DEL Report
Data Elements by Assessment Instrument Version Report

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
A0050	Type of Record	1-Add new assessment/record 2-Modify existing record 3-Inactivate existing record	*	N
A0100	Facility Provider Numbers	*	*	N
A0100A	National Provider Identifier (NPI)	Text-National Provider Identifier (NPI) ^-Blank (not available or unknown)	*	Y
A0100B	CMS Certification Number (CCN)	Text-CMS Certification Number (CCN)	*	N
A0100C	State {Facility/Provider} Number	Text-State Provider Number ^-Blank (not available or unknown)	*	Y
A0200	Type of Provider	3-Long-Term Care Hospital	*	N
A0210	Assessment Reference Date. Observation end date	MMDDYYYY-Assessment reference date	*	N
A0220	Admission Date	MMDDYYYY-Admission date	*	N
A0250	Reason for Assessment	10-Planned discharge 12-Expired 11-Unplanned discharge 01-Admission	QM	Y
A0270	Discharge Date	MMDDYYYY-Discharge date ^-Blank (skip pattern)	*	N
A0500	Legal Name of {Patient/Resident}	*	*	N
A0500A	First name	Text-{Patient/Resident} First name	*	N
A0500B	Middle initial	^-Blank (not available or unknown) Text-{Patient/Resident} Middle initial	*	Y
A0500C	Last name	Text-{Patient/Resident} Last name	*	N

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A0500D	Suffix	^-Blank (not available or unknown) Text-{Patient/Resident} Suffix	*	Y
A0600	Social Security and Medicare Numbers	*	*	N
A0600A	Social Security Number	^-Blank (not available or unknown) Text-{Patient/Resident} Social Security Number	*	N
A0600B	Medicare number (or comparable railroad insurance number)	^-Blank (not available or unknown) Text-Patient/Resident} Medicare number (or comparable railroad insurance number) or Medicare Beneficiary Identifier (MBI)	*	Y
A0700	Medicaid Number - Enter "+" if pending, "N" if not a Medicaid recipient	+-Enter "+" if Medicaid application is pending N-Enter "N" if not a Medicaid recipient ^-Blank (not available or unknown) Text-{Patient/Resident} Medicaid number	*	Y
A0800	Gender	1-Male 2-Female	*	N
A0900	Birth Date	MMDDYYYY-{Patient/Resident} Birthdate MMYYYY-{Patient/Resident} Birthdate (if day of month is unknown) YYYY-{Patient/Resident} Birthdate (if month and day unknown)	QM	Y
A1000	Race/Ethnicity: Check all that apply	--Not assessed/no information A-American Indian or Alaska Native	*	Y

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		B-Asian C-Black or African American D-Hispanic or Latino E-Native Hawaiian or Other Pacific Islander F-White		
A1100	Language	*	*	N
A1100A	Does the {patient/resident} need or want an interpreter to communicate with a doctor or health care staff?	0-No 1-Yes 9-Unable to determine --Not assessed/no information	*	Y
A1100B	Preferred language	Text-Specify preferred language --Not assessed/no information ^-Blank (skip pattern)	*	Y
A1200	Marital Status	1-Never married 2-Married 3-Widowed 4-Separated 5-Divorced --Not assessed/no information	*	Y
A1400	Payer Information: Check all that apply	A-Medicare (traditional fee-for-service) B-Medicare (managed care/Part C/Medicare Advantage) C-Medicaid (traditional fee-for-service) D-Medicaid (managed care) E-Workers' compensation F-Title programs (e.g., Title III, V, or XX)	*	Y

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		G-Other government (e.g., TRICARE, VA, etc.) H-Private insurance/Medigap I-Private managed care J-Self-pay K-No payor source X-Unknown Y-Other		
A1802	Admitted From. Immediately preceding this admission, where was the {patient/resident}?	09-Intellectually Disabled/Developmentally Disabled (ID/DD) facility 02-Long-term care facility (LTC) 04-Hospital emergency department 07-Inpatient rehabilitation facility or unit (IRF) 01-Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care) 03-Skilled Nursing Facility (SNF) 06-Long-term care hospital (LTCH) 05-Short-stay acute hospital (IPPS) 08-Psychiatric hospital or unit 10-Hospice 99-None of the above	*	Y
A2110	Discharge Location	09-Intellectually Disabled/Developmentally Disabled (ID/DD) facility 12-Discharged Against Medical Advice 02-Long-term care facility (LTC)	*	Y

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		04-Hospital emergency department 07-Inpatient rehabilitation facility or unit (IRF) 01-Community residential setting (e.g., private home/apt., board/care, assisted living, group home, adult foster care) 03-Skilled Nursing Facility (SNF) 98-Other 06-Long-term care hospital (LTCH) 05-Short-stay acute hospital (IPPS) 08-Psychiatric hospital or unit 10-Hospice		
A2500	Program Interruption(s)	0-No 1-Yes	*	Y
A2510	Number of Program Interruptions During This Stay In this {Facility/setting}. Code only if {program interruptions is yes}	01-Minimum value 99-Maximum value ^-Blank (skip pattern)	*	Y
A2525	Program Interruption Dates. Code only if {number of program interruptions} is greater than or equal to 01.	*	*	N
A2525A1	First Interruption Date	MMDDYYYY-Interruption start date ^-Blank (skip pattern)	*	N
A2525A2	First interruption Return Date	MMDDYYYY-Interruption end date ^-Blank (skip pattern)	*	N
A2525B1	Second Interruption Date. Code only if {number of program interruptions} is greater than 01.	MMDDYYYY-Interruption start date ^-Blank (skip pattern)	*	N
A2525B2	Second Interruption Return Date. Code only if {number of program interruptions} is greater than 01.	MMDDYYYY-Interruption end date ^-Blank (skip pattern)	*	N
A2525C1	Third Interruption Date. Code only if {number of program	MMDDYYYY-Interruption start date	*	N

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	interruptions} is greater than 02.	^-Blank (skip pattern)		
A2525C2	Third Interruption Return Date. Code only if {number of program interruptions} is greater than 02.	MMDDYYYY-Interruption end date ^-Blank (skip pattern)	*	N
A2525D1	Fourth Interruption Start Date. Code only if {number of program interruptions} is greater than 03.	MMDDYYYY-Interruption start date ^-Blank (skip pattern)	*	N
A2525D2	Fourth Interruption End Date. Code only if {number of program interruptions} is greater than 03.	MMDDYYYY-Interruption end date ^-Blank (skip pattern)	*	N
A2525E1	Fifth Interruption Start Date. Code only if {number of program interruptions} is greater than 04.	MMDDYYYY-Interruption start date ^-Blank (skip pattern)	*	N
A2525E2	Fifth Interruption End Date. Code only if {number of program interruptions} is greater than 04.	MMDDYYYY-Interruption end date ^-Blank (skip pattern)	*	N
B0100	Comatose. Persistent vegetative state/no discernible consciousness	0-No 1-Yes --Not assessed/no information	*	Y
BB0700	Expression of Ideas and Wants (consider both verbal and non-verbal expression and excluding language barriers)	4-Expresses complex messages without difficulty and with speech that is clear and easy to understand 3-Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear 2-Frequently exhibits difficulty with expressing needs and ideas 1-Rarely/Never expresses self or speech is very difficult to understand --Not assessed/no information ^-Blank (skip pattern)	QM	N
BB0800	Understanding Verbal and Non-Verbal Content (with hearing aid or device, if used, and excluding language	4-Understands: Clear comprehension without cues or	QM	N

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	barriers)	repetitions 3-Usually Understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand 2-Sometimes Understands: Understands only basic conversations or simple, direct phases. Frequently requires cues to understand 1-Rarely/Never Understands --Not assessed/no information ^-Blank (skip pattern)		
C1610	Signs and Symptoms of Delirium (from CAM©). Confusion Assessment Method (CAM©) Shortened Version Worksheet	*	*	N
C1610A	Is there evidence of an acute change in mental status from the {patient's/resident's} baseline?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
C1610B	Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
C1610C	Did the {patient/resident} have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
C1610D	Was the {patient's/resident's} thinking disorganized or incoherent, such as rambling or irrelevant conversation,	0-No 1-Yes	QM	N

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	unclear or illogical flow of ideas, or unpredictable, switching from subject to subject?	--Not assessed/no information ^-Blank (skip pattern)		
C1610E	Overall, how would you rate the {patient's/resident's} level of consciousness?	*	*	N
C1610E1	Alert (Normal)	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
C1610E2	Vigilant (hyperalert) or Lethargic (drowsy, easily aroused) or Stupor (difficulty to arouse) or Coma (unarousable)	0-No 1-Yes --Not assessed/no information ^-Blank (skip pattern)	QM	N
GG0100	Prior Functioning: Everyday Activities. Indicate the {patient's/resident's} usual ability with everyday activities prior to the current illness, exacerbation, or injury	*	*	N
GG0100B	Indoor Mobility (Ambulation): Code the {patient's/resident's} need for assistance with walking from room to room (with or without a device such as a cane, crutch, or walker) prior to the current illness, exacerbation, or injury.	2-Needed some help - {Patient/Resident} needed partial assistance from another person to complete activities. 9-Not applicable 8-Unknown 3-Independent - {Patient/Resident} completed the activities by him/herself, with or without assistive device, with no assistance from a helper. 1-Dependent - A helper completed the activities for the {patient/resident}. --Not assessed/no information	QM	N

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GG0110	Prior Device Use. Indicate devices and aids used by the {patient/resident} prior to the current illness, exacerbation, or injury: Check all that apply	--Not assessed/no information A-Manual wheelchair B-Motorized wheelchair and/or scooter C-Mechanical lift Z-None of the above	QM	N
GG0130	Self-Care. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6 point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0130A1	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 {patient/resident}. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance -	QM	N

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		Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130A2	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 {patient/resident}. - Discharge Goal	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. {Patient/Resident} does	QM	N

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		none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0130A3	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 {patient/resident}. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or	QM	N

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		injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.		

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		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130B1	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. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports	QM	N

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		trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130B2	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. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up;	QM	N

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		{patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0130B3	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. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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	QM	N

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		the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		

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GG0130C1	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. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching	QM	N

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		assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130C2	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. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than	QM	N

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		half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0130C3	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. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance -	QM	N

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		Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130D1	Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the	QM	N

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		effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0130D2	Wash Upper Body: The ability to wash, rinse, and dry the	02-Substantial/maximal assistance -	QM	N

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	face, hands, chest, and arms while sitting in a chair or bed. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0130D3	Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the	QM	N

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		current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		88-Not attempted due to medical condition or safety concerns		
GG0170	Mobility. Code the {patient's/resident's} usual performance at {admission} for each activity using the 6-point scale. If activity was not attempted at {admission}, code the reason. Code the {patient's/resident's} {discharge} goal(s) using the 6-point scale. Use of codes 07, 09, 10, or 88 is permissible to code {discharge} goal(s).	*	*	N
GG0170A1	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. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170A2	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. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0170A3	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. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		

Note: * indicates an empty value.

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Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		88-Not attempted due to medical condition or safety concerns		
GG0170B1	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident}	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170B2	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance -	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0170B3	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170C1	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.		

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170C2	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0170C3	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.	QM	N

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Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170D1	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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	QM	N

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Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		

DEL Report
Data Elements by Assessment Instrument Version Report

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
GG0170D2	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or	QM	N

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Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		intermittently. --Not assessed/no information		
GG0170D3	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident}	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170E1	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance -	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170E2	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Goal	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. {Patient/Resident} does	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0170E3	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity.		

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Assessment Instrument: LCDS

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170F1	Toilet transfer: The ability to get on and off a toilet or commode. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports	QM	N

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Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		
GG0170F2	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up;	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information		
GG0170F3	Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 88-Not attempted due to medical condition or safety concerns		

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
GG0170H1	Does the {patient/resident} walk? - Admission	0-No, and walking goal is not clinically indicated 1-No, and walking goal is clinically indicated --Not assessed/no information 2-Yes	*	N
GG0170H3	Does the {patient/resident} walk? - Discharge	0-No --Not assessed/no information 2-Yes	*	N
GG0170I1	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.	QM	N

Note: * indicates an empty value.

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Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170I2	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170I3	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance -	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or		

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170J1	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170J2	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up;	QM	N

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Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		{patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170J3	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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.	QM	N

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical		

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		condition or safety concerns		
GG0170K1	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170K2	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance -	QM	N

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170K3	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or	QM	N

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170Q1	Does the {patient/resident} use a wheelchair and/or scooter? - Admission	0-No 1-Yes	*	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		--Not assessed/no information		
GG0170Q3	Does the {patient/resident} use a wheelchair and/or scooter? - Discharge	0-No 1-Yes --Not assessed/no information	*	N
GG0170R1	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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.	QM	N

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		07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170R2	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity.	QM	N

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		Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170R3	Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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	QM	N

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		

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GG0170RR1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	QM	N
GG0170RR3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	QM	N
GG0170S1	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Admission Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 03-Partial/moderate assistance -	QM	N

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170S2	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Goal	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. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information ^-Blank (skip pattern)		
GG0170S3	Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. - Discharge Performance	09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01-Dependent - Helper does ALL of the effort. {Patient/Resident} does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the {patient/resident} to complete the activity. 05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity. 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. 07-{Patient/Resident} refused 06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper. 04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.		

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		--Not assessed/no information ^-Blank (skip pattern) 88-Not attempted due to medical condition or safety concerns		
GG0170SS1	Indicate the type of wheelchair or scooter used. - Admission	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	QM	N
GG0170SS3	Indicate the type of wheelchair or scooter used. - Discharge	1-Manual 2-Motorized --Not assessed/no information ^-Blank (skip pattern)	QM	N
H0350	Bladder Continence - Select the one category that best describes the {patient/resident}.	0-Always continent (no documented incontinence) 1-Stress incontinence only 2-Incontinent less than daily (e.g., once or twice during the 3-day assessment period) 3-Incontinent daily (at least once a day) 4-Always incontinent 5-No urine output (e.g., renal failure) 9-Not applicable (e.g., indwelling catheter) --Not assessed/no information	QM	N
H0400	Bowel Continence - Select the one category that best describes the {patient/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	QM	Y

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		movement) 3-Always incontinent (no episodes of continent bowel movements) 9-Not rated, {patient/resident} had an ostomy or did not have a bowel movement for the entire 3 days --Not assessed/no information		
I0000	Active Diagnoses in the last 7 days: Check all that apply. Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists	--Not assessed/no information I0101-Severe and Metastatic Cancers I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I1501-Chronic Kidney Disease, Stage 5 I1502-Acute Renal Failure I2101-Septicemia, Sepsis, Systemic Inflammatory Response Syndrome/Shock I2600-Central Nervous System Infections, Opportunistic Infections, Bone/Joint/Muscle Infections/Necrosis I2900-Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) I4100-Major Lower Limb Amputation (e.g., above knee, below knee) I4501-Stroke I4801-Dementia I4900-Hemiplegia or Hemiparesis	QM	Y

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		I5000-Paraplegia I5101-Complete Tetraplegia I5102-Incomplete Tetraplegia I5110-Other Spinal Cord Disorder/Injury (e.g., myelitis, cauda equina syndrome) I5200-Multiple Sclerosis (MS) I5250-Huntington's Disease I5300-Parkinson's Disease I5450-Amyotrophic Lateral Sclerosis I5460-Locked-In State I5470-Severe Anoxic Brain Damage, Cerebral Edema, or Compression of Brain I5601-Malnutrition (protein or calorie) I5602-At Risk for Malnutrition I7900-None of the above active diagnoses		
I0050	Indicate the {patient's/resident's} primary medical condition category	1-Acute Onset Respiratory Condition (e.g., aspiration and specified bacterial pneumonias) 2-Chronic Respiratory Condition (e.g., chronic obstructive pulmonary disease) 3-Acute Onset and Chronic Respiratory Conditions 4-Chronic Cardiac Condition (e.g., heart failure) 5-Other Medical Condition. If "Other Medical Condition", enter ICD code in the boxes.	QM	N

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		--Not assessed/no information		
I0050A	If "Other Medical Condition", enter the ICD code in the boxes.	ICD-Valid ICD Code --Not assessed/no information ^-Blank (skip pattern)	QM	N
J1800	Has the {patient/resident} had any falls since {admission or the prior assessment whichever is more recent}?	0-No 1-Yes --Not assessed/no information	*	N
J1900	Number of Falls Since {Admission or Prior Assessment whichever is most recent}	*	*	N
J1900A	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 {patient/resident}; no change in the {patient's/resident's} behavior is noted after the fall.	0-None 1-One 2-Two or more --Not assessed/no information ^-Blank (skip pattern)	*	N
J1900B	Injury (except major) - Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the {patient/resident} to complain of pain	0-None 1-One 2-Two or more --Not assessed/no information ^-Blank (skip pattern)	*	N
J1900C	Major injury - Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	0-None 1-One 2-Two or more --Not assessed/no information ^-Blank (skip pattern)	QM	N
K0200	Height and Weight - While measuring, if the number is X.1 - X.4 round down; X.5 or greater round up	*	*	N
K0200A	Height (in inches). Record most recent height measure since {admission}	99-Maximum value --Not assessed/no information 00-Minimum value	QM	Y

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
K0200B	Weight (in pounds). Base weight on most recent measure in last {specify time period in days}; measure weight consistently, according to standard {facility/setting} practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)	999-Maximum value --Not assessed/no information 000-Minimum value	QM	Y
M0210	Unhealed Pressure Ulcers/Injuries. Does this {patient/resident} have one or more unhealed pressure ulcers/injuries?	0-No 1-Yes --Not assessed/no information	*	N
M0300	Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage	*	*	N
M0300A	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 a persistent blue or purple hues	*	*	N
M0300A1	Number of Stage 1 pressure injuries	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300B	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.	*	*	N
M0300B1	Number of Stage 2 pressure ulcers	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300B2	Number of these Stage 2 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information	QM	Y

Note: * indicates an empty value.

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Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		^-Blank (skip pattern)		
M0300C	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	*	*	N
M0300C1	Number of Stage 3 pressure ulcers	0-Minimum value
9-Maximum value
--Not assessed/no information
^-Blank (skip pattern)	QM	Y
M0300C2	Number of these Stage 3 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value
9-Maximum value
--Not assessed/no information
^-Blank (skip pattern)	QM	Y
M0300D	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	*	*	N
M0300D1	Number of Stage 4 pressure ulcers	0-Minimum value
9-Maximum value
--Not assessed/no information
^-Blank (skip pattern)	QM	Y
M0300D2	Number of these Stage 4 pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value
9-Maximum value
--Not assessed/no information
^-Blank (skip pattern)	QM	Y
M0300E	Unstageable - Non-removable dressing/device: Known but not stageable due to non-removable dressing/device	*	*	N
M0300E1	Number of unstageable pressure ulcers/injuries due to non-removable dressing/device	0-Minimum value
9-Maximum value	QM	Y

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Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		--Not assessed/no information ^-Blank (skip pattern)		
M0300E2	Number of these unstageable pressure ulcers/injuries that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300F	Unstageable - Slough and/or eschar: Known but not stageable due to coverage of wound bed by slough and/or eschar	*	*	N
M0300F1	Number of unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300F2	Number of these unstageable pressure ulcers that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300G	Unstageable - Deep tissue injury	*	*	N
M0300G1	Number of unstageable pressure injuries presenting as deep tissue injury	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0300G2	Number of these unstageable pressure injuries that were present upon {admission} - enter how many were noted at the time of {admission}	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0800	Worsening of Pressure Ulcer Status Since Prior Assessment. Indicate the number of current pressure ulcers that were not present or were at a lesser stage on	*	*	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version:　　3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
	prior assessment. If no current pressure ulcer at a given stage, enter 0.			
M0800A	Stage 2	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0800B	Stage 3	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0800C	Stage 4	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	Y
M0800D	Unstageable - Non-removable dressing	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	N
M0800E	Unstageable - Slough and/or eschar	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	N
M0800F	Unstageable - Deep tissue injury	0-Minimum value 9-Maximum value --Not assessed/no information ^-Blank (skip pattern)	QM	N
O0100	Special Treatments, Procedures, and Programs: Check all of the following treatments, procedures, and programs that were performed	--Not assessed/no information Z-None of the above F3-Invasive Mechanical Ventilator: weaning	QM	N

Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
		F4-Invasive Mechanical Ventilator: non-weaning G-Non-invasive Ventilator (BIPAP, CPAP) J-Dialysis N-Total Parenteral Nutrition		
O0250	Influenza Vaccine - Refer to the current version of the {manual} for current influenza vaccination season and reporting period	*	*	N
O0250A	Did the {patient/resident} receive the influenza vaccine in this {facility/setting} for this year's influenza vaccination season?	0-No 1-Yes --Not assessed/no information	QM	Y
O0250B	Date influenza vaccine received	MMDDYYYY-Date influenza vaccine received --Not assessed/no information ^-Blank (skip pattern)	*	N
O0250C	If influenza vaccine not received, state reason	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 1-{Patient/resident} not in facility during this year's influenza vaccination season --Not assessed/no information ^-Blank (skip pattern)	QM	Y
Z0400	Signature of Persons Completing the Assessment	*	*	N

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Note: * indicates an empty value.

Assessment Instrument: LCDS

Assessment Version: 3.00

Assessment Item ID	Question Text	Response Code - Response Text	Item Use(s)	Changed since Last Assessment Version?
Z0400A	Signature, Title, Sections, Date Section Completed A	Text-Signature A	*	N
Z0400B	Signature, Title, Sections, Date Section Completed B	Text-Signature B	*	N
Z0400C	Signature, Title, Sections, Date Section Completed C	Text-Signature C	*	N
Z0400D	Signature, Title, Sections, Date Section Completed D	Text-Signature D	*	N
Z0400E	Signature, Title, Sections, Date Section Completed E	Text-Signature E	*	N
Z0400F	Signature, Title, Sections, Date Section Completed F	Text-Signature F	*	N
Z0400G	Signature, Title, Sections, Date Section Completed G	Text-Signature G	*	N
Z0400H	Signature, Title, Sections, Date Section Completed H	Text-Signature H	*	N
Z0400I	Signature, Title, Sections, Date Section Completed I	Text-Signature I	*	N
Z0400J	Signature, Title, Sections, Date Section Completed J	Text-Signature J	*	N
Z0400K	Signature, Title, Sections, Date Section Completed K	Text-Signature K	*	N
Z0400L	Signature, Title, Sections, Date Section Completed L	Text-Signature L	*	N
Z0500	Signature of RN Coordinator Verifying Assessment Completion	*	*	N
Z0500A	Signature	Text-Signature	*	N
Z0500B	Date RN Assessment Coordinator signed assessment as complete	MMDDYYYY-Signature date	*	N