Resident	1.1	D-1-
Resident	Identitier	Date

MINIMUM DATA SET (MDS) - Version 3.0 RESIDENT ASSESSMENT AND CARE SCREENING

Interim Payment Assessment (IPA) Item Set

Section	on A - Identification Information
A0050.	Type of Record
Enter Code	 Add new record → Continue to A0100, Facility Provider Numbers Modify existing record → Continue to A0100, Facility Provider Numbers Inactivate existing record → Skip to X0150, Type of Provider
A0100.	Facility Provider Numbers
	A. National Provider Identifier (NPI):
	B. CMS Certification Number (CCN):
	C. State Provider Number:
A0200.	Type of Provider
Enter Code	Type of provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0310.	Type of Assessment
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	 Is this assessment the first assessment (OBRA, Scheduled PPS, or Discharge) since the most recent admission/entry or reentry? No Yes
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

A0310 continued on next page

Resident	Identifier		Date
Section	on A - Identification Information		
A0310.	Type of Assessment - Continued		
Enter Code	G. Type of discharge 1. Planned 2. Unplanned		
A0410.	Unit Certification or Licensure Designation		
Enter Code	 Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State Unit is neither Medicare nor Medicaid certified but MDS data is required by the State Unit is Medicare and/or Medicaid certified 		
A0500.	Legal Name of Resident		
	A. First name:	B.	Middle initial:
	C. Last name:	D.	Suffix:
Δ 0600	Social Security and Medicare Numbers		
A0000.	A. Social Security Number:		
	B. Medicare number:		
A0700.	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient		
A0800.	Gender		
Enter Code	1. Male 2. Female		
A0900.	Birth Date		
	Month Day Year		
	Ethnicity		
Are you o	Hispanic, Latino/a, or Spanish origin?		
	Check all that apply		
	A. No, not of Hispanic, Latino/a, or Spanish origin		
	B. 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		



Resident		Identifier Da	ite
Section	on	A - Identification Information	
A1010. What is yo			
\downarrow	Che	eck all that apply	
	A.	White	
	В.	Black or African American	
	C.	American Indian or Alaska Native	
	D.	Asian Indian	
	E.	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.	None of the above	
A1110.	La	ınguage	
	A.	What is your preferred language?	
Enter Code	B.	Do you need or want an interpreter to communicate with a doctor or health care staff? 0. No 1. Yes 9. Unable to determine	
A1200.	Ма	arital Status	
Enter Code		 Never married Married Widowed Separated Divorced 	

Resident		Identifier	Date
Section	on A - Identification Information		
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:		_
]
A2300.	Assessment Reference Date		
	Observation end date:		
	Month Day Year		
A2400.	Medicare Stay		
Enter Code	 A. Has the resident had a Medicare-covered stay since the 0. No → Skip to B0100, Comatose 1. Yes → Continue to A2400B, Start date of most recent N 	•	
	B. Start date of most recent Medicare stay:	·	
	Month Day Year		
	C. End date of most recent Medicare stay - Enter dashes if s	tay is ongoing:	
	Month Day Year		
Look	k back period for all items is 7 days	s unless another time fra	ame is indicated
Section	on B - Hearing, Speech, and Vision		
	G , ,		
Enter Code	Comatose Persistent vegetative state/no discernible consciousness	2	
Effici Code	 No → Continue to B0700, Makes Self Understood Yes → Skip to GG0130, Self-Care 		
B0700.	Makes Self Understood		
Enter Code	Ability to express ideas and wants, consider both verbal and no 0. Understood	on-verbal expression	
Ш	Usually understood - difficulty communicating some w Sometimes understood - ability is limited to making co Rarely/never understood		ed or given time

Resident		Identifier	Date
Section	on C - Cognitive Patterns		
	Should Brief Interview for Mental Status (C0200-C0 conduct interview with all residents	500) be Conducted?	
Enter Code	 No (resident is rarely/never understood) → Skip to and Yes → Continue to C0200, Repetition of Three Words 	complete C0700-C1000, Staff Assessment for	Mental Status
Brief I	Interview for Mental Status (BIMS)		
C0200.	Repetition of Three Words		
Enter Code	Ask resident: "I am going to say three words for you to remember. The words are: sock, blue, and bed. Now tell me the three work Number of words repeated after first attempt 0. None 1. One		ree.
	2. Two 3. Three After the resident's first attempt, repeat the words using cues ("so the words up to two more times."	ck, something to wear; blue, a color; bed, a pied	ce of furniture"). You may repeat
C0300.	Temporal 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 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	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		
C0400.	Recall		
Enter Code	Ask resident: "Let's go back to an earlier question. What were those cue (something to wear; a color; a piece of furniture) for that word A. Able to recall "sock" O. No - could not recall Yes, after cueing ("something to wear") Yes, no cue required		nable to remember a word, give
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	C. 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		
Enter Score	Add scores for questions C0200-C0400 and fill in total score (00- Enter 99 if the resident was unable to complete the interview	15)	



Resident	Identifier Date
Section	on C - Cognitive Patterns
C0600.	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 D0100, Should Resident Mood Interview be Conducted?
	 Yes (resident was unable to complete Brief Interview for Mental Status) → Continue to C0700, Short-term Memory OK
Staff As	sessment 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
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

Resident	Identifier	Date	
Section D - Mood			
D0100. Should Resident Mood Interview be Cond	ucted?		
 Enter Code No (resident is rarely/never understood) → Yes → Continue to D0150, Resident Mood 		ssment of Resident Mo	od (PHQ-9-OV)
D0150. Resident Mood Interview (PHQ-2 to 9©)			
Say to resident: "Over the last 2 weeks, have you If symptom is present, enter 1 (yes) in column 1, Symptom Prese If yes in column 1, then ask the resident: "About how often have Read and show the resident a card with the symptom frequency of 1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2) 9. No response (leave column 2 blank)	nce. you been bothered by this?"		
2. Symptom Frequency		1.	2.
0. Never or 1 day1. 2-6 days (several days)		Symptom	Symptom
2. 7-11 days (half or more of the days)		Presence	Frequency
3. 12-14 days (nearly every day)		↓ Enter Scores	In Boxes↓
A. Little interest or pleasure in doing things			
B. Feeling down, depressed, or hopeless			
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2	and D0150B2 are coded 0 or 1, END the PHO	Q interview; otherwise	e, continue.
C. Trouble falling or staying asleep, or sleeping t	oo much		
D. Feeling tired or having little energy			
E. Poor appetite or overeating			
F. Feeling bad about yourself - or that you are a family down	failure or have let yourself or your		
G. Trouble concentrating on things, such as read television	ling the newspaper or watching		
H. Moving or speaking so slowly that other people opposite - being so fidgety or restless that you more than usual			
I. Thoughts that you would be better off dead, or	r of hurting yourself in some way		
D0160. Total Severity Score			
Add scores for all frequency responses in Column Enter 99 if unable to complete interview (i.e., Sympton	2, Symptom Frequency. Total score must be be a Frequency is blank for 3 or more required item	tween 00 and 27. s).	



Section D - Mood		
D0500. Staff Assessment of Resident Mood (PHQ-9-OV*) Do not conduct if Resident Mood Interview (D0150-D0160) was completed		
Over the last 2 weeks, did the resident have any of the following problems or behaviors of symptom is present, enter 1 (yes) in column 1, Symptom Presence. Then move to column 2, Symptom Frequency, and indicate symptom frequency. 1. Symptom Presence 0. No (enter 0 in column 2) 1. Yes (enter 0-3 in column 2)	s?	
2. Symptom Frequency	1.	2.
0. Never or 1 day1. 2-6 days (several days)	Symptom	Symptom
2. 7-11 days (several days)	Presence	Frequency
3. 12-14 days (nearly every day)	↓ Enter Scores	in Boxes↓
A. Little interest or pleasure in doing things		
B. Feeling or appearing down, depressed, or hopeless		
C. Trouble falling or staying asleep, or sleeping too much		
D. Feeling tired or having little energy		
E. Poor appetite or overeating		
F. Indicating that they feel bad about self, are a failure, or have let self or family down		
G. Trouble concentrating on things, such as reading the newspaper or watching television		
H. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that they have been moving around a lot more than usual		
I. States that life isn't worth living, wishes for death, or attempts to harm self		
J. Being short-tempered, easily annoyed		
D0600. Total Severity Score		
Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be be	tween 00 and 30.	

Identifier

Resident _

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Resident		Identifie	r	Date
Section	on	E - Behavior		
E0100.	Po	tential Indicators of Psychosis		
↓ Cł	neck	all that apply		
	A.	Hallucinations (perceptual experiences in the absence of real exte	rnal sensory stimuli)	
	В.	Delusions (misconceptions or beliefs that are firmly held, contrary	o reality)	
	Z.	None of the above		
Behavio	oral	Symptoms		
E0200.	Ве	havioral Symptom - Presence & Frequency		
Note pres	sence	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	Α.	Physical behavioral symptoms directed toward others (e.g., hit	ing, kicking, pushing, scratching, grabbi	ng, abusing others sexually)
Enter Code	В.	Verbal behavioral symptoms directed toward others (e.g., threa	tening others, screaming at others, curs	ing at others)
Enter Code	C.	Other behavioral symptoms not directed toward others (e.g., pl rummaging, public sexual acts, disrobing in public, throwing or sme disruptive sounds)	nysical symptoms such as hitting or scra aring food or bodily wastes, or verbal/vo	ntching self, pacing, local symptoms like screaming,
E0800.	Re	ection of Care - Presence & Frequency		
Enter Code	goa	the resident reject evaluation or care (e.g., bloodwork, taking medils for health and well-being? Do not include behaviors that have all dent or family), and determined to be consistent with resident values, 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 less than dai 3. Behavior of this type occurred daily	ready been addressed (e.g., by discussi preferences, or goals.	sary to achieve the resident's on or care planning with the
E0900.	Wa	ndering - Presence & Frequency		
Enter Code	Has	the resident wandered? 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 less than dai 3. Behavior of this type occurred daily	ly	

Resident		Identifier	Date
Section	GG - Functional Abilities - OBF	RA/Interim	
GG0130. Se	elf-Care (Assessment period is the ARD plus 2 previous ca	alendar days)	
Code the resid	dent's usual performance for each activity using the 6-p	oint scale. If an activit	y was not attempted, code the reason.
amount of assi Activities may 06. Indepe 05. Setup 04. Superv comple 03. Partial the effo 02. Substa effort. 01. Depen require If activity was 07. Reside 09. Not ap 10. Not att 88. Not att	antial/maximal assistance - Helper does MORE THAN HAL dent - Helper does ALL of the effort. Resident does none of d for the resident to complete the activity.	assistance from a helpedent completes activity. Hes and/or touching/stead vity or intermittently. The effort. Helper lifts, hold LF the effort. Helper lifts the effort to complete the activity prior to the curing assistance.	er. Helper assists only prior to or following the activity. ying and/or contact guard assistance as resident s, or supports trunk or limbs, but provides less than half or holds trunk or limbs and provides more than half the e activity. Or, the assistance of 2 or more helpers is
5. OBRA/Interim Performance			
Enter Codes in Box ↓	res		
A .	Eating: The ability to use suitable utensils to bring food an before the resident.	nd/or liquid to the mouth	and swallow food and/or liquid once the meal is placed
В.	Oral hygiene: The ability to use suitable items to clean tee from the mouth, and manage denture soaking and rinsing		ole): The ability to insert and remove dentures into and
C.	Toileting hygiene: The ability to maintain perineal hygiene managing an ostomy, include wiping the opening but not m	e, adjust clothes before a	and after voiding or having a bowel movement. If

Resident		Identifier Date
Sectio	n (GG - Functional Abilities - OBRA/Interim
GG0170.	. Mo	bility (Assessment period is the ARD plus 2 previous calendar days)
Code the r	esid	ent's usual performance for each activity using the 6-point scale. If an activity was not attempted, code the reason.
amount of a Activities m 06. Ind 05. Set 04. Sup con 03. Par the 02. Sub effo 01. Dep req If activity v 07. Res 09. Not 10. Not	assissimal bases assissimal bases as a separate of the control of	lity of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to tance provided. dent - Resident completes the activity by themself with no assistance from a helper. r clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. sion or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident as activity. Assistance may be provided throughout the activity or intermittently. noderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the litial/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. Interfused licable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury mpted due to environmental limitations (e.g., lack of equipment, weather constraints) mpted due to medical condition or safety concerns
5. OBRA/Interi Performanc Enter Codes in	e Boxe	s 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.
	l.	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. If interim performance is coded 07, 09, 10, or 88 → Skip to H0100, Appliances
	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.

Resident		Identifier	Date
Section	on H - Bladder and Bowel		
H0100.	Appliances		
\downarrow	Check all that apply		
	C. Ostomy (including urostomy, ileostomy, and colostom	ny)	
	D. Intermittent catheterization		
	Z. None of the above		
H0200.	Urinary Toileting Program		
Enter Code	 Current toileting program or trial - Is a toileting program or tr	gram (e.g., scheduled toileting, prompted voiding, or	oladder training) currently being
H0500.	Bowel Toileting Program		
Enter Code	Is a toileting program currently being used to manage 0. No 1. Yes	the resident's bowel continence?	
Section	on I - Active Diagnoses		
10020.	Indicate the resident's primary medical cond	ition category	
Enter Code	Indicate the resident's primary medical cond admission 01. Stroke 02. Non-Traumatic Brain Dysfunction 03. Traumatic Brain Dysfunction 04. Non-Traumatic Spinal Cord Dysfunction 05. Traumatic Spinal Cord Dysfunction 06. Progressive Neurological Conditions 07. Other Neurological Conditions 08. Amputation 09. Hip and Knee Replacement 10. Fractures and Other Multiple Trauma 11. Other Orthopedic Conditions 12. Debility, Cardiorespiratory Conditions 13. Medically Complex Conditions 10020B. ICD Code	ition category that best describes the pr	mary reason for

Resident	Identifier				. D	ate _				
Section	on I - Active Diagnoses									
	Diagnoses in the last 7 days - Check all that apply as listed in parentheses are provided as examples and should not be considered as all-inclusive lis	s								
Gastroin	testinal									
	I1300. Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease									
Infection	S									
	☐ I1700. Multidrug-Resistant Organism (MDRO) ☐ I2000. Pneumonia ☐ I2100. Septicemia									
Metaboli	С									
	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)									
Neurolog	gical									
	□ I4300. Aphasia □ I4400. Cerebral Palsy □ I4500. Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA), or Stroke □ I4900. Hemiplegia or Hemiparesis □ I5100. Quadriplegia □ I5200. Multiple Sclerosis (MS) □ I5300. Parkinson's Disease									
Nutrition	al									
	I5600. Malnutrition (protein or calorie) or at risk for malnutrition									
Pulmona	ıry									
	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease diseases such as asbestosis) I6300. Respiratory Failure	e (e.g	j., chi	ronic	bror	nchitis	s and	rest	rictiv	e lung
None of										
	I7900. None of the above active diagnoses within the last 7 days									
Other										
	I8000. Additional active diagnoses Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropria	te bo	ox.							
A										
В									\Box	
C									╝	
D							<u>_</u>	<u>_</u>		
E							<u> </u>	<u> </u>	4	
F							4	4	ᆜ	
G										
Н										
l.										
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Resident		ldentifier	Date
Section	on J - Health Conditions		
045 11	Landida O and Aliffrance		
	lealth Conditions Shortness of Breath (dyspnea)		
1	Check all that apply		
	C. Shortness of breath or trouble breathing when lying fla	at	
	Z. None of the above		
J1550.	Problem Conditions		
	Check all that apply		
	A. Fever		
	B. Vomiting		
	Z. None of the above		
J2100.	Recent Surgery Requiring Active SNF Care		
Enter Code	Did the resident have a major surgical procedure during the p 0. No 1. Yes 8. Unknown	rior inpatient hospital stay that requires active care	during the SNF stay?
Surgica	I Procedures - Complete only if J2100 = 1		
\downarrow	Check all that apply		
Major Joi	int Replacement		
	J2300. Knee Replacement - partial or total J2310. Hip Replacement - partial or total J2320. Ankle Replacement - partial or total J2330. Shoulder Replacement - partial or total		
Spinal Su	ırgery		
	J2400. Involving the spinal cord or major spinal nerves J2410. Involving fusion of spinal bones J2420. Involving lamina, discs, or facets J2499. Other major spinal surgery		
Other Ort	thopedic Surgery		
	J2500. Repair fractures of the shoulder (including clavicle and J2510. Repair fractures of the pelvis, hip, leg, knee, or and J2520. Repair but not replace joints J2530. Repair other bones (such as hand, foot, jaw) J2599. Other major orthopedic surgery	· · · · · · · · · · · · · · · · · · ·	
Neurolog	ical Surgery		
	J2600. Involving the brain, surrounding tissue or blood v J2610. Involving the peripheral or autonomic nervous sys J2620. Insertion or removal of spinal or brain neurostimu J2699. Other major neurological surgery	stem - open or percutaneous	,

Resident		Identifier		Date		
Section	n	J - Health Conditions				
Surgica	l Pr	rocedures - Continued				
\downarrow	Che	heck all that apply				
Cardiopul	mor	onary Surgery				
	J27	2700. Involving the heart or major blood vessels - open or percutaneous proc 2710. Involving the respiratory system, including lungs, bronchi, trachea, la 2799. Other major cardiopulmonary surgery		or endoscopic		
Genitouri	nary	ry Surgery				
	J28	 2800. Involving genital systems (such as prostate, testes, ovaries, uterus, vaging 2810. Involving the kidneys, ureters, adrenal glands, or bladder - open or lap nephrostomies or urostomies) 2899. Other major genitourinary surgery 		r removal of		
Other Maj	or S	Surgery				
Section	n	K - Swallowing/Nutritional Status				
		wallowing Disorder mptoms of possible swallowing disorder				
\downarrow	Che	heck all 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				
K0300.	We	/eight Loss				
Enter Code	Los	 0. No or unknown 1. Yes, on physician-prescribed weight-loss regimen 2. Yes, not on physician-prescribed weight-loss regimen 				

Resident	Identifier	Date	
Section K - Swallowing/Nutrition	onal Status		
K0520. Nutritional Approaches Check all of the following nutritional approaches that apply			
 While Not a Resident Performed while NOT a resident of this facility and only check column 2 if resident entered (admission or while a Resident Performed while a resident of this facility and within 	reentry) IN THE LAST 7 DAYS. If resident last entere	d 7 or more days ago, lea	ave column 2 blank
		2.	3.
		While Not a Resident	While a Resident
		↓ Chec	k all that apply↓
A. Parenteral/IV feeding			
B. Feeding tube (e.g., nasogastric or abdominal (PEG))			
C. Mechanically altered diet - require change in texture food, thickened liquids)	of food or liquids (e.g., pureed		
Z. None of the above			
K0710. Percent Intake by Artificial Route - Co	omplete K0710 only if Column 2 and/or Column 3 are	checked for K0520A and	or K0520B
2. While a Resident			
Performed <i>while a resident</i> of this facility and 3. During Entire 7 Days	within the <i>last 7 days</i>	2.	3.
Performed during the entire <i>last</i> 7 <i>days</i>		While a	During Entire
		Resident	7 Days
		↓ Enter Co	odes ↓
A. Proportion of total calories the resident received	d through parenteral or tube feeding		
1. 25% or less 2. 26-50%			
3. 51% or more		<u>—</u>	
B. Average fluid intake per day by IV or tube feedin	ng .		
 500 cc/day or less 501 cc/day or more 		Ш	Ш

Resident		Identifier	Date		
Section	on M - Skin Conditions				
Report based on highest stage of existing ulcers/injuries at their worst; do not "reverse" stage					
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					
M0300.	Current Number of Unhealed Pressure	Ulcers/Injuries at Each Stage			

		do uno rociada haro cito di more annoalea procedure arccioninjante.
		 No → Skip to M1030, Number of Venous and Arterial Ulcers Yes → Continue to M0300, Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
M0300.	Cu	rrent Number of Unhealed Pressure Ulcers/Injuries at Each Stage
Enter Number	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
Enter Number	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
Enter Number	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
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		1. Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar
M1030.	Nu	mber of Venous and Arterial Ulcers
Enter Number	Ent	er the total number of venous and arterial ulcers present
M1040.	Ot	ner Ulcers, Wounds and Skin Problems
\downarrow	Ch	eck all that apply
	Foo	ot Problems
	A.	Infection of the foot (e.g., cellulitis, purulent drainage)
	B.	Diabetic foot ulcer(s)
	C.	Other open lesion(s) on the foot
	Oth	ner Problems
	D.	Open lesion(s) other than ulcers, rashes, cuts (e.g., cancer lesion)
	E.	Surgical wound(s)
	F.	Burn(s) (second or third degree)
	No	ne of the Above
	Z.	None of the above were present

Resident		Identifier	Date
Section	on	M - Skin Conditions	
M1200.	Ski	in and Ulcer/Injury Treatments	
\downarrow	Che	eck all that apply	
	Α.	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	
	I.	Application of dressings to feet (with or without topical medications)	
	Z.	None of the above were provided	
Section	on	N - Medications	
N0350.	Ins	ulin	
Enter Days	A.	Insulin injections - Record the number of days that insulin injections were received during the last 7 day reentry if less than 7 days	ys or since admission/entry or

B. Orders for insulin - Record the number of days the physician (or authorized assistant or practitioner) changed the resident's

insulin orders during the last 7 days or since admission/entry or reentry if less than 7 days

Enter Days

Resident	Identifier	Date
Section O - Special Treatments, Proced	ures, and Programs	
O0110. Special Treatments, Procedures, and Programs Check all of the following treatments, procedures, and programs that were p	erformed	
 While a Resident Performed while a resident of this facility and within the last 14 days 		b. While a Resident
		Check all that apply \downarrow
Cancer Treatments		
A1. Chemotherapy		
B1. Radiation		
Respiratory Treatments		
C1. Oxygen therapy		
D1. Suctioning		
E1. Tracheostomy care		
F1. Invasive Mechanical Ventilator (ventilator or respirator)		
Other		
H1. IV Medications		
I1. Transfusions		
J1. Dialysis		
M1. Isolation or quarantine for active infectious disease (does not include standard body/fluid precautions)		
None of the Above		
Z1. None of the above		
O0400. Therapies		
D. Respiratory Therapy		
2. Days - record the number of days this th	erapy was administered for at least 15 minutes	a day in the last 7 days

Resident	Identifier Date
Section	on O - Special Treatments, Procedures, and Programs
O0500.	Restorative Nursing Programs
Record the	e number of days each of the following restorative programs was performed (for at least 15 minutes a day) in the last 7 calendar days (enter 0 if se than 15 minutes daily)
Number of Days	Technique
	A. Range of motion (passive)
	B. Range of motion (active)
	C. Splint or brace assistance
Number of Days	Training and Skill Practice In:
	D. Bed mobility
	E. Transfer
	F. Walking
	G. Dressing and/or grooming
	H. Eating and/or swallowing
	I. Amputation/prostheses care
	J. Communication

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 the information EXACTLY as it appeared on the existing mation is necessary to locate the existing record in the National N	g erroneous record, even if	isting assessment record that is in error. In this the information is incorrect.
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	ed/inactivated)	
	A. First name: C. Last name:		1
			J
X0300.	Gender (A0800 on existing record to be modified/inactivated)		
Enter Code	1. Male 2. Female		
X0400.	Birth Date (A0900 on existing record to be modified/inactival	ted)	
	Month Day Year		
X0500.	Social Security Number (A0600A on existing record to b	e modified/inactivated)	
X0600.	Type of Assessment (A0310 on existing record to be mod	dified/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 ass 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 Sta 01. 5-day scheduled assessment PPS Unscheduled Assessment for a Medicare Part A Sta 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		

Resident		Identifier	Date
Section	on X - Correction Request		
X0700.	Date on existing record to be modified/inactivated		
	A. Assessment Reference Date (A2300 on existing record to Month Day Year	be modified/inactivated) - Complete only if X06	600B = 08
Correct	ion Attestation Section - Complete this section to explain	and attest to the modification/inactivation reques	st
X0800.	Correction Number		
Enter Number	Enter the number of correction requests to modify/inactival	te the existing record, including the present of	one
X0900.	Reasons for Modification - Complete only if Type of Rec	cord is to modify a record in error (A0050 = 2)	
\downarrow	Check 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:		

Resident		ldentifier	Date			
Section X - Correction Request						
X1050.	Re					
\downarrow	Che	ck 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				
Section Z - Assessment Administration						
	Z0100. Medicare Part A Billing					
	Α.					
	В.	Version code:				

I certify that the accompanying information accurately refle of this information on the dates specified. To the best of my requirements. I understand that this information is used as from federal funds. I further understand that payment of su conditioned on the accuracy and truthfulness of this inform civil, and/or administrative penalties for submitting false inf	y knowledge, this information was colle a basis for ensuring that residents rece ich federal funds and continued particip lation, and that I may be personally sub	cted in accordance with applicable Neive appropriate and quality care, are ation in the government-funded heaplect to or may subject my organization.	Medicare and Medicaid as a basis for payment lth care programs is on to substantial criminal,
Signature	Title	Sections	Date Section Completed
A.			
В.			
C.			
D.			
E			
F			
G.			
н.			
I.			
J.			
К.			
L.			
Z0500. Signature of RN Assessment Coor	dinator Verifying Assessment	Completion	
A. Signature:		B. Date RN Assessment Co	
		assessment as complet	e:
		Month Day	Year
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Section Z - Assessment Administration

Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting