



**Minimum Data Set (MDS) 3.0
Instructor Guide**

Section B Hearing, Speech, & Vision

Objectives

- State the intent of Section B Hearing, Speech, and Vision.
- Describe the process for assessing:
 - Resident's ability to hear
 - Resident's ability to understand and communicate with others
 - Resident's visual limitations or difficulties
- Describe the communication skills to be assessed:
 - Speech clarity
 - Ability to make self understood
 - Ability to understand others
- Code Section B correctly and accurately.

Methodology

This lesson uses lecture and a question/ answer activity.

Training Resources

- Instructor Guide
- Slides 1 - 50

Instructor Preparation

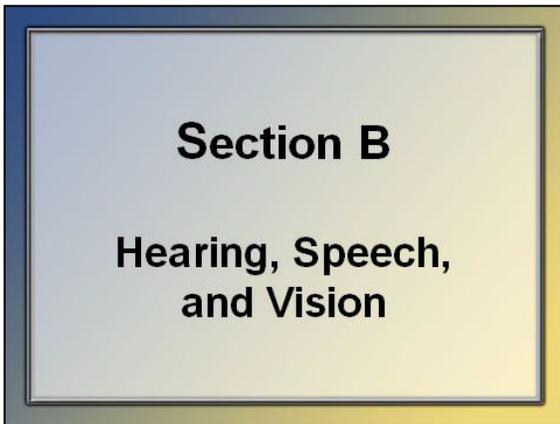
- Review the Instructor Guide.
- Review learning objectives for the lesson.
- Rehearse with slide presentation.

SLIDES	INSTRUCTIONAL GUIDANCE
Instructor Notes	
Instructor Notes	

Notes

Notes

Direct participants to turn to Section B in the MDS 3.0 instrument.

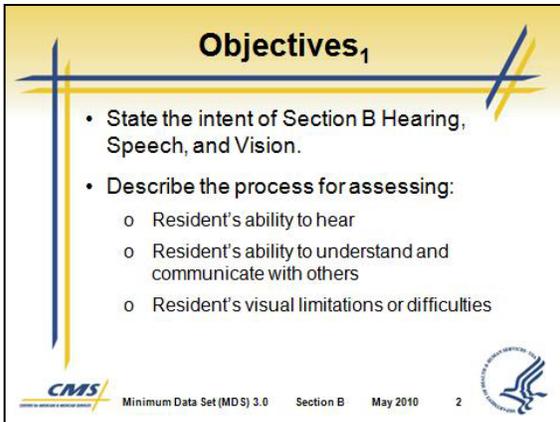


Slide 1

I. Introduction/ Objectives

A. Introduction

The MDS resident assessment begins with an evaluation of a resident’s ability to hear and to see as well as multiple aspects of a resident’s ability to communicate.



Slide 2

B. Objectives

- State the intent of Section B: Hearing, Speech, and Vision.
- Describe the process for assessing:
 - Resident’s ability to hear
 - Resident’s ability to understand and communicate with others
 - Resident’s visual limitations or difficulties

SLIDES

INSTRUCTIONAL GUIDANCE

Objectives₂

- Describe the communication skills to be assessed:
 - Speech clarity
 - Ability to make self understood
 - Ability to understand others
- Code Section B correctly and accurately.

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Slide 3

- Describe the communication skills to be assessed:
 - Speech clarity
 - Ability to make self understood
 - Ability to understand others
- Code Section B correctly and accurately.

**Intent of Section B
Hearing, Speech, and Vision**



- Evaluate resident's ability to hear, ability to understand and communicate with others, and visual limitations or difficulties.

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- C. Intent of Section B
1. Document the resident's ability to hear (with assistive hearing devices, if they are used).
 2. Determine the resident's ability to understand and communicate with others.
 3. Determine whether the resident experiences visual limitations or difficulties related to diseases common in aged persons.

Item B0100

Comatose

Slide 5

II. Item B0100 Comatose

- A. Section B begins with a determination of whether the resident is comatose or in a persistent vegetative state.

SLIDES	INSTRUCTIONAL GUIDANCE
<p style="text-align: center;">Instructor Notes</p> <p>Definition of a Coma</p> <p>A pathological state in which neither arousal (wakefulness, alertness) nor awareness exists. The person is unresponsive and cannot be aroused; he/she does not open his/her eyes, does not speak and does not move his/her extremities on command or in response to noxious stimuli (e.g., pain).</p>	<p style="text-align: center;">Instructor Notes</p>
<p style="text-align: center;">Instructor Notes</p> <p>Definition of a Persistent Vegetative State</p> <p>Sometimes residents who were comatose after an anoxic-ischemic injury (i.e., not enough oxygen to the brain) from a cardiac arrest, head trauma or massive stroke, regain wakefulness but do not evidence any purposeful behavior or cognition. Their eyes are open and they may grunt, yawn, pick with their fingers, and have random body movements. Neurological exam shows extensive damage to both cerebral hemispheres.</p>	<p style="text-align: center;">Instructor Notes</p>

B0100 Importance

- Complications of immobility.
 - Skin breakdown
 - Joint contractures
- Impact on MDS 3.0.
 - Cannot complete resident interviews for applicable sections.
 - Includes Section C, Section D, Section F, etc.
 - Complete the staff assessment for these residents.

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B. B0100 Importance

1. Physical problems
 - a. Residents who are in a coma or persistent vegetative state are at risk for the complications of immobility.
 - Skin breakdown
 - Joint contractures
2. Impact on MDS 3.0
 - a. Several sections of the MDS 3.0 use a resident interview as the primary assessment method.
 - b. Residents who are in a coma or a persistent vegetative state will also not be able to complete the resident interview option for applicable sections.

SLIDES

INSTRUCTIONAL GUIDANCE

B0100 Conduct the Assessment

- Review the medical record.
- Determine if a neurological diagnosis of comatose or persistent vegetative state has been documented by licensed staff as permitted by state law:
 - o Physician
 - o Physician Assistant
 - o Nurse Practitioner
 - o Clinical Nurse Specialist

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B0100 Assessment Guidelines

- A diagnosis must be documented in the resident's medical record.
- Residents in advanced stages of progressive neurological disorders may:
 - o Display severe cognitive impairment.
 - o Be non-communicative.
 - o Sleep a great deal of the time.
- This does not meet the definition of comatose or persistent vegetative state.

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- c. This includes Section C: Cognitive Patterns, Section D: Mood, and Section F: Preferences for Customary Routine and Activities among others.
- d. For these sections, you must complete the staff assessment option in place of the resident interview.

C. B0100 Conduct the Assessment

1. To determine if the resident is comatose, review the medical record.
2. Determine if a neurological diagnosis of comatose or persistent vegetative state has been documented by one of the following licensed staff as permitted by state law:

- a. Physician
- b. Physician Assistant
- c. Nurse Practitioner
- d. Clinical Nurse Specialist

D. B0100 Assessment Guidelines

1. A diagnosis of comatose or persistent vegetative state must be documented in the resident's medical record.
2. Residents in advanced stages of progressive neurological disorders such as Alzheimer's Disease may:
 - a. Display severe cognitive impairment.
 - b. Be non-communicative.
 - c. Sleep a great deal of the time.

SLIDES

INSTRUCTIONAL GUIDANCE

B0100 Coding Instructions

- **Code 0. No**
 - o Diagnosis is not present in the look-back period.
 - o Continue to B0200 Hearing.
- **Code 1. Yes**
 - o Skip to Section G Functional Status, item G0100.
 - o Do not complete Sections C, D, E, and F.

B0100. Comatose	
Enter Code	Persistent vegetative state/no discernible consciousness
<input type="checkbox"/>	0. No → Continue to B0200, Hearing
<input type="checkbox"/>	1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance

0 No
1 Yes

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3. This does not meet the definition of comatose or persistent vegetative state for the purpose of MDS 3.0.

E. B0100 Coding Instructions

• **Code 0. No**

If a diagnosis of coma or persistent vegetative state is not present during the 7-day look-back period

Continue to B0200 Hearing.

• **Code 1. Yes**

If the record indicates that a physician, nurse practitioner, or clinical nurse specialist has documented a diagnosis of coma or persistent vegetative state that is applicable during the 7-day look-back period

Skip to G0110, Activities of Daily Living (ADL) Assistance.

Emphasize the skip pattern here. Do not complete the rest of Section B or Sections C, D, E, and F for a comatose resident.

III. Items B0200/B0300 Hearing

- A. B0200/ B0300 evaluate a resident's functional ability to hear.
 1. This includes determining whether a resident uses a hearing appliance and how well the resident can hear with or without the use of a hearing aid.
 2. An awareness of the resident's ability to hear is essential for accurately evaluating the resident's ability to communicate.

**Item B0200 & B0300
Hearing & Hearing Aid**

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SLIDES

INSTRUCTIONAL GUIDANCE

B0200 & B0300 Importance

- Problems can contribute to:
 - Sensory deprivation
 - Social isolation
 - Mood and behavior disorders
- Hearing impairment can be mistaken for:
 - Confusion
 - Cognitive impairment
- Opportunity to confirm that residents have any needed appliances and support.

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3. A resident’s ability to hear is also key to completing sections of the MDS that are based on resident interview.

B. B0200/ B0300 Importance of the Assessment

1. Problems with hearing can contribute to:
 - a. Sensory deprivation
 - b. Social isolation
 - c. Mood and behavior disorders
2. Unaddressed communication problems related to hearing impairment can be mistaken for:
 - a. Confusion
 - b. Cognitive impairment
3. This item provides the opportunity to confirm that a resident has any needed appliances and support.
 - a. Maintenance so that appliances function correctly
 - b. Supplies such as batteries

C. B0200/ B0300 Conduct the Assessment

1. Determine whether the resident uses a hearing aid or other appliance.
 - a. Ask the resident.
 - Does he or she own a hearing aid or other hearing appliance?
 - If so, is the device at the facility?

B0200 & B0300 Conduct the Assessment

- Determine if the resident uses a hearing aid or other appliance before beginning the hearing assessment.
 - Ask the resident.
 - Write the question down if the resident cannot respond.
 - Check with family and care staff if the resident still cannot respond.
 - Check the medical record for evidence of a hearing appliance.

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SLIDES

INSTRUCTIONAL GUIDANCE

B0200 & B0300
Conduct the Assessment₂

- **Always attempt a resident interview.**
 - Ask about hearing function in different situations.
- Observe the resident.
 - During the interview
 - During interactions with others
- Think about accommodations you make to communicate with the resident.
- Review the medical record.
- Consult family, direct care staff, activities personnel, and speech or hearing specialists.

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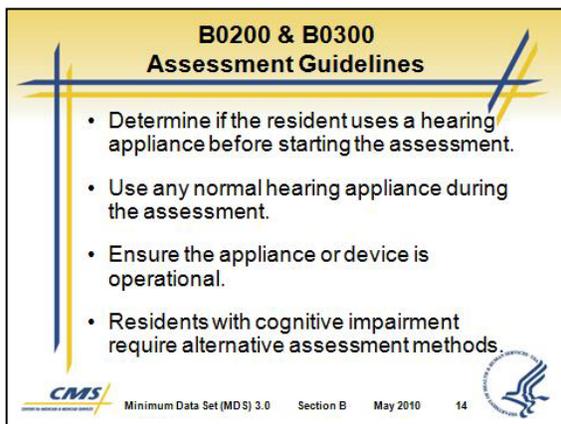
- b. If the resident cannot respond, he or she may be having difficulty hearing the question.
 - Write the question down and allow the resident to read it.
- c. If you cannot get a response from the resident, check with family and staff.
- d. Check previous hearing assessments in the medical record for indications a hearing appliance was used.

2. Always attempt a resident interview.

Emphasize this point. Conduct a resident interview if at all possible.

- a. Ask about hearing function in different situations.
- b. Situations may include
 - Watching TV
 - Talking to visitors or other residents
 - Hearing staff members
 - Using the telephone, etc.
3. Observe the resident during the interview and during interactions with others.
4. Do you have to make any accommodations for the resident to hear you?

SLIDES	INSTRUCTIONAL GUIDANCE
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- a. Do you need to talk louder, more clearly, or more slowly?
 - b. Do you need to make gestures to be understood?
 - c. Does the resident need to face you to hear you or do you need to move to a quieter area?
 - d. These are all indications of a hearing problem.
5. Review the medical record.
 6. Conduct an interview with the family or significant other(s).
 7. Ask for observations by staff.
 - a. Consult direct care staff about their interaction with the resident.
 - b. Consult activities personnel and speech or hearing specialists.

D. B0200 & B0300 Assessment Guidelines

1. Before starting the assessment, be sure to determine whether the resident routinely uses a hearing appliance.
2. Ensure that the resident is using any normally used hearing aid or appliance during the assessment.
 - a. Hearing devices may not be as conventional as a hearing aid.
 - b. Some residents may by choice use hearing amplifiers or a microphone and headphones as alternatives to hearing aids.

SLIDES

INSTRUCTIONAL GUIDANCE

3. Make sure the hearing aid or appliance is operational.
4. Residents who are unable to respond to a standard hearing assessment due to cognitive impairment will require alternate assessment methods.
 - a. The resident can be observed in their normal environment.
 - b. Does he or she respond (e.g., turn his or her head) when a noise is made at a normal level?
 - c. Does the resident seem to respond only to specific noise in a quiet environment?
 - d. Assess whether the resident responds only to loud noise or do they not respond at all.

B0200 Coding Instructions

- Code the response option that best reflects the resident's hearing ability.

Ability to hear (with hearing aid)

0 **Adequate** - no difficulty in normal conversation, social interaction, listening to TV.

1 **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy).

2 **Moderate difficulty** - speaker has to increase volume and speak distinctly.

3 **Highly impaired** - absence of useful hearing.

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- E. B0200 Coding Instructions
1. Code the response option that best reflects the resident's hearing ability.
 - **Code 0. Adequate:** No difficulty in normal conversation, social interaction, listening to TV.
 - **Code 1. Minimal Difficulty:** Difficulty in some environments (e.g., when a person speaks softly or setting is noisy).
 - **Code 2. Moderate Difficulty:** Speaker has to increase volume and speak distinctly.
 - **Code 3. Highly Impaired:** Absence of useful hearing.

SLIDES	INSTRUCTIONAL GUIDANCE
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Instructor Notes

B0200 Detailed Coding Instructions

- **Code 0. Adequate:** No difficulty in normal conversation, social interaction, listening to TV.

The resident hears all normal conversational speech and can hear telephone conversation and announcements in group activities.
- **Code 1. Minimal Difficulty:** Difficulty in some environments (e.g., when a person speaks softly or setting is noisy).

The resident hears speech at conversational levels but has difficulty hearing when not in quiet listening conditions or when not in one-on-one situations.

The resident’s hearing is adequate after environmental adjustments are made, such as reducing background noise by moving to a quiet room or by lowering the volume on television or radio.
- **Code 2. Moderate Difficulty:** Speaker has to increase volume and speak distinctly.

Although hearing-deficient, the resident compensates when the speaker adjusts tonal quality and speaks distinctly; or the resident can hear only when the speaker’s face is clearly visible.
- **Code 3. Highly Impaired:** Absence of useful hearing.

The resident hears only some sounds and frequently fails to respond even when the speaker adjusts tonal quality, speaks distinctly, or is positioned face to face. There is no comprehension of conversational speech, even when the speaker makes maximum adjustments.

Notes

Notes

Instructor Notes

B0300 Coding Instructions

- Indicate whether the resident used a hearing appliance during the hearing assessment for B0200.
- Does not document whether a resident owns a hearing appliance.

B0300. Hearing Aid

Hearing aid or other hearing appliance used in completing B0200, Hearing

Enter Code:

0. No

1. Yes

Hearing aid or other hearing appliance used in completing B0200, Hearing

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- F. B0300 Coding instructions
1. Use item B0300 to document:
 - a. If the resident was using a hearing appliance during the hearing assessment.
 - b. If the appliance was operational.
 2. This item does not document simply whether the resident owns a hearing appliance.

SLIDES	INSTRUCTIONAL GUIDANCE
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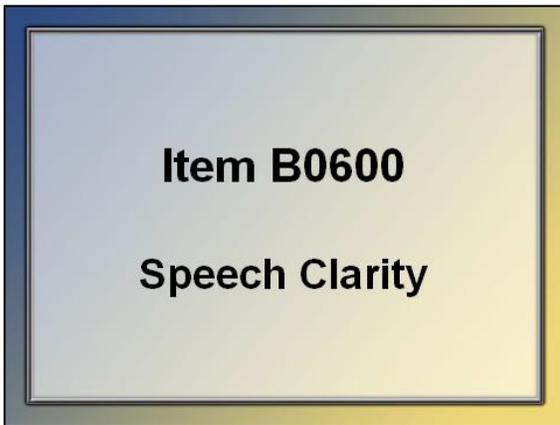
3. The requirement is to document whether the resident used the appliance during the hearing assessment conducted for item B0200.

- **Code 0. No**

If the resident did **not** use a hearing aid (or other hearing appliance) for the 7-day hearing assessment coded in **B0200, Hearing**

- **Code 1. Yes**

If the resident did use a hearing aid (or other hearing appliance) for the hearing assessment coded in **B0200, Hearing**



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IV. Item B0600 Speech Clarity

- A. Item B0600 Speech Clarity addresses the ability of the resident to speak and to speak clearly.
- B. This is an assessment of the resident’s ability to speak only.
- C. This is not an assessment of what the resident says, but only how well the resident speaks.

Notes	Instructor Notes	Notes
	<p>Definition of Speech</p> <p>Speech is the verbal expression of articulate words.</p>	
	Instructor Notes	

SLIDES

INSTRUCTIONAL GUIDANCE

B0600 Importance

- Unclear or absent speech can:
 - o Hinder communication.
 - o Frustrate an individual.
 - o Result in physical and psychosocial needs not being met.
 - o Contribute to depression and social isolation.



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B0600 Conduct the Assessment

- Listen to the resident.
- Ask primary assigned caregivers about resident's speech pattern.
 - o Family/ significant other(s)
 - o Staff members
- Consult medical record.



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D. B0600 Importance of the Assessment

1. Unclear speech or absent speech can:
 - a. Hinder communication.
 - b. Be very frustrating to an individual.
 - c. Result in physical and psychosocial needs not being met.
 - d. Contribute to depression and social isolation.

E. B0600 Conduct the Assessment

1. Listen to the resident speak.
 - a. Evaluate if the resident can speak and, if so, the quality of the words that are spoken.
2. Ask primary caregivers about the resident's speech pattern.
 - a. Interview family members/ significant others.
 - b. Consult with direct care staff over all shifts if possible.
3. Consult the resident's medical record for evidence of speech issues.

SLIDES

B0600 Assessment Guidelines

- Focus on the quality of speech only.
- Do not consider the content or appropriateness of the resident's speech.

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B0600 Coding Instructions

B0600- Speech Clarity

Select best description of speech pattern

0. Clear speech - distinct intelligible words
 1. Unclear speech - slurred or mumbled words
 2. No speech - absence of spoken words

Select best description

0 **Clear speech** - dis
 1 **Unclear speech** -
 2 **No speech** - ab

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INSTRUCTIONAL GUIDANCE

F. B0600 Assessment Guidelines

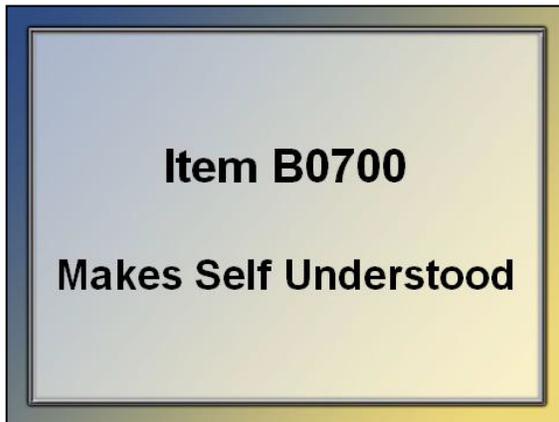
1. Focus on quality of speech, not content or appropriateness of speech.
2. You are evaluating how well the resident is able to speak, not what the resident is saying.

G. B0600 Coding Instructions

1. MDS provides three response options for categorizing residents' speech clarity.
 - **Code 0, Clear speech** – distinct intelligible words
If the resident usually utters distinct, intelligible words
 - **Code 1, Unclear speech** – slurred or mumbled words
If the resident usually utters slurred or mumbled words
 - **Code 2, No speech** – absence of spoken words
If there is an absence of spoken words

SLIDES

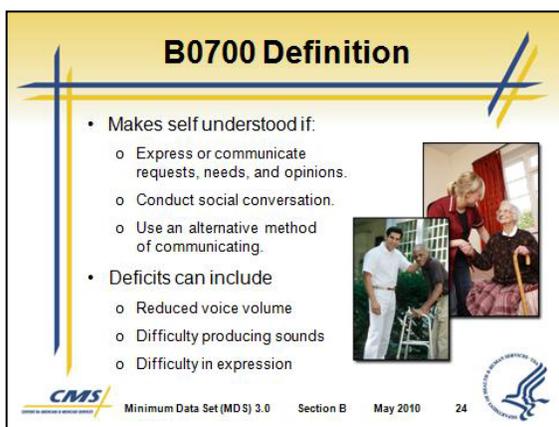
INSTRUCTIONAL GUIDANCE



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V. Item B0700 Makes Self Understood

A. The next item to assess concerning a resident's ability to communicate is the ability to make himself or herself understood.

B. B0700 Importance of the Assessment

1. Problems being understood:
 - a. Can be very frustrating for the resident.
 - b. Can contribute to social isolation.
 - c. Can contribute to mood and behavior disorders.

2. Unaddressed communication problems can be inappropriately mistaken for confusion or cognitive impairment.

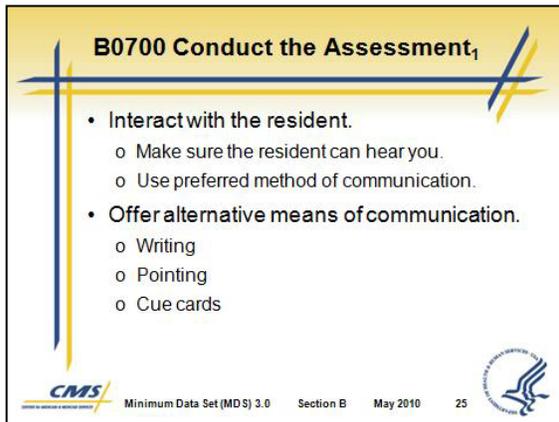
C. B0700 Definition

1. A resident is considered able to make himself or herself understood if he or she is able to:
 - a. Express or communicate requests, needs, and opinions.
 - b. Conduct social conversation in his or her primary language.

SLIDES	INSTRUCTIONAL GUIDANCE
	<ul style="list-style-type: none"><li data-bbox="971 279 1360 384">c. Communication can also take place using alternative methods.<ul style="list-style-type: none"><li data-bbox="1024 407 1170 441">• Writing<li data-bbox="1024 464 1252 497">• Sign language<li data-bbox="1024 520 1182 554">• Gestures<li data-bbox="1024 577 1341 611">• Combination of these<li data-bbox="943 625 1328 695">2. Conversation can also be supported through devices:<ul style="list-style-type: none"><li data-bbox="997 718 1328 751">a. Communication board<li data-bbox="997 774 1175 808">b. Computer<li data-bbox="997 831 1230 900">c. Other assistive technologies<li data-bbox="943 915 1360 1089">3. Consider multiple forms of expression, not just speech, when you are evaluating a resident's ability to make himself or herself understood.<li data-bbox="943 1125 1390 1266">4. Deficits in ability to make one's self understood (expressive communication deficits) can include:<ul style="list-style-type: none"><li data-bbox="997 1289 1333 1323">a. Reduced voice volume<li data-bbox="997 1346 1338 1415">b. Difficulty in producing sounds<li data-bbox="997 1438 1382 1564">c. Difficulty in expression (finding the right word, making sentences, writing, and gesturing)

SLIDES

INSTRUCTIONAL GUIDANCE



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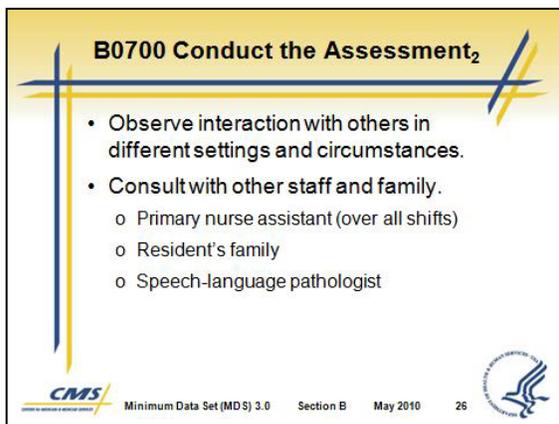
D. B0700 Conduct the Assessment

1. Interact with the resident to determine the resident's ability to make himself or herself understood
 - a. Make sure the resident can hear you.
 - b. Make sure the resident has access to his or her preferred method of communication.

2. If the resident seems unable to communicate, then offer an alternative form of communication.
 - a. Writing
 - b. Pointing
 - c. Cue cards

3. Observe the resident's interaction with others in different settings and circumstances.
4. Consult with staff and family to obtain more information about how the resident interacts with others and makes self understood.

- a. Direct care staff (over all shifts), if available
- b. Resident's family
- c. Speech-language pathologist



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SLIDES

B0700 Assessment Guidelines

- Conduct the assessment in the resident's preferred language.
- Need for an interpreter is not an inability to make self understood.
- Interpreter needs to provide guidance on speech clarity for residents that speak a foreign language.
- Consider both verbal and non-verbal expression.

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INSTRUCTIONAL GUIDANCE

E. B0700 Assessment Guidelines

1. Conduct the assessment using the resident's preferred language.
2. Difficulty communicating because of need for an interpreter is not an inability to make self understood.
3. The interpreter will have to provide guidance about whether a resident who speaks a foreign language is speaking clearly.
4. Remember to consider both verbal and nonverbal expression when conducting the assessment.

F. B0700 Coding Instructions

1. Enter the code that best reflects the resident's ability to express ideas and wants.

- **Code 0, Understood**

If the resident expresses requests and ideas clearly

- **Code 1, Usually Understood:** difficulty communicating some words or finishing thoughts **but** is able if prompted or given time

He or she may have delayed responses or may require some prompting to make self understood.

- **Code 2, Sometimes Understood:** ability is limited to making concrete requests
- If the resident has limited ability, but is able to express concrete requests regarding at least basic needs (e.g., food, drink, sleep, toilet)

B0700 Coding Instructions

- Enter the code that best reflects the resident's ability to express ideas and wants.

B0700. Makes Self Understood
Ability to express ideas and wants, consider both verbal and non-verbal expression

0. Understood
1. Usually understood - difficulty communicating some words or finishing thoughts but is able if prompted or given time
2. Sometimes understood - ability is limited to making concrete requests
3. Rarely/never understood

Makes Self Understood
 Ability to express ideas and wants, c

0 Understood
 1 Usually understood - difficulty c
 2 Sometimes understood - abilit
 3 Rarely/never understood

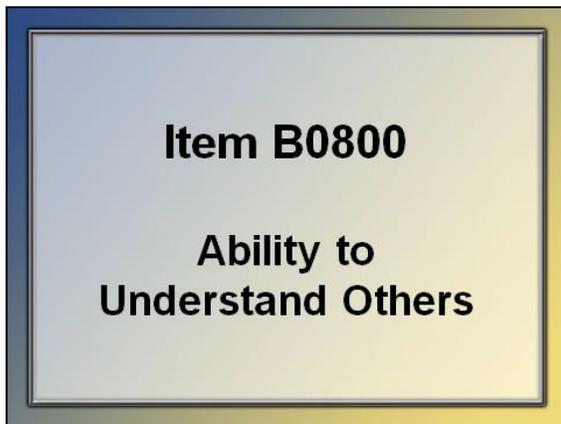
To Understand Other

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SLIDES

INSTRUCTIONAL GUIDANCE



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- **Code 3, Rarely or Never Understood**

If at best, the resident's understanding is limited to staff interpretation of highly individual, resident-specific sounds or body language (e.g., indicated presence of pain or need to toilet)

VI. Item B0800 Ability to Understand Others

- A. In assessing a resident's ability to understand others, you are evaluating his or her ability to communicate through speech and writing.
- B. You are also evaluating the ability to process and understand language, which includes hearing and facial expressions.
- C. Residents should be using any hearing appliance they use normally.
- D. B0800 Importance
 1. Inability to understand others can:
 - a. Severely limit association with others
 - b. Inhibit the ability to follow instructions that can affect health and safety.

SLIDES

B0800 Definition

- Ability to understand others includes:
 - Comprehension of direct person-to-person communication
 - Ability to understand and process language
- Deficits can include:
 - Decline in hearing
 - Comprehension
 - Recognition of facial expressions

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INSTRUCTIONAL GUIDANCE

- E. Definition of ability to understand others
1. The ability to understand others addresses the ability of the resident to comprehend direct, person-to-person communication.
 2. Communication may be in the form of:
 - a. Speech
 - b. Writing
 - c. Sign language
 - d. Braille
 3. Includes the resident's ability to process and understand language.
 4. Deficits in the ability to understand others (receptive communication deficits) can involve:
 - a. Decline in hearing
 - b. Comprehension (spoken or written)
 - c. Recognition of facial expressions

B0800 Conduct the Assessment

- Interact with the resident.
- Observe the resident's understanding of other's communication.
- Consult with:
 - Staff
 - Family
 - Speech language pathologist
- Review medical record.



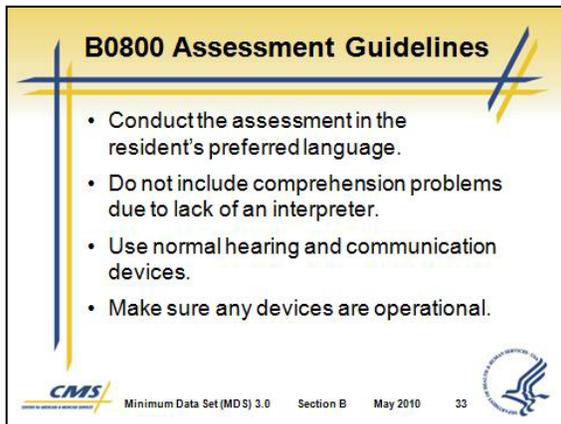

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- F. B0800 Conduct the Assessment
1. Interact with the resident.
 2. Observe his or her understanding of others' communication.
 3. Consult with:
 - a. Direct care staff over all shifts if possible
 - b. Resident's family
 - c. Speech-language pathologist (if involved in care)

SLIDES

INSTRUCTIONAL GUIDANCE

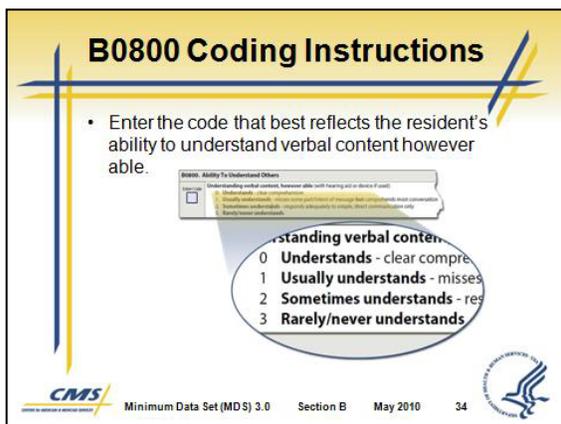


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4. Review the medical record for indications of how well the resident understands others.

G. B0800 Assessment Guidelines

1. Conduct the assessment in the resident's preferred language.
2. Comprehension problems resulting from the lack of an interpreter are not considered an inability to make self understood.
3. If the resident uses a hearing aid, hearing device, or other communications enhancement device, the resident should use that device during the evaluation of the resident's understanding of person-to-person communication
4. Make sure the device is operational.



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H. B0800 Coding Instructions

1. Enter the code that best reflects the resident's ability to understand verbal content however able (with hearing aid or device if used).
 - **Code 0, Understands** – clear comprehension
 - **Code 1, Usually Understands** – misses some part/intent of message **but** comprehends most conversation
 - **Code 2, Sometimes Understands** – responds adequately to simple, direct communication only
 - **Code 3, Rarely/ Never Understands**

SLIDES

B1000 & B1200 Importance

- Reading vision diminishes over time.
- Vision impairment can:
 - Impede everyday activities and hobbies.
 - Affect ability to conduct ADLs.
 - Limit the ability to manage personal business.
- Contributes to sensory deprivation, social isolation, and depressed mood.
- Increases risk of falls.

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INSTRUCTIONAL GUIDANCE

- B. B1000/ B1200 Importance
1. Vision often diminishes over time.
 2. If uncorrected, vision impairment can:
 - a. Limit the enjoyment of everyday activities such as reading newspapers, books or correspondence, and maintaining and enjoying hobbies and other activities.
 - b. Affect a resident's ability to conduct activities of daily living such as bathing, toileting, dressing, grooming, etc.
 - c. Limit the ability to manage personal business, such as reading and signing consent forms.
 - d. Moderate, high, or severe impairment can contribute to sensory deprivation, social isolation and depressed mood.
 - e. An inability to see obstacles in the environment increases the risk of falls.

SLIDES

B1000 & B1200
Conduct the Assessment₁

- Determine if the resident uses eyeglasses or another vision aid before beginning the hearing assessment.
 - Ask the resident.
 - Check with family and care staff.
 - Check the medical record for evidence of corrective lenses.



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INSTRUCTIONAL GUIDANCE

C. B1000 Conduct the Assessment

1. Determine whether the resident uses eyeglasses or other vision aids.

- a. Ask the resident.

- Ask if he or she uses eyeglasses or other vision aids.
- If so, is the device at the facility?

- b. If the resident cannot respond, check with family and care staff whether the resident uses corrective lenses.

- c. Check the medical record for evidence that the resident used corrective lenses when ability to see was recorded.

2. Ask staff about resident's usual vision patterns over the look-back period.

- a. Is the resident able to see:

- Newsprint
- Menus
- Greeting cards

- b. Interview staff over all shifts if possible.

3. Ask the resident about his or her visual abilities.

B1000 & B1200
Conduct the Assessment₂

- Ask direct care staff about resident's usual vision patterns during the look-back period.
 - Newsprint
 - Menus
 - Greeting cards
- Ask resident about visual abilities.

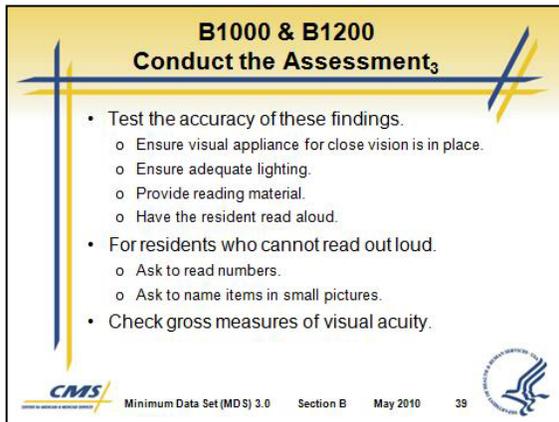


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SLIDES

INSTRUCTIONAL GUIDANCE

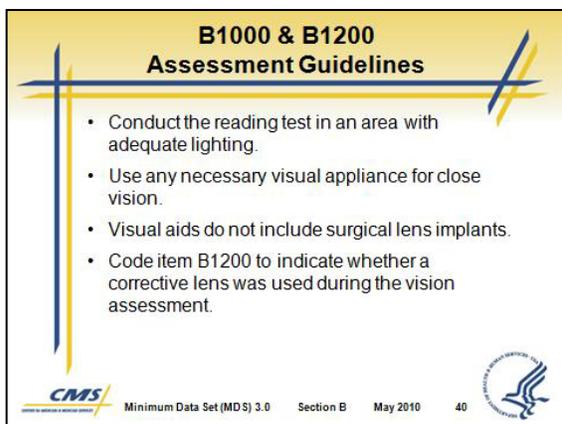


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4. Test the accuracy of these findings.
 - a. Ensure the resident's customary visual appliance for close vision is in place.
 - Eyeglasses
 - Magnifying glasses
 - b. Ensure adequate lighting.
 - c. Ask the resident to look at regular size print in a book or newspaper.
 - d. Have the resident read aloud.
 - Start with larger headlines or titles.
 - End with the finest level of print.
 - e. If the resident is unable to read the newspaper, offer material with larger print such as a flyer or large print book.
 - f. Some residents have never learned to read or are unable to speak (e.g., aphasia).
 - Ask the resident to read numbers, such as dates or page numbers.
 - Ask the resident to name items in small pictures.
 - Be sure to display this information in two sizes (equivalent to regular and large print).

SLIDES	INSTRUCTIONAL GUIDANCE
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- g. Observe the resident’s eye movements to see if his or her eyes seem to follow movement of objects or people.
 - If the resident is unable to communicate or follow your directions for testing vision
 - These gross measures of visual acuity may assist you in assessing whether or not the resident has any visual ability.



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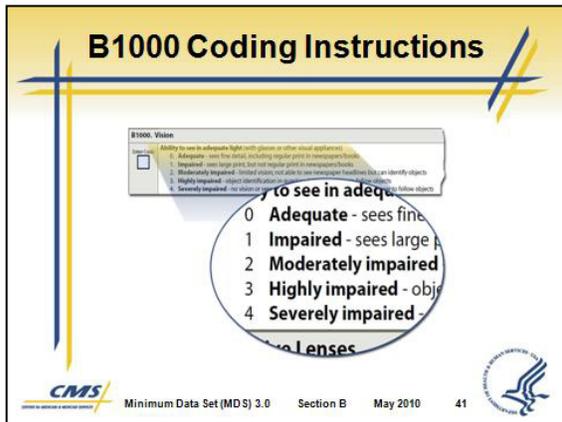
D. B1000 & B1200 Assessment Guidelines

1. Ensure that the reading test takes place in an area with adequate lighting.
2. If the resident uses a visual appliance for close vision, ensure that he or she has the necessary visual appliance.
3. Visual aids do not include surgical lens implants.
4. Code item B1200 to indicate whether a corrective lens was used during the assessment.

Instructor Notes		
Notes	<p>Adequate Lighting</p> <p>Lighting that is sufficient and comfortable for a person with normal vision to see fine detail</p>	Notes
Instructor Notes		

SLIDES

INSTRUCTIONAL GUIDANCE



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- E. B1000 Coding instructions
- **Code 0, Adequate** -- sees fine detail, including regular print in newspapers/ books
 - **Code 1, Impaired** -- sees large print, but not regular print in newspapers/ books
 - **Code 2, Moderately impaired** -- limited vision, not able to see newspaper headlines but can identify objects
 - **Code 3, Highly impaired** -- object identification in question, but eyes appear to follow objects
 - **Code 4, Severely impaired** -- no vision or sees only light, colors or shapes; eyes do not appear to follow objects
- F. If a resident is determined to have visual ability based on gross measures of visual acuity, use **Code 3. Highly Impaired.**

SLIDES	INSTRUCTIONAL GUIDANCE
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Instructor Notes		
Notes	<p>B1000 Vision Detailed Coding Instructions</p> <ul style="list-style-type: none"> • Code 0, Adequate -- sees fine detail, including regular print in newspapers/books • Code 1, Impaired -- sees large print, but not regular print in newspapers/books • Code 2, Moderately impaired -- limited vision, not able to see newspaper headlines but can identify objects <p>If the resident has limited vision, is not able to see newspaper headlines, but can identify objects in his or her environment</p> <ul style="list-style-type: none"> • Code 3, Highly impaired – object identification in question, but eyes appear to follow objects <p>If the resident’s ability to identify objects in his or her environment is in question, but the resident’s eye movements appear to be following objects (especially people walking by)</p> <ul style="list-style-type: none"> • Code 4, Severely impaired -- no vision or sees only light, colors or shapes; eyes do not appear to follow objects 	Notes
Instructor Notes		

B1200 Coding Instructions

- Document whether the resident used corrective lenses or other visual aids during the vision assessment.
- Does not document whether the resident uses corrective lenses or another visual aid.

B1200. Corrective Lenses

Enter Code Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision

0. No
1. Yes

0 No

1 Yes

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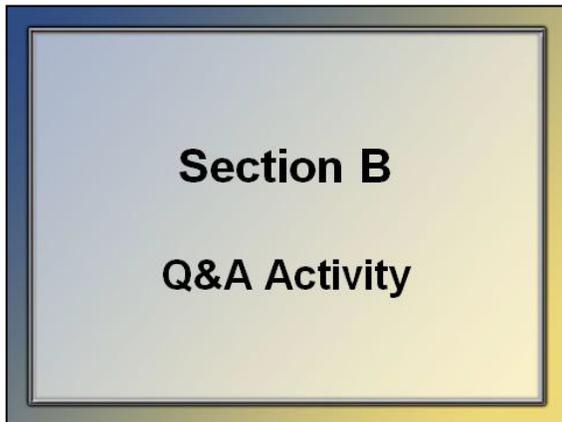
F. B1200 Coding Instructions

1. Document whether the resident used corrective lenses or other visual aids during the vision assessment conducted in B1000.
2. Does not document whether the resident uses eyeglasses or another visual aid.

- **Code 0. No**
- **Code 1. Yes**

SLIDES

INSTRUCTIONAL GUIDANCE

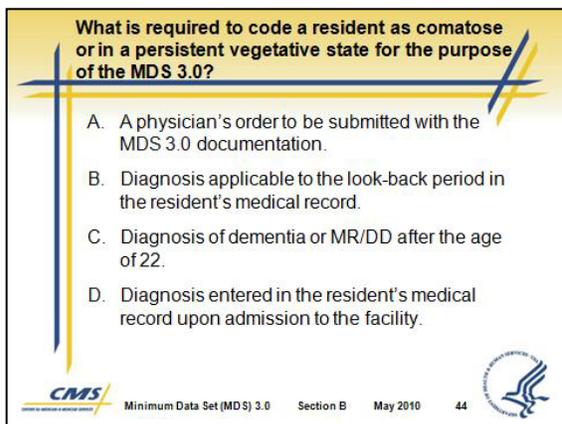


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VIII. Section B Activity

This is a question/ answer exercise to help gauge retention of the course material and provide an opportunity for follow-up and reinforcement.

This activity consists of 5 questions.

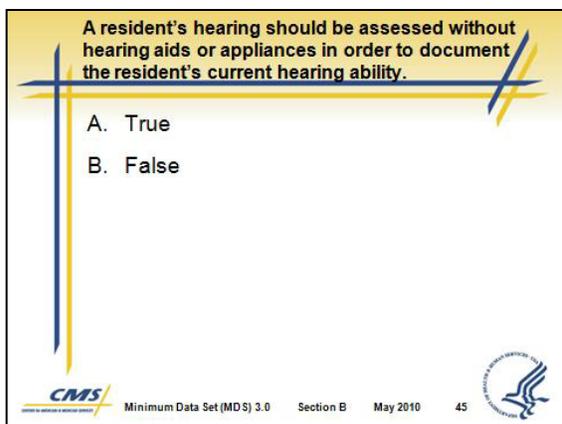


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1. What is required to code a resident as comatose or in a persistent vegetative state for the purpose of the MDS 3.0?

Correct answer is B.

A diagnosis of comatose or persistent vegetative state must be documented in the resident's medical record.



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2. A resident's hearing should be assessed without hearing aids or appliances in order to document the resident's current hearing ability.

Correct answer is B.

The assessment should be conducted with any normally used hearing aid or appliance.

SLIDES

INSTRUCTIONAL GUIDANCE

What is the purpose of Section B0600 Speech Clarity?

- A. Determine the quality of a resident's speech.
- B. Determine the resident's ability to follow simple directions.
- C. Determine the resident's ability to answer simple questions correctly.
- D. Determine the resident's ability to express needs and requests.

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3. What is the purpose of Section B0600 Speech Clarity?

Correct answer is A.

Options B, C, and D are incorrect because the assessment for item B0600 evaluates only the resident's ability to speak clearly.

The focus of item B0600 is the quality of speech, not the content or appropriateness of speech.

Which of the following applies to Section B0800 Ability to Understand Others?

- A. Addresses ability to comprehend direct person-to-person communication.
- B. Includes ability to process and understand language.
- C. Assess using the resident's preferred language.
- D. Assess using any normally used hearing appliance.
- E. All of the above.
- F. None of the above.

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4. Which of the following applies to Section B0800 Ability to Understand Others?

Correct answer is E.

Item B0800 addresses the resident's ability to comprehend direct person-to-person communication and the ability of the resident to process and understand language.

Conduct the assessment for B0800 using the resident's preferred language and using any normally used hearing appliance.

When conducting the assessment for Section B1000 Vision, which of the following will you use to confirm your findings?

- A. Vision test conducted by an optometrist.
- B. Vision test conducted by a qualified clinician using standard tools and charts.
- C. Reading test using the resident's normal vision aid.
- D. Interview with the resident's physician.

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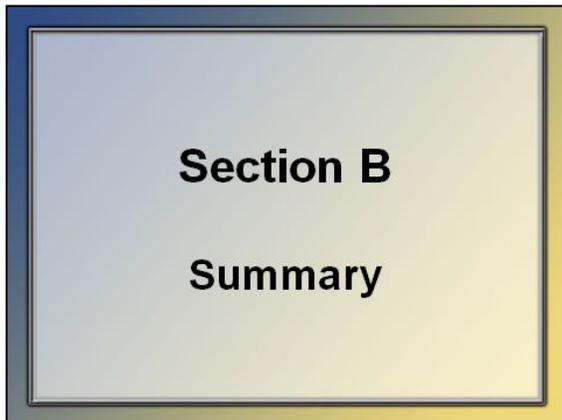
5. When conducting the assessment for Section B1000 Vision, which of the following will you use to confirm your findings?

Correct answer is C.

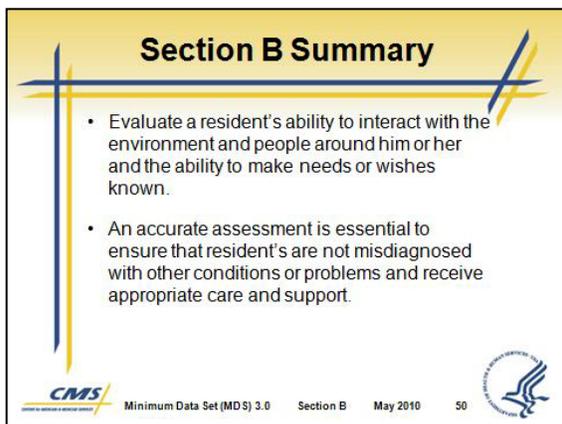
Confirm assessment findings by conducting a reading test using the resident's normal vision aid.

SLIDES

INSTRUCTIONAL GUIDANCE



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IX. Section B Summary

- A. That completes Section B of the MDS 3.0.
- B. When completing this section, you are evaluating a resident's ability to interact with the environment and people around him or her and the ability to make needs or wishes known.
- C. An accurate assessment is essential to ensure that resident's are not misdiagnosed with other conditions or problems and receive appropriate care and support.