

# **Section C**

## **Staff Assessment & Delirium**

# Objectives

- Determine when to conduct a staff assessment for mental status.
- Describe how to conduct a staff assessment for mental status.
- Explain the Confusion Assessment Method for assessing delirium.
- Describe how to conduct the assessment for delirium.
- Code Section C correctly and accurately.

# C0700-C1000 Staff Assessment for Mental Status<sub>1</sub>

- Cognitive impairment is prevalent among some resident populations.
- Not all residents are cognitively impaired.
- Many persons with memory problems can function successfully in a structured, routine environment.

# C0700-C1000 Staff Assessment for Mental Status<sub>2</sub>

- Residents may appear to be cognitively impaired because of:
  - Communication challenges
  - Lack of interaction
- Resident may be cognitively intact.
- Incorrect or missed diagnosis may result in:
  - Inappropriate communication
  - Worthwhile activities and therapies not being offered

# BIMS & Staff Assessment

- Make every effort to complete the Brief Interview for Mental Status (BIMS).
- Conduct the staff assessment only if C0500 is coded as **99** (incomplete interview).
- Do **not** conduct the staff assessment if BIMS was completed (C0500 ranges from **00** -- **15**).

## C0500. Summary Score

9	9
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Enter Score

Add scores for questions C0200-C0400 and fill in total score (00-15)  
Enter 99 if the resident was unable to complete the interview

# C0600 Should the Staff Assessment for Mental Status be Conducted?

- If C0600 is coded **0. No**:
  - Do not do the staff assessment (interview is complete).
  - Skip to C1300 and complete the assessment for Delirium.
- If C0600 is coded **1. Yes**:
  - Continue to C0700 and complete the staff assessment.

C0600. Should the Staff Assessment for Mental Status (C0700-C1000) be Conducted?	
Enter Code <input type="checkbox"/>	0. No (resident was unable to complete interview) → Skip to C1300, Signs and Symptoms of Delirium 1. Yes (resident was unable to complete interview) → Continue to C0700, Short-term Memory OK

0 No  
1 Yes

# Section C Staff Assessment

- Consists of 4 components.
  - C0700 Short-term Memory OK
  - C0800 Long-term Memory OK
  - C0900 Memory/ Recall Ability
  - C1000 Cognitive Skills for Daily Decision Making
- Relies on a variety of information sources.
  - Observe resident across all shifts.
  - Interview direct care staff across all shifts.
  - Interview family members and/ or significant others.
  - Review the resident's medical record.

**Item C0700**

**Short-term  
Memory OK**

# C0700 Importance

- An intact 5-minute recall indicates greater likelihood of normal cognition.
- An observed “memory problem” should be taken into consideration in planning for care.

<b>C0700. Short-term Memory OK</b>	
Enter Code <input type="checkbox"/>	<b>Seems or appears to recall after 5 minutes</b> 0. Memory OK 1. Memory problem

# C0700 Conduct the Assessment<sub>1</sub>

- Determine the resident's short-term memory status.
  - Ask resident to describe an event 5 minutes after it occurred.
  - Ask resident to follow through on a direction given 5 minutes earlier.
- Observe how often resident has to be re-oriented to an activity or instructions.

# C0700 Conduct the Assessment<sub>2</sub>

- Staff members and others in close contact should observe resident's cognitive function in varied daily activities.
- Ask direct care staff across all shifts and family or significant others about the resident's short-term memory status.
- Review the medical record for clues to the resident's short-term memory.

# C0700 Assessment Guidelines

- Base coding decision on all information collected during the look-back period.
- Identify and code according to the most representative level of function.
- Use the no-information code ( - ) if:
  - o Test cannot be conducted.
  - o Staff are not able to make a determination based on observation.

# C0700 Coding Instructions

- Code **0** if resident recalls information after 5 minutes.
- Code **1** if resident is unable to recall after 5 minutes.

C0700. Short-term Memory OK	
Enter Code	Seems or appears to recall after 5 minutes
<input type="checkbox"/>	0. Memory OK
	1. Memory problem

Seems or appears to recall after 5 minutes

0	Memory OK
1	Memory problem

# C0700 Scenario

- A resident has just returned from the activities room where she and other residents were playing bingo.
- You ask her if she enjoyed herself playing bingo, but she returns a blank stare.
- When you ask her if she was just playing bingo, she says, “no.”

# C0700 Scenario Coding

- Code 1. Memory problem.
- The resident could not recall an event that took place within the past 5 minutes.

## C0700. Short-term Memory OK

Enter Code

1

**Seems or appears to recall after 5 minutes**

- 0. Memory OK
- 1. Memory problem

**Item C0800**

**Long-term  
Memory OK**

# C0800 Importance

- Observed “long-term memory problem” may indicate:
  - o Significant cognitive impairment and need for additional support with daily activities
  - o Delirium, if this represents a change from the resident’s baseline
  - o Need for emotional support, reminders and reassurance to reduce anxiety and agitation

<b>C0800. Long-term Memory OK</b>	
Enter Code <input type="checkbox"/>	<b>Seems or appears to recall long past</b> 0. Memory OK 1. Memory problem

# C0800 Conduct the Assessment<sub>1</sub>

- Determine long-term memory status.
  - Engage resident in conversation.
  - Review memorabilia with resident.
  - Observe response to family who visit.
- Ask questions that can be validated.
  - Are you married?
  - What is your spouse's name?
  - Do you have any children? How many?
  - When is your birthday?

# C0800 Conduct the Assessment<sub>2</sub>

- Observe the resident.
  - Staff across all shifts and departments
  - Family or significant other(s)
- Ask family and direct care staff across all shifts about resident's memory status.
- Review the medical record.

# C0800 Assessment Guidelines

- Use the no-information code ( - ) if:
  - o Test cannot be conducted.
  - o Staff are not able to make a determination based on observation.
  - o Indicates this information is not available.

# C0800 Coding Instructions

- Code **0** if resident accurately recalls long past information.
- Code **1** if the resident did not recall long past information or did not recall it correctly.

<b>C0800. Long-term Memory OK</b>	
Enter Code	<b>Seems or appears to recall long past</b>
<input type="checkbox"/>	0. Memory OK
	1. Memory problem

**Seems or appears to recall long past**  
**0 Memory OK**  
**1 Memory problem**

**Item C0900**

**Memory/ Recall  
Ability**

# C0900 Importance

- An observed “memory/ recall problem” may indicate:
  - Cognitive impairment
  - Need for additional support with reminders to support increased independence
  - Delirium, if this represents a change from the resident’s baseline

# C0900 Conduct the Assessment<sub>1</sub>

- Ask the resident about each item in C0900.
  - Is it fall, winter, spring, or summer?
  - What is the name of this place?
- Ask resident to show the way to his or her room.
- Observe the resident's ability to find the way.

# C0900 Conduct the Assessment<sub>2</sub>

- Ask direct care staff across all shifts and family or significant other about recall ability.
  - For residents with limited communication skills
- Review the medical record.
- Consult family and direct care staff across all shifts.
- Observe the resident.
  - Staff across all shifts and departments
  - Others with close contact with the resident

# C0900 Coding Instructions

- Check each item the resident recalls.
- Check **Z**. None of the above if resident recalls none of the items listed.

C0900. Memory/Recall Ability	
↓ Check all that the resident was normally able to recall	
<input checked="" type="checkbox"/>	A. Current season
<input checked="" type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input checked="" type="checkbox"/>	D. That he or she is in a nursing home
<input type="checkbox"/>	Z. None of the above were recalled

# **Item C1000**

## **Cognitive Skills for Daily Decision Making**

# C1000 Overview

- Determine resident's ability to make daily decisions.
  - Choose clothes.
  - Know when to go to meals.
  - Uses environmental cues such as clock, calendars, and notices to plan the day.
  - Acknowledge need to use appropriate assistive equipment.

C1000. Cognitive Skills for Daily Decision Making	
Enter Code <input type="checkbox"/>	<b>Made decisions regarding tasks of daily life</b> <ol style="list-style-type: none"><li>0. <b>Independent</b> - decisions consistent/reasonable</li><li>1. <b>Modified independence</b> - some difficulty in new situations only</li><li>2. <b>Moderately impaired</b> - decisions poor; cues/supervision required</li><li>3. <b>Severely impaired</b> - never/rarely made decisions</li></ol>

# C1000 Importance

- An observed “difficulty with daily decision making” may indicate:
  - Underlying cognitive impairment
  - Need for additional coaching and support
  - Possible anxiety or depressed mood

# C1000 Conduct the Assessment

- Review the medical record.
- Consult family and direct care staff across all shifts.
- Observe the resident.
  - Staff across all shifts and departments
  - Others with close contact with the resident

# C1000 Assessment Guidelines<sub>1</sub>

- Intent is to record what the resident is doing.
- Focus on whether the resident is actually making decisions.
- Do not consider whether staff believes the resident might be capable of doing so.
- Impaired performance in decision making is characterized by:
  - Staff member takes decision-making responsibility away from the resident.
  - Resident does not participate in decision making.

# C1000 Assessment Guidelines<sub>2</sub>

- Moderately impaired is defined as the resident makes decisions, although poorly.
- Severely impaired is defined as:
  - Resident “rarely or never” makes decisions.
  - Resident was provided opportunities and appropriate cues.
- Do not include a resident’s deliberate decision to exercise the right to decline treatment or recommendations by the team.

# C1000 Coding Instructions

- Record the resident's actual performance in making everyday decisions.
- Enter the code that corresponds to the most correct response.

C1000. Cognitive Skills for Daily Decision Making	
Enter Code	Made decisions regarding tasks of daily life
<input type="checkbox"/>	0. <b>Independent</b> - decisions consistent/reasonable
	1. <b>Modified independence</b> - some
	2. <b>Moderately impaired</b> - dec
	3. <b>Severely impaired</b> - neve

0 **Independent** - decisions regarding

1 **Modified independence** -

2 **Moderately impaired** - dec

3 **Severely impaired** - neve

# C1000 Scenario

- Mrs. C. does not generally make conversation or make her needs known, but replies “yes” when asked if she would like to take a nap.

# C1000 Scenario Coding<sub>1</sub>

- Code C1000 as **3**. Severely impaired.
- Resident is primarily non-verbal and does not make needs known.
- Gives basic verbal/ non-verbal responses to simple gestures or questions regarding care routines.

C1000. Cognitive Skills for Daily Decision Making	
Enter Code	<b>Made decisions regarding tasks of daily life</b>
<b>3</b>	<b>0. Independent</b> - decisions consistent/reasonable
	<b>1. Modified independence</b> - some difficulty in new situations only
	<b>2. Moderately impaired</b> - decisions poor; cues/supervision required
	<b>3. Severely impaired</b> - never/rarely made decisions

# C1000 Scenario Coding<sub>2</sub>

- More information about how the residents function in the environment is needed to definitively answer the question.
- From the limited information provided, it appears that her communication of choices is limited to very particular circumstances, which would be regarded as “rarely/ never” in the relative number of decisions a person could make during the course of a week on the MDS.
- If such decisions are more frequent or involved more activities, the resident may be only moderately impaired or better.

# C1000 Practice #1

- A resident makes her own decisions throughout the day and is consistent and reasonable in her decision-making...
- Except that she constantly walks away from the walker she has been using for nearly 2 years.
- Asked why she doesn't use her walker, she replies, "I don't like it. It gets in my way, and I don't want to use it even though I know all of you think I should."

# How should C1000 be coded?

- A. Code **0**. Independent
- B. Code **1**. Modified independence
- C. Code **2**. Moderately impaired
- D. Code **3**. Severely impaired

# C1000 Practice #1 Coding

- The correct code is **0**. Independent.
- This resident is making and expressing understanding of her own decisions.
- Her decision is to decline the recommended course of action – using the walker.
- Other decisions she made throughout the look-back period were consistent and reasonable.

# C1000 Practice #2

- Mr. G. enjoys congregate meals in the dining and is friendly with the other residents at his table.
- Recently, he has started to lose weight.
- He appears to have little appetite, rarely eats without reminders and willingly gives his food to other residents at the table.
- Mr. G. requires frequent cueing from staff to eat and supervision to prevent him from sharing his food.

# How should C1000 be coded?

- A. Code **0**. Independent
- B. Code **1**. Modified independence
- C. Code **2**. Moderately impaired
- D. Code **3**. Severely impaired

# C1000 Practice #2 Coding

- The correct code is **2**. Moderately impaired.
- The resident is making poor decisions by giving his food away.
- He requires cueing to eat and supervision to be sure that he is eating the food on his plate.

# **Item C1300**

**Signs and Symptoms  
of Delirium  
(from CAM<sup>©</sup>)**

# Overview<sub>1</sub>

- Delirium is a mental disturbance characterized by:
  - o New or acutely worsening confusion
  - o Disordered expression of thoughts
  - o Change in level of consciousness
  - o Hallucinations

# Overview<sub>2</sub>

- Delirium is associated with:
  - Increased mortality
  - Functional decline
  - Development or worsening of incontinence
  - Behavior problems
  - Withdrawal from activities
  - Rehospitalizations and increased length of nursing home stay

# C1300 Importance

- Delirium can be misdiagnosed as dementia.
- A recent deterioration in cognitive function may indicate delirium.
  - May be reversible if detected and treated in a timely fashion.
- Delirium may be a symptom of an acute, treatable illness such as infection or reaction to medications.
  - Prompt detection is essential in order to identify and treat or eliminate the cause.

# Confusion Assessment Method (CAM<sup>©</sup>)

- Standardized instrument developed to facilitate detection of delirium.
- Consists of 4 components:
  - Inattention
  - Disorganized thinking
  - Altered level of consciousness
  - Psychomotor retardation

**C1300. Signs and Symptoms of Delirium (from CAM<sup>©</sup>)**

Code **after completing** Brief Interview for Mental Status or Staff Assessment, and reviewing medical record

# C1300 Conduct the Assessment<sub>1</sub>

- If conducting a BIMS:
  - Observe resident behavior for signs and symptoms of delirium.
- If conducting a staff assessment:
  - Ask staff members who conducted the interview about observations of signs and symptoms of delirium.

# C1300 Conduct the Assessment<sub>2</sub>

- Review medical record.
  - Resident's baseline status
  - Fluctuations in behavior
  - Behaviors not observed during the BIMS
- Interview staff, family members and others in a position to observe the resident's behavior.

# C1300 Assessment Guidelines

- The assessment for delirium is completed for **ALL** residents.
- Appendix C contains guidance on the signs and symptoms of delirium.
- Behavior may fluctuate over short or longer intervals.
  - During an interview
  - During the look-back period

# C1300 Coding Instructions

- Determine the presence and frequency of each symptom.
- Code each symptom separately.

Delirium	
C1300. Signs and Symptoms of Delirium (from CAM <sup>®</sup> )	
Code <b>after completing</b> Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? <input type="checkbox"/> B. Disorganized thinking - Was the resident's thinking disorganized or incoherent (rambling or irrelevant comments, illogical or unpredictable switching from subject to subject)? <input type="checkbox"/> C. Altered level of consciousness (e.g., <b>vigilant</b> - wide awake but dozed off when being asked questions, but unable to use and keep aroused for the interview; or <b>stupor</b> - decreased level of activity such as very slowly?)

**Coding:**  
0 Behavior not present  
1 Behavior continuously present, does not fluctuate  
2 Behavior present, fluctuates (comes and goes, changes in severity)

# C1300A Inattention<sub>1</sub>

- Reduced ability to:
  - Maintain attention to external stimuli
  - Appropriately shift attention to new external stimuli
- Assess attention separately from level of consciousness.

# C1300A Inattention<sub>2</sub>

- Evidence of inattention may be found:
  - During the resident interview
  - In the medical record
  - From family or staff reports of inattention
- Ask the resident to count backwards from 20 to identify difficulty with attention.

# C1300A Inattention Coding Instructions

- Code **0**. Resident attentive during interview and activities.
- Code **1**. Sources agree that inattention is consistently present (does not fluctuate).
- Code **2**. Resident's attention varies or sources disagree in assessing level of attention (fluctuates).

<b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?	
Delirium	
C1300. Signs and Symptoms of Delirium (from CAM <sup>®</sup> )	
Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	
↓ Enter Codes in Boxes	
Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input checked="" type="checkbox"/> A. <b>Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? <input type="checkbox"/> B. <b>Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? <input type="checkbox"/> C. <b>Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)? <input type="checkbox"/> D. <b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

# C1300A Scenario

- The resident tries to answer all questions during the BIMS.
- Although she answers several items incorrectly and responds “I don’t know” to others, she pays attention to the interviewer.
- The medical record and staff indicate that this is her consistent behavior.

# C1300A Scenario Coding

- Code C1300A as **0**. Behavior not present.
- Resident remained focused throughout interview.
- This was constant during the look-back period.

<b>0</b>	<b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
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Enter Codes In Boxes									
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<table border="1"> <tr> <td style="text-align: center; width: 50px;"><b>0</b></td> <td><b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>C. Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td><b>D. Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?</td> </tr> </table>	<b>0</b>	<b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?	<input type="checkbox"/>	<b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?	<input type="checkbox"/>	<b>C. Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?	<input type="checkbox"/>	<b>D. Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
<b>0</b>	<b>A. Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?								
<input type="checkbox"/>	<b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?								
<input type="checkbox"/>	<b>C. Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?								
<input type="checkbox"/>	<b>D. Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?								

# C1300A Practice #1

- Questions during the BIMS must be frequently repeated because resident's attention wanders.
- This behavior occurs throughout the interview.
- Medical records and staff agree that this behavior is consistently present.
- Resident has a diagnosis of dementia.

# How should C1300A be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300A Practice #1 Coding

- The correct code is **1**. Behavior continuously present, does not fluctuate.
- The resident's attention consistently wandered through the 7-day look-back period.
- The resident's dementia diagnosis does not affect the coding.

# C1300A Practice #2

- Resident is dazedly staring out the window for the first several questions.
- When you ask a question, she looks at you momentarily but does not answer.
- Midway through questioning, she seems to pay more attention and tries to answer.

# How should C1300A be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300A Practice #2 Coding

- The correct code is **2**. Behavior present, fluctuates.
- Resident's attention fluctuated during the interview.
- If as few as one source notes fluctuation, then the behavior should be coded **2**.

# C1300B Disorganized Thinking

- Evidenced by rambling, irrelevant, or incoherent speech.
  - o Unclear or illogical flow of ideas
  - o Unpredictable switching from subject to subject

# C1300B Disorganized Thinking Coding Instructions

- Code **0**. Resident thinking is organized and coherent.
- Code **1**. Sources agree that resident's responses are consistently disorganized or incoherent.
- Code **2**. Resident's responses fluctuated between disorganized/ incoherent and organized/ clear.

**B. Disorganized thinking** - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?

Delirium	
C1300. Signs and Symptoms of Delirium (from CAM <sup>®</sup> )	
Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> A. <b>Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
	<input checked="" type="checkbox"/> B. <b>Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> C. <b>Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?
	<input type="checkbox"/> D. <b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

# C1300B Scenario

- The resident was able to tell the interviewer her name, the year and where she was.
- She was able to talk about the activity she just attended and the residents and staff that also attended.
- Then the resident suddenly asked the interviewer, “Who are you? What are you doing in my daughter’s home?”

# C1300B Scenario Coding

- Code C1300B as **2**. Behavior present, fluctuates.
- The resident's thinking fluctuated between coherent and incoherent at least once.
- If as few as one source notes fluctuation, then the behavior should be coded **2**.

<b>2</b>	<b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> A. <b>Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? <input checked="" type="checkbox"/> B. <b>Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? <input type="checkbox"/> C. <b>Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)? <input type="checkbox"/> D. <b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

# C1300B Practice #1

- The resident responds that the year is 1837 when asked to give the date.
- The medical record and staff indicate that the resident is never oriented in time but has coherent conversations.
- For example, the staff reports the resident often discusses his passion for baseball.

# How should C1300B be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300B Practice #1 Coding

- The correct code is **0**. Behavior not present.
- The resident's answer was related to the question, even though it was incorrect.
- No other sources report disorganized thinking.

# C1300B Practice #2

- The interviewer asks the resident, who is often confused, to give the date, and the response is: “Let’s go get the sailor suits!”
- The resident continues to provide irrelevant or nonsensical responses throughout the interview.
- Medical record and staff indicate this is constant.

# How should C1300B be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300B Practice #2 Coding

- The correct code is Code 1. Behavior continuously present, does not fluctuate.
- All sources agree that the disorganized thinking is constant.

# C1300C Altered Level of Consciousness

- Vigilant: startles easily to any sound or touch
- Lethargic: repeatedly dozes off when asked questions but responds to voice or touch
- Stupor: very difficult to arouse and keep aroused for the interview
- Comatose: cannot be aroused despite shaking and shouting
  - Comatose relates to unresponsiveness.
  - Diagnosis of coma or stupor does not have to be present.

# C1300C Altered Level of Consciousness Coding Instructions

- Code **0**. Resident was alert and maintained wakefulness.
- Code **1**. Sources agree that resident was consistently lethargic, stuporous, vigilant, or comatose.
- Code **2**. Resident varied in levels of consciousness.

**C. Altered level of consciousness** - Did the resident have altered level of consciousness (e.g., **vigilant** - startled easily to any sound or touch; **lethargic** - repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** - very difficult to arouse and keep aroused for the interview; **comatose** - could not be aroused)?

Delirium	
C1300. S	
Code after	
<b>Coding:</b>	
0. Behavior not present	<input type="checkbox"/> A. <b>Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
1. Behavior continuously present, does not fluctuate	<input type="checkbox"/> B. <b>Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> C. <b>Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?
	<input type="checkbox"/> D. <b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

# C1300C Scenario

- Resident is alert and conversational and answers all questions during the BIMS interview, although not all answers are correct.
- Medical record documentation and staff report consistently noted that the resident was alert.

# C1300C Scenario Coding

- Code C1300C as **0**. Behavior not present.
- All evidence indicates that the resident is alert during conversation, interview(s) and activities.

↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> <b>A. Inattention</b> - Did the resident have difficulty focusing attention (easy difficulty following what was said)?
	<input type="checkbox"/> <b>B. Disorganized thinking</b> - Was the resident's thinking disorganized or conversation, unclear or illogical flow of ideas, or unpredictable switch
	<input checked="" type="checkbox"/> <b>0</b> <b>C. Altered level of consciousness</b> - Did the resident have altered level of startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off responded to voice or touch; <b>stuporous</b> - very difficult to arouse and <b>comatose</b> - could not be aroused)?
	<input type="checkbox"/> <b>D. Psychomotor retardation</b> - Did the resident have an unusually decreased sluggishness, staring into space, staying in one position, moving very

# C1300C Practice #1

- The resident is lying in bed.
- He arouses to soft touch but is only able to converse for a short time before his eyes close, and he appears to be sleeping.
- Again, he arouses to voice or touch but only for short periods during the interview.
- Information from other sources indicates that this was his condition throughout the look-back period.

# How should C1300C be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300C Practice #1 Coding

- The correct code is Code 1. Behavior continuously present, does not fluctuate.
- The resident's lethargy was consistent throughout the interview.
- There is consistent documentation of lethargy in the medical record during the look-back period.

# C1300C Practice #2

- Resident is usually alert, oriented to time, place, and person.
- Today, at the time of the BIMS interview, resident is conversant at the beginning of the interview but becomes lethargic and difficult to arouse.

# How should C1300C be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300C Practice #2 Coding

- The correct code is Code **2**. Behavior present, fluctuates.
- The level of consciousness fluctuated during the interview.
- If as few as one source notes fluctuation, then the behavior should be coded **2**, fluctuating.

# C1300D Psychomotor Retardation

- Greatly reduced or slowed level of activity or mental processing
  - Sluggishness
  - Staring into space
  - Staying in one position
  - Moving or speaking very slowly
- Differs from altered level of consciousness.
- May be present with normal level of consciousness.

# C1300D Psychomotor Retardation Coding Instructions

- Code **0**. Resident movement and responses noted to be appropriate.
- Code **1**. Resident consistently had an unusually decreased level of activity.
- Code **2**. Resident showed slowness or decreased movement and activity which varied.

<b>D. Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?	
Delirium	
C1300. Signs and Symptoms of Delirium (from CAM-3)	
Code after completing Brief Interview for Mental Status or Staff Assessment, and reviewing medical record	
↓ Enter Codes in Boxes	
<b>Coding:</b> 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	<input type="checkbox"/> A. <b>Inattention</b> - Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
	<input type="checkbox"/> B. <b>Disorganized thinking</b> - Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
	<input type="checkbox"/> C. <b>Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?
	<input type="checkbox"/> D. <b>Psychomotor retardation</b> - Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

# C1300D Scenario

- Resident answers questions promptly during interview.
- Staff and medical record note similar behavior.

# C1300D Scenario Coding

- Code C1300D as **0**. Behavior not present.
- There is no evidence of psychomotor retardation from any source.

		↓ Enter Codes in Boxes
		<input type="checkbox"/> A. Inattention - Did the resident have difficulty focusing attention (easily distracted, out of touch or
<b>0</b>	<b>D. Psychomotor retardation-</b> Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?	
present, does not fluctuate	<input type="checkbox"/>	<b>C. Altered level of consciousness</b> - Did the resident have altered level of consciousness (e.g., <b>vigilant</b> - startled easily to any sound or touch; <b>lethargic</b> - repeatedly dozed off when being asked questions, but responded to voice or touch; <b>stuporous</b> - very difficult to arouse and keep aroused for the interview; <b>comatose</b> - could not be aroused)?
2. Behavior present, fluctuates (comes and goes, changes in severity)		<b>D. Psychomotor retardation-</b> Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?
	<b>0</b>	

# C1300D Practice #1

- The resident is alert, but has a prolonged delay before answering the interviewer's question.
- Staff reports that the resident has always been very slow in answering questions.
- The medical record does not mention behaviors related to levels or pace of activity.

# How should C1300D be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300D Practice #1 Coding

- The correct code is Code 1. Behavior continuously present, does not fluctuate.
- The psychomotor retardation was continuously present according to sources that described the resident's response speed for questions.

# C1300D Practice #2

- Resident moves body very slowly (i.e., to pick up a glass).
- Staff reports that they have not noticed any slowness.

# How should C1300D be coded?

- A. Code **0**. Behavior not present.
- B. Code **1**. Behavior continuously present, does not fluctuate.
- C. Code **2**. Behavior present, fluctuates.

# C1300D Practice #2 Coding

- The correct code is Code **2**. Behavior present, fluctuates.
- There is evidence that psychomotor retardation comes and goes.

**Item C1600**

**Acute Onset  
Mental Status Change**

# C1600 Importance

- May indicate delirium or other serious medical complications.
- May be reversible if detected and treated in a timely fashion.

## C1600. Acute Onset Mental Status Change

Enter Code	<b>Is there evidence of an acute change in mental status from the resident's baseline?</b>
<input type="checkbox"/>	0. No 1. Yes

# C1600 Conduct the Assessment

- Interview resident's family or significant others.
- Review medical record **prior to** the 7-day look-back period.

# C1600 Assessment Guidelines

- Examples of acute onset mental change status include:
  - Resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.
  - Resident who is normally quiet and content suddenly becomes restless or noisy.
  - Resident who is usually able to find his or her way around the unit begins to get lost.

# C1600 Coding Instructions

- Code **0. No** if there is no evidence of acute mental status change from the resident's baseline.
- Code **1. Yes** if resident has an alteration in mental status observed in the past 7 days or in the BIMS that represents a change from baseline.

C1600. Acute Onset Mental Status Change	
Enter Code	Is there evidence of an acute change in mental status from the resident's baseline?
<input type="checkbox"/>	0. No 1. Yes

0 No  
1 Yes

# C1600 Scenario #1

- A resident was admitted to the nursing home 4 days ago.
- Her family reports that she was alert and oriented prior to admission.
- During the BIMS interview, she is lethargic and incoherent.

# C1600 Scenario #1 Coding

- C1600 would be coded **1. Yes.**
- There is an acute change of the resident's behavior from alert and oriented (family report) to lethargic and incoherent during the interview.

C1600	<b>Mental Status Change</b>
Enter Code	<b>Is there evidence of an acute change in mental status from the resident's baseline?</b>
<input type="text" value="1"/>	0. No 1. Yes

# C1600 Scenario #2

- A nurse reports that a resident with poor short-term memory and disorientation to time suddenly becomes agitated:
  - Calling out to her dead husband
  - Tearing off her clothes
  - Completely disoriented to time, person, and place

# C1600 Scenario #2 Coding

- C1600 would be coded **1. Yes.**
- The new behaviors represent an acute change in mental status.

C1600	<b>Mental Status Change</b>
Enter Code	<b>Is there evidence of an acute change in mental status from the resident's baseline?</b>
<input type="text" value="1"/>	0. No 1. Yes

# **Section C (Staff Assessment & Delirium)**

## **Summary**

# Section C Staff Assessment

- Conduct a resident interview if at all possible.
- Review C0600 to determine if an interview was complete it attempted.
- Conduct the staff assessment if the interview was incomplete.
- Staff assessment consists of four components.
  - o Short-term Memory OK
  - o Long-term Memory OK
  - o Memory/ Recall Ability
  - o Cognitive Skills for Decision Making

# Assessment for Delirium

- Conduct the assessment for delirium for all residents.
- Confusion Assessment Method (CAM) © assesses four signs and symptoms of delirium.
  - Inattention (easily distracted or out of touch)
  - Disorganized thinking (disorganized or incoherent thinking or conversation)
  - Altered level of consciousness (vigilant, lethargic, stuporous, or comatose)
  - Psychomotor retardation (unusually decreased level of activity)

# Acute Onset of Mental Change

- Determine if there has been an acute onset of mental change in the 7-day look-back period or in the BIMS.
- Review the resident's medical record prior to the look-back period.