - record the total number of minutes this theres since the start date of the resident's most recent Medicare	apy was administered to the resident in co-treatme Part A stay (A2400B)
Enter Number of Days	 Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Days 5. Days - regident's	ecord the number of days this therapy was administered for 's most recent Medicare Part A stay (A2400B)	at least 15 minutes a day since the start date of t
Fatan Nivakaa af Missitaa	B. Occupational Therapy	B. Occupationa	ıl Therapy	
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) 	the start	all minutes - record the total number of minutes this therapy date of the resident's most recent Medicare Part A stay (A24	was administered to the resident individually sinc 100B)
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 2. Concurr with one	rent minutes - record the total number of minutes this therape other resident since the start date of the resident's most re	by was administered to the resident concurrently ecent Medicare Part A stay (A2400B)
Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 3. Group m resident	minutes - record the total number of minutes this therapy was ts since the start date of the resident's most recent Medicare	s administered to the resident as part of a group o Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0425C, Physical Therapy	If the sum of in	idividual, concurrent, and group minutes is zero, $ ightarrow$ skip	to O0425C, Physical Therapy
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 4. Co-treat sessions	tment minutes - record the total number of minutes this there is since the start date of the resident's most recent Medicare	apy was administered to the resident in co-treatme Part A stay (A2400B)
Enter Number of Days	 Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B) 		ecord the number of days this therapy was administered for 's most recent Medicare Part A stay (A2400B)	at least 15 minutes a day since the start date of t
	C. Physical Therapy	C. Physical The	erapy	
Enter Number of Minutes	 Individual minutes - record the total number of minutes this therapy was administered to the resident individually since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 1. Individu	ual minutes - record the total number of minutes this therapy date of the resident's most recent Medicare Part A stay (A24	was administered to the resident individually sinc 400B)
Enter Number of Minutes	 Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 2. Concurr with one	rent minutes - record the total number of minutes this therape other resident since the start date of the resident's most re	by was administered to the resident concurrently ecent Medicare Part A stay (A2400B)
Enter Number of Minutes	 Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 3. Group m resident	ninutes - record the total number of minutes this therapy was ts since the start date of the resident's most recent Medicare	s administered to the resident as part of a group o Part A stay (A2400B)
	If the sum of individual, concurrent, and group minutes is zero, → skip to O0430, Distinct Calendar Days of Part A Therapy	If the sum of in	ndividual, concurrent, and group minutes is zero, $ ightarrow$ skip	to O0430, Distinct Calendar Days of Part A Therap
Enter Number of Minutes	 Co-treatment minutes - record the total number of minutes this therapy was administered to the resident in co-treatment sessions since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Minutes 4. Co-treat sessions	tment minutes - record the total number of minutes this there is since the start date of the resident's most recent Medicare	apy was administered to the resident in co-treatme Part A stay (A2400B)
Enter Number of Days	 Days - record the number of days this therapy was administered for at least 15 minutes a day since the start date of the resident's most recent Medicare Part A stay (A2400B) 	Enter Number of Days 5. Days - regident's	ecord the number of days this therapy was administered for 's most recent Medicare Part A stay (A2400B)	at least 15 minutes a day since the start date of t
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Resident	Identifier	Date	Resident _			Identifier	Date
Section (- Special Treatments, Procedures,	and Programs	Sect	ion O - Spe	ecial Treatments, Pro	ocedures, and Pro	ograms
O0430. Dist	nct Calendar Days of Part A Therapy		00430). Distinct Cale	ndar Days of Part A Therapy		
Complete only it	A0310H = 1		Comple	te only if A0310H =	1		
Enter Number of Days	Record the number of calendar days that the resident received Occupational Therapy, or Physical Therapy for at least 15 minu Part A stay (A2400B)	d Speech-Language Pathology and Audiology Services, stees since the start date of the resident's most recent Medicar		per of Days Rec Occ Pari	cord the number of calendar days that to cupational Therapy, or Physical Therapy t A stay (A2400B)	the resident received Speech-Lan for at least 15 minutes since the	guage Pathology and Audiology Services, start date of the resident's most recent Medicare
O0500. Res	orative Nursing Programs		O0500		Nursing Programs		
Record the numb none or less than	er of days each of the following restorative programs was performed (15 minutes daily)	for at least 15 minutes a day) in the last 7 calendar days (ent	er 0 if Record t	ne number of days ess than 15 minutes	each of the following restorative programs daily)	ms was performed (for at least 15	minutes a day) in the last 7 calendar days (enter 0 if
Number Tec	nique		Number of Days	Technique			
A.	Range of motion (passive)			A. Range of	f motion (passive)		
В.	Range of motion (active)			B. Range of	f motion (active)		
c.	Splint or brace assistance			C. Splint or	brace assistance		
Number of Days Trai	ning and Skill Practice In:		Number of Days	Training and	Skill Practice In:		
D.	Bed mobility		□	D. Bed mob	oility		
E.	Transfer		□	E. Transfer			
F	N alking		□	F. Walking			
G.	Oressing and/or grooming		□	G. Dressing	and/or grooming		
<u>н.</u>	Eating and/or swallowing		□	H. Eating ar	nd/or swallowing		
	Amputation/prostheses care		□	l. Amputati	ion/prostheses care		
J.	Communication			J. Commun	nication		

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esident	Identifier	Date	Resident	ldentifier	Date
Section P - Restraints ar	nd Alarms		Section P - Restraints	and Alarms	
P0100. Physical Restraints			P0100. Physical Restraints		
Physical restraints are any manual method or individual cannot remove easily which restricts	physical or mechanical device, material or equipment att is freedom of movement or normal access to one's body	ached or adjacent to the resident's body that the	Physical restraints are any manual method individual cannot remove easily which restr	l or physical or mechanical device, material or equipment atta ricts freedom of movement or normal access to one's body	ched or adjacent to the resident's body that the
Coding: 0. Not used 1. Used less than daily 2. Used daily			Coding: 0. Not used 1. Used less than daily 2. Used daily		
Enter Codes in Boxes			Enter Codes in Boxes		
Used in Bed			Used in Bed		
A. Bed rail			A. Bed rail		
B. Trunk restraint			B. Trunk restraint		
C. Limb restraint			C. Limb restraint		
D. Other			D. Other		
Used in Chair or Out of Bed			Used in Chair or Out of Bed		
E. Trunk restraint			E. Trunk restraint		
F. Limb restraint			F. Limb restraint		
G. Chair prevents rising			G. Chair prevents rising		
H. Other			H. Other		
P0200. Alarms			P0200. Alarms		
An alarm is any physical or electronic device t	that monitors resident movement and alerts the staff when	n movement is detected	An alarm is any physical or electronic device	ce that monitors resident movement and alerts the staff when	movement is detected
Coding: 0. Not used 1. Used less than daily 2. Used daily			Coding: 0. Not used 1. Used less than daily 2. Used daily		
Enter Codes in Boxes			Enter Codes in Boxes		
→ A. Bed alarm			↓ ↓ A. Bed alarm		
B. Chair alarm			B. Chair alarm		
C. Floor mat alarm			C. Floor mat alarm		
D. Motion sensor alarm			D. Motion sensor alarm		
E. Wander/elopement alarm			E. Wander/elopement alarm		
F. Other alarm			F. Other alarm		

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Resident		Identifier	Date	
Section	on	Q - Participation in Assessment and Goal Setting		
Q0110.	Pa	rticipation in Assessment and Goal Setting		
Identify a	II acti	ve participants in the assessment process		
Ţ	Ch	eck all that apply		
		Resident		
	В.	Family		
	C.			
	D.	Legal guardian		
	E.			
	Z.	None of the above		
Q0310.	Re	sident's Overall Goal		
Complete	only	if A0310E = 1		
Enter Code	A.	Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain		
Enter Code	В.	Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above		
Q0400.	Dis	scharge Plan		
Enter Code	A.	Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes → Skip to Q0610, Referral		
		sident's Documented Preference to Avoid Being Asked Question Q0500B if A0310A = 02, 06, or 99		
Enter Code	Do	es resident's clinical record document a request that this question (Q0500B) be asked only on a comp 0. No 1. Yes → Skip to Q0610, Referral	rehensive	assessment?
Q0500.	Re	turn to Community		
Enter Code	B.	Ask the resident (or family or significant other or guardian or legally authorized representative only if resid respond): "Do you want to talk to someone about the possibility of leaving this facility and returning the community?" 0. No 1. Yes 9. Unknown or uncertain	ent is unab to live and	le to understand or I receive services in
Enter Code	C.	Indicate information source for Q0500B 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above		

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Resident	Identifier Date
Section	on Q - Participation in Assessment and Goal Setting
Q0110.	Participation in Assessment and Goal Setting
Identify all	active participants in the assessment process
↓	Check all that apply
	A. Resident
	B. Family
	C. Significant other
	D. Legal guardian
	E. Other legally authorized representative
	Z. None of the above
Q0310.	Resident's Overall Goal
Complete	only if A0310E = 1
Enter Code	A. Resident's overall goal for discharge established during the assessment process 1. Discharge to the community 2. Remain in this facility 3. Discharge to another facility/institution 9. Unknown or uncertain
Enter Code	 B. Indicate information source for Q0310A 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above
Q0400.	Discharge Plan
Enter Code	 A. Is active discharge planning already occurring for the resident to return to the community? 0. No 1. Yes → Skip to Q0610, Referral
	Resident's Documented Preference to Avoid Being Asked Question Q0500B only if A0310A = 02, 06, or 99
Enter Code	Does resident's clinical record document a request that this question (Q0500B) be asked only on a comprehensive assessment? 0. No 1. Yes → Skip to Q0610, Referral
Q0500.	Return to Community
Enter Code	 B. Ask the resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understand or respond): "Do you want to talk to someone about the possibility of leaving this facility and returning to live and receive services in the community?" 0. No 1. Yes 9. Unknown or uncertain
Enter Code	C. Indicate information source for Q0500B 1. Resident 2. Family 3. Significant other 4. Legal guardian 5. Other legally authorized representative 9. None of the above



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Resident	Identifier Date	
Section	on Q - Participation in Assessment and Goal Setting	
Q0550.	Resident's Preference to Avoid Being Asked Question Q0500B	
Enter Code	A. Does resident (or family or significant other or guardian or legally authorized representative only if resident is unable to understated respond) want to be asked about returning to the community on all assessments? (Rather than on comprehensive assessment)	and or ts alone)
Ш	 No - then document in resident's clinical record and ask again only on the next comprehensive assessment Yes Information not available 	
Enter Code	C. Indicate information source for Q0550A	
	 Resident Family Significant other Legal guardian Other legally authorized representative None of the above 	
Q0610.	Referral	
Enter Code	A. Has a referral been made to the Local Contact Agency (LCA)?	
Ш	0. No 1. Yes	
	Reason Referral to Local Contact Agency (LCA) Not Made only if Q0610 = 0	
Enter Code	Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away	

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esident		Identifier	Date
Section	on Q - Participation in Assessm		
Q0550.	Resident's Preference to Avoid Being Asked (Question Q0500B	
Enter Code	A. Does resident (or family or significant other or guardia respond) want to be asked about returning to the cor	n or legally authorized representat	tive only if resident is unable to understand or ather than on comprehensive assessments alone)
Ш	 No - then document in resident's clinical record at Yes Information not available 	d ask again only on the next comp	prehensive assessment
Enter Code	C. Indicate information source for Q0550A		
Ш	 Resident Family Significant other Legal guardian Other legally authorized representative None of the above 		
Q0610.	Referral		
Enter Code	A. Has a referral been made to the Local Contact Age	ıcy (LCA)?	
Ш	0. No 1. Yes		
	Reason Referral to Local Contact Agency (LC only if Q0610 = 0	A) Not Made	
Enter Code	Indicate reason why referral to LCA was not made 1. LCA unknown 2. Referral previously made 3. Referral not wanted 4. Discharge date 3 or fewer months away 5. Discharge date more than 3 months away		

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Resident	ldentifier	Date	Resident	Identifier	Date
Section V - Care Area Ass	essment (CAA) Summary		Section V - Care Are	ea Assessment (CAA) Summary	
	Prior OBRA or Scheduled PPS Assessments strue for the prior assessment: A0310A = 01 - 06 or A			at Recent Prior OBRA or Scheduled PPS Assessment ne following is true for the prior assessment: A0310A = 01 - 06 or A03	10B = 01
01. Admission assessment (red) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in statu	us assessment rior comprehensive assessment	assessment)	01. Admission asso 02. Quarterly reviev 03. Annual assessr 04. Significant cha 05. Significant corr	ment Inge in status assessment Irection to prior comprehensive assessment Irection to prior quarterly assessment	sessment)
B. Prior Assessment PPS Reason 01. 5-day scheduled assessmen 08. IPA - Interim Payment Asses 99. None of the above	for Assessment (A0310B value from prior assessment ssment	nt)	B. Prior Assessment P 01. 5-day scheduled 08. IPA - Interim Pay 99. None of the abo	PPS Reason for Assessment (A0310B value from prior assessment) d assessment syment Assessment ove	
C. Prior Assessment Refere	nce Date (A2300 value from prior assessment)		C. Prior Assessmen	nt Reference Date (A2300 value from prior assessment)	
Month Day	Year		Month Day	- Year	
D. Prior Assessment Brief In	nterview for Mental Status (BIMS) Summa	ry Score (C0500 value from prior assessment)	Enter Score D. Prior Assessmen	nt Brief Interview for Mental Status (BIMS) Summary S	Score (C0500 value from prior assessment)
E. Prior Assessment Reside assessment)	nt Mood Interview (PHQ-2 to 9©) Total Se	verity Score (D0160 value from prior	Enter Score E. Prior Assessment assessment)	nt Resident Mood Interview (PHQ-2 to 9©) Total Sever	ity Score (D0160 value from prior
F. Prior Assessment Staff A assesment)	ssessment of Resident Mood (PHQ-9-OV)	Total Severity Score (D0600 value from prior	F. Prior Assessment assesment)	nt Staff Assessment of Resident Mood (PHQ-9-OV) To	tal Severity Score (D0600 value from prior

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Resident		Identifier	Date	Resident			Identifier
Section V - Care Area Asses	sment (CA	A) Summary		Section	V - Care Area Assess	ment (CAA	(a) Summary
V0200. CAAs and Care Planning				V0200. C	AAs and Care Planning		
 Check column A if Care Area is triggered. For each triggered Care Area, indicate whether problem(s) identified in your assessment of the RAI (MDS and CAA(s)). Check column B if the Indicate in the <u>Location and Date of CAA Docu</u> include information on the complicating factors 	care area. The <u>Care</u> triggered care area mentation column w	e Planning Decision column r is addressed in the care plan here information related to the	e CAA can be found. CAA documentation should	e 2. For ea proble RAI (I 3. Indica	k column A if Care Area is triggered. ach triggered Care Area, indicate whether a em(s) identified in your assessment of the o MDS and CAA(s)). Check column B if the t ate in the Location and Date of CAA Docum de information on the complicating factors,	care area. The <u>Care F</u> riggered care area is nentation column whe	Planning Decision colur addressed in the care pere information related t
A. CAA Results				A. CAA Res	sults		
Care Area	A. Care Area Triggered	B. Care Planning Decision all that apply↓	Location and Date of CAA documentation		Care Area	A. Care Area Triggered	B. Care Planning Decision
							l that apply↓
01. Delirium				01. Delirium			<u>L</u>
02. Cognitive Loss/Dementia					Loss/Dementia		
03. Visual Function				03. Visual Fur			
04. Communication				04. Communi			
05. ADL Functional/Rehabilitation Potential					tional/Rehabilitation Potential		
06. Urinary Incontinence and Indwelling Catheter					continence and Indwelling Catheter		
07. Psychosocial Well-Being					ocial Well-Being		
08. Mood State				08. Mood Stat			
09. Behavioral Symptoms				09. Behaviora		<u> </u>	
10. Activities				10. Activities			
11. Falls					100		
12. Nutritional Status				12. Nutritiona			
13. Feeding Tube				13. Feeding T			
14. Dehydration/Fluid Maintenance					on/Fluid Maintenance		
15. Dental Care				15. Dental Ca			
16. Pressure Ulcer				16. Pressure			
17. Psychotropic Drug Use				17. Psychotro	· ·		
18. Physical Restraints				18. Physical F	Restraints		
19. Pain					O-manusita Bafamal		
20. Return to Community Referral				20. Return to	Community Referral		
B. Signature of RN Coordinator for CAA Pr	rocess and Date	Signed		B. Signatur	re of RN Coordinator for CAA Pro	ocess and Date S	Signed
1. Signature		2. Date		1. Signatu	ıre		2. D
			Month Day Year				
C. Signature of Person Completing Care P	lan Decision an			C. Signatur	re of Person Completing Care Pla	an Decision and	Date Signed
1. Signature		2. Date		1. Signatu	ıre		2. D
			Month Day Year				
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	 Check column A if Care Area is triggered. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The <u>Care Planning Decision</u> column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan. Indicate in the <u>Location and Date of CAA Documentation</u> column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area. 									
A.	CAA Results									
	Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation						
		↓ Check al	l that apply↓							
01.	Delirium									
02.	Cognitive Loss/Dementia									
03.	Visual Function									
04.	Communication									
05.	ADL Functional/Rehabilitation Potential									
06.	Urinary Incontinence and Indwelling Catheter									
07.	Psychosocial Well-Being									
08.	Mood State									
09.	Behavioral Symptoms									
10.	Activities									
<u>11.</u>	Falls									
12.	Nutritional Status									
13.	Feeding Tube									
	Dehydration/Fluid Maintenance									
15.	Dental Care									
16.	Pressure Ulcer									
	Psychotropic Drug Use									
18.	Physical Restraints									
19.	Pain									
20.	Return to Community Referral									
В.	Signature of RN Coordinator for CAA Pr	ocess and Date	Signed							
	1. Signature		2. Date							
				onth Day Year						
C.	Signature of Person Completing Care Pl	an Decision and	<u> </u>							
	1. Signature		2. Date							
			🗓	onth Day Year						

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Resident	Identifier	Date
Section	on X - Correction Request	
Identific section, re	ete Section X only if A0050 = 2 or 3 cation of Record to be Modified/Inactivated - The following items identify the existing assessment receproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incommation is necessary to locate the existing record in the National MDS Database.	ord that is in error. In this rrect.
X0150.	Type of Provider (A0200 on existing record to be modified/inactivated)	
Enter Code	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed	
X0200.	Name of Resident (A0500 on existing record to be modified/inactivated)	
	A. First name:	
	C. Last name:	
X0300.	Gender (A0800 on existing record to be modified/inactivated)	
Enter Code	 Male Female 	
X0400.	Birth Date (A0900 on existing record to be modified/inactivated)	
	Month Day Year	
X0500.	Social Security Number (A0600A on existing record to be modified/inactivated)	
X0600.	Type of Assessment (A0310 on existing record to be modified/inactivated)	
Enter Code	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above	
Enter Code	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment	
	PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment	
	Not PPS Assessment 99. None of the above	
Enter Code	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above	
Enter Code	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes	

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esidelit	idefitifief Date
Section	on X - Correction Request
Identific section, re	te Section X only if A0050 = 2 or 3 cation of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In this exproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. mation is necessary to locate the existing record in the National MDS Database.
X0150.	Type of Provider (A0200 on existing record to be modified/inactivated)
Enter Code	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
X0200.	Name of Resident (A0500 on existing record to be modified/inactivated)
	A. First name:
	C. Last name:
(0300.	Gender (A0800 on existing record to be modified/inactivated)
Enter Code	1. Male 2. Female
(0400.	Birth Date (A0900 on existing record to be modified/inactivated)
	Month Day Year
(0500.	Social Security Number (A0600A on existing record to be modified/inactivated)
K0600.	Type of Assessment (A0310 on existing record to be modified/inactivated)
inter Code	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
nter Code	B. PPS Assessment PPS Scheduled Assessment for a Medicare Part A Stay 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Stay 08. IPA - Interim Payment Assessment
	Not PPS Assessment 99. None of the above
Enter Code	F. Entry/discharge reporting 01. Entry tracking record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above
Enter Code	H. Is this a SNF Part A PPS Discharge Assessment? 0. No 1. Yes

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Resident		Identifier Date	
Section	on	X - Correction Request	
X0700.	Da	te on existing record to be modified/inactivated - Complete one only	
	A.	Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99	
		Month Day Year	
	В.	Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12	
	C.	Month Day Year Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01	
		Month Day Year	
Correct	ion	Attestation Section - Complete this section to explain and attest to the modification/inactivation request	
X0800.	Со	rrection Number	
Enter Number	Ent	er the number of correction requests to modify/inactivate the existing record, including the present one	
X0900.	Re	asons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)	
	Che	eck all that apply	
	A.	Transcription error	
	B.	Data entry error	
	C.	Software product error	
	D.	Item coding error	
	Z.	Other error requiring modification If "Other" checked, please specify:	
X1050.	Re	asons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)	
\downarrow	Che	eck all that apply	
	A.	Event did not occur	
	Z.	Other error requiring inactivation If "Other" checked, please specify:	
X1100.	RN	Assessment Coordinator Attestation of Completion	
	A.	Attesting individual's first name:	
	В.	Attesting individual's last name:	
	Ь.	Attesting individual's last fiame.	
	C.	Attesting individual's title:	
	D.	Signature	
	<u>E.</u>	Attestation date	
		Month Day Year	

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Resident		Identifier Date
Section	on	X - Correction Request
X0700.	Da	te on existing record to be modified/inactivated - Complete one only
	A.	Assessment Reference Date (A2300 on existing record to be modified/inactivated) - Complete only if X0600F = 99 Month Day Year
	B.	Discharge Date (A2000 on existing record to be modified/inactivated) - Complete only if X0600F = 10, 11, or 12 Month Day Year
	C.	Entry Date (A1600 on existing record to be modified/inactivated) - Complete only if X0600F = 01 Month Day Year
Correct	ion .	Attestation Section - Complete this section to explain and attest to the modification/inactivation request
X0800.	Со	rrection Number
Enter Number	Ent	er the number of correction requests to modify/inactivate the existing record, including the present one
X0900.	Re	asons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)
	Che	eck all that apply
	A.	Transcription error
	B.	Data entry error
	C.	Software product error
	D.	Item coding error
	Z.	Other error requiring modification If "Other" checked, please specify:
X1050.	Re	asons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
↓	Che	eck all that apply
	A.	Event did not occur
	Z.	Other error requiring inactivation If "Other" checked, please specify:
X1100.	RN	Assessment Coordinator Attestation of Completion
	A.	Attesting individual's first name:
	B.	Attesting individual's last name:
	C.	Attesting individual's title:
	D.	Signature
	E.	Attestation date
		Month Day Year

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ETSHP

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Resident	Identifier	Date	Resident	Identifier	Date
Section Z - Assessment Administration	1		Section Z - Assessment Administ	ration	
Z0100. Medicare Part A Billing			Z0100. Medicare Part A Billing		
A. Medicare Part A HIPPS code:			A. Medicare Part A HIPPS code:		
B. Version code:			B. Version code:		
Z0200. State Medicaid Billing (if required by the state)			Z0200. State Medicaid Billing (if required by the	state)	
A. Case Mix group:			A. Case Mix group:		
B. Version code:			B. Version code:		
Z0250. Alternate State Medicaid Billing (if required by the	ne state)		Z0250. Alternate State Medicaid Billing (if require	ed by the state)	
A. Case Mix group: B. Version code:			A. Case Mix group: B. Version code:		
Z0300. Insurance Billing			Z0300. Insurance Billing		
A. Billing code: B. Billing version:			A. Billing code: B. Billing version:		

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Resident	ldentifier	Date		Resident	Identifier	Date		
Section Z - Assessment Administration				Section Z - Assessment Administration				
Z0400. Signature of Persons Completing the	Assessment or Entry/Death	Reporting		Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting				
I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.				I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payme from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial crimin civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.				
Signature	Title	Sections	Date Section Completed	Signature	Title	Sections Date Section Completed		
<u>A.</u>				A.				
B				В.				
<u>C.</u>				<u>C.</u>				
<u>D.</u>				D.				
<u>E.</u>				<u>E.</u>				
<u>F</u>				<u>F.</u>				
<u>G.</u>				G.				
Н.				Н.				
<u>I.</u>				<u>l.</u>				
J.				J.				
<u>K.</u>				К.				
<u>L.</u>				L.				
Z0500. Signature of RN Assessment Coordin	nator Verifying Assessment C	ompletion		Z0500. Signature of RN Assessment	Coordinator Verifying Assessment (Completion		
A. Signature:		B. Date RN Assessment Coor assessment as complete: Month Day	rdinator signed	A. Signature:	, ,	B. Date RN Assessment Coordinator signed assessment as complete: Month Day Year		
		•				· · · · · · · · · · · · · · · · · · ·		

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