



DEL Report

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| 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) | * | N |
| 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) | * | N |
| 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 | N |
| 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 | * | N |
| A0500C | Last name | Text-{Patient/Resident} Last name | * | N |



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| A0500D | Suffix | ^-Blank (not available or unknown) Text-{Patient/Resident} Suffix | * | N |
| 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) | * | N |
| 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 | * | N |
| 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 | N |
| A1000 | Race/Ethnicity: Check all that apply | --Not assessed/no information A-American Indian or Alaska Native | * | N |



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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 | * | N |
| A1100B | Preferred language | Text-Specify preferred language --Not assessed/no information ^-Blank (skip pattern) | * | N |
| A1200 | Marital Status | 1-Never married 2-Married 3-Widowed 4-Separated 5-Divorced --Not assessed/no information | * | N |
| 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) | * | N |



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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 | * | N |
| A2110 | Discharge Location | 09-Intellectually Disabled/Developmentally Disabled (ID/DD) facility 12-Discharged Against Medical Advice 02-Long-term care facility (LTC) | * | N |



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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 | | |
| B0100 | Comatose. Persistent vegetative state/no discernible consciousness | 0-No 1-Yes --Not assessed/no information | * | N |
| 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 phrases. 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) | * | Y |
| 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) | * | Y |
| 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) | * | Y |
| C1610D | Was the {patient's/resident's} thinking disorganized or incoherent, such as rambling or irrelevant conversation, | 0-No 1-Yes | * | Y |



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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) | * | Y |
| 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) | * | Y |
| 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 | Y |



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| | | <p>Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | QM | Y |



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| | | <p>the effort.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to</p> | | |



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| | | environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 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 | Y |



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| | | <p>Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half</p> | QM | Y |



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| | | <p>the effort.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to</p> | | |



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| | | environmental limitations (e.g., lack of equipment, weather constraints) 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; {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 | Y |



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| | | <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0130B3 | <p>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</p> | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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</p> | QM | Y |



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| | | <p>more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |



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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 | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching</p> | QM | Y |



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| | | <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>03-Partial/moderate assistance -</p> | QM | Y |



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| 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. | QM | Y |



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| | | <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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</p> | | |



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| | | throughout the activity or intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 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 | Y |



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| | | <p>Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0130D2 | Wash Upper Body: The ability to wash, rinse, and dry the face, hands, chest, and arms while sitting in a chair or bed. - Discharge Goal | <p>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.</p> <p>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</p> | QM | Y |



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| | | <p>more helpers is required for the {patient/resident} to complete the activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current</p> | | |



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| | | illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 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 | QM | Y |



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| | | 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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 | QM | Y |



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| | | <p>effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> | | |



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| | | --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 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 | Y |



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| | | <p>with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0170A3 | <p>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.</p> <p>- Discharge Performance</p> | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does</p> | QM | Y |



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| | | <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical</p> | | |



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| | | 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 | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself</p> | QM | Y |



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| | | <p>with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0170B2 | Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. - Discharge Goal | <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or</p> | QM | Y |



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| | | <p>following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | QM | Y |



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| | | <p>current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as</p> | | |



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| | | <p>{patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or</p> | QM | Y |



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| | | <p>following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | <p>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.</p> <p>01-Dependent - Helper does ALL of the effort. {Patient/Resident} does</p> | QM | Y |



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| | | <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted</p> | | |



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| | | and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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. 03-Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than | QM | Y |



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| | | 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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 the effort. {Patient/Resident} does | QM | Y |



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| | | <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical</p> | | |



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| | | condition or safety concerns | | |
| 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 | <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as</p> | QM | Y |



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| | | {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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. | QM | Y |



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| | | 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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 | QM | Y |



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| | | <p>current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as</p> | | |



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| | | {patient/resident} completes activity. Assistance may be provided throughout the activity or intermittently. --Not assessed/no information 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 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 | Y |



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| | | 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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 injury. 02-Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or | QM | Y |



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| | | 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 | | |



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| | | 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns | | |
| 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 trunk or limbs, but provides less than | QM | Y |



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| | | 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 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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. | QM | Y |



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| | | <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |



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| GG0170F3 | Toilet transfer: The ability to get on and off a toilet or commode. - Discharge Performance | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>04-Supervision or touching</p> | QM | Y |



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| | | <p>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.</p> <p>--Not assessed/no information</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG017011 | Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space. - Admission Performance | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance -</p> | QM | Y |



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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 ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 | QM | Y |



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| | | 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 | | |



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| | | ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 - 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 | QM | Y |



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| | | <p>following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0170J1 | Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. - Admission Performance | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>02-Substantial/maximal assistance -</p> | QM | Y |



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| | | <p>Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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</p> | | |



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| | | intermittently. --Not assessed/no information ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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; {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 | QM | Y |



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| | | 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 | QM | Y |



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| | | <p>the effort.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> | | |



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



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|--------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------|
| | | 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) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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 | QM | Y |



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| | | <p>activity.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> | | |



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| | | 88-Not attempted due to medical condition or safety concerns | | |
| GG0170K3 | Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. - Discharge Performance | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident}</p> | QM | Y |



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| | | <p>completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0170Q1 | Does the {patient/resident} use a wheelchair and/or scooter? - Admission | 0-No 1-Yes --Not assessed/no information | * | N |
| 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 | QM | Y |



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| | | 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 | | |



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| | | ^-Blank (skip pattern) 10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints) 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. 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 | Y |



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| | | <p>with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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 | <p>09-Not applicable - Not attempted and the {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury.</p> <p>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.</p> <p>01-Dependent - Helper does ALL of</p> | QM | Y |



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| | | <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack</p> | | |



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| | | of equipment, weather constraints) 88-Not attempted due to medical condition or safety concerns | | |
| 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. | QM | Y |



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| | | <p>Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| 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. | QM | Y |



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| | | <p>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.</p> <p>05-Setup or clean-up assistance - Helper sets up or cleans up; {patient/resident} completes activity. Helper assists only prior to or following activity.</p> <p>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.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to</p> | | |



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| | | environmental limitations (e.g., lack of equipment, weather constraints) 09-Not applicable - Not attempted and {patient/resident} did not perform this activity prior to the current illness, exacerbation, or injury. 88-Not attempted due to medical condition or safety concerns | | |
| 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 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 | Y |



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| | | <p>Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.</p> <p>07-{Patient/Resident} refused</p> <p>06-Independent - {Patient/Resident} completes the activity by him/herself with no assistance from a helper.</p> <p>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.</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> <p>10-Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)</p> <p>88-Not attempted due to medical condition or safety concerns</p> | | |
| GG0170SS1 | Indicate the type of wheelchair or scooter used. - Admission | <p>1-Manual</p> <p>2-Motorized</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> | QM | N |
| GG0170SS3 | Indicate the type of wheelchair or scooter used. - Discharge | <p>1-Manual</p> <p>2-Motorized</p> <p>--Not assessed/no information</p> <p>^-Blank (skip pattern)</p> | QM | N |



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| 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 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 | QM | N |
| 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 I0900-Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) I1501-Chronic Kidney Disease, | QM | Y |



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| | | 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 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) | | |



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| | | I5602-At Risk for Malnutrition I7900-None of the above active diagnoses I0103-Metastatic Cancer I0104-Severe Cancer I0605-Severe Left Systolic/Ventricular Dysfunction (known ejection fraction 30%) I5455-Other Progressive Neuromuscular Disease I5480-Other Severe Neurological Injury, Disease, or Dysfunction I7100-Lung Transplant I7101-Heart Transplant I7102-Liver Transplant I7103-Kidney Transplant I7104-Bone Marrow Transplant | | |
| 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. --Not assessed/no information | QM | N |



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| 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 | N |
| K0200B | Weight (in pounds). Base weight on most recent measure | 999-Maximum value | QM | N |



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| | 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.) | --Not assessed/no information 000-Minimum value | | |
| 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 | N |
| 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 | N |
| 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 ^Blank (skip pattern) | QM | N |



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| 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 | N |
| 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 | N |
| 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 | N |
| 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 | N |
| 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 --Not assessed/no information ^Blank (skip pattern) | QM | N |



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| 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 | N |
| 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 | N |
| 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 | N |
| 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 | N |
| 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 | N |
| N2001 | Drug Regimen Review: Did a complete drug regimen review identify potential clinically significant medication issues? | 0-No - No issues found during review 1-Yes - Issues found during review 9-NA - {Patient/Resident} is not taking any medications --Not assessed/no information | * | N |



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| N2003 | Medication Follow-up: Did the {facility/setting} contact a physician (or physician-designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues? | 0-No 1-Yes ^-Blank (skip pattern) | * | N |
| N2005 | Medication Intervention: Did the {facility/setting} contact and complete physician (or physician-designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant medication issues were identified since the {admission}? | 0-No 1-Yes 9-NA - There were no potential clinically significant medication issues identified since {admission} or {patient/resident} is not taking any medications --Not assessed/no information | * | 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 G-Non-invasive Ventilator (BIPAP, CPAP) J-Dialysis N-Total Parenteral Nutrition H-IV Medications H2a-Vasoactive medications (i.e., continuous infusions of vasopressors or inotropes) | * | Y |
| O0150 | Spontaneous Breathing Trial (SBT) (including Tracheostomy Collar or Continuous Positive Airway Pressure (CPAP) Breathing Trial) by Day 2 of the {LTCH} stay. | * | * | N |
| O0150A | Invasive Mechanical Ventilator Support upon {admission} to the {LTCH} | --Not assessed/no information 0-No, not on invasive mechanical ventilation support 1-Yes, weaning | * | N |



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| | | 2-Yes, non-weaning | | |
| O0150B | Assessed for readiness for SBT by day 2 of the {LTCH} stay (Note: Day 2 = Date of Admission to the {LTCH} (Day 1) + 1 calendar day) | 0-No 1-Yes | * | N |
| O0150C | Deemed medically ready for SBT by day 2 of the {LTCH} stay | 0-No 1-Yes --Not assessed/no information | * | N |
| O0150D | Is there documentation of reason(s) in the {patient's/resident's} medical record that the {patient/resident} was deemed medically unready for SBT by day 2 of the {LTCH} stay? | 0-No 1-Yes --Not assessed/no information | * | N |
| O0150E | SBT performed by day 2 of the {LTCH} stay | 0-No 1-Yes --Not assessed/no information | * | N |
| O0200 | Ventilator Liberation Rate | * | * | N |
| O0200A | Invasive Mechanical Ventilator: Liberation Status at Discharge | --Not assessed/no information 0-Not fully liberated at discharge (i.e., {patient/resident} required partial or full invasive mechanical ventilation support within 2 calendar days prior to discharge) 1-Fully liberated at discharge (i.e., {patient/resident} did not require any invasive mechanical ventilation support for at least 2 consecutive calendar days immediately prior to discharge) 9-NA (Code only if the {patient/resident} was non-weaning | * | N |



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| | | or not ventilated on admission) | | |
| 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 | N |
| 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 | N |
| Z0400 | Signature of Persons Completing the Assessment | * | * | N |
| 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 |



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| 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 |