



Minimum Data Set (MDS) 3.0
Instructor Guide

Section G Functional Status

Objectives

- State the intent of Section G Functional Status.
- Conduct an accurate assessment of a resident's ability to perform Activities of Daily Living (ADLs).
- Explain and apply the Rule of Three.
- Demonstrate how to use the ADL Self-Performance Coding Algorithm.
- Code Section G correctly and accurately.

Methodology

This lesson uses lecture, scenarios, scenario-based practice, and an individual/ small group activity.

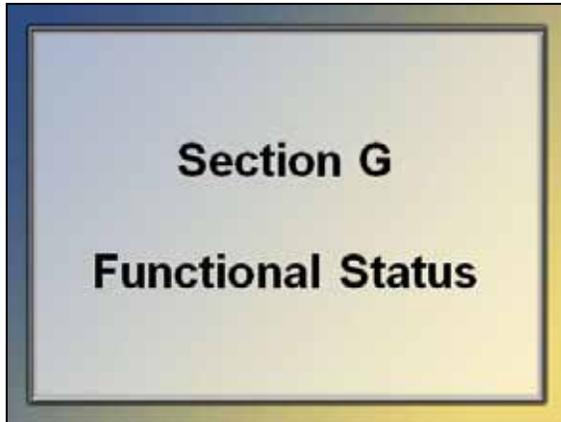
Training Resources

- Instructor Guide
- Slides 1 – 117

Instructor Preparation

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

SLIDES	INSTRUCTIONAL GUIDANCE	
Instructor Notes	Instructor Notes	
Notes	<p>Direct participants to turn to Section G in the MDS 3.0 instrument.</p>	Notes
Instructor Notes	Instructor Notes	



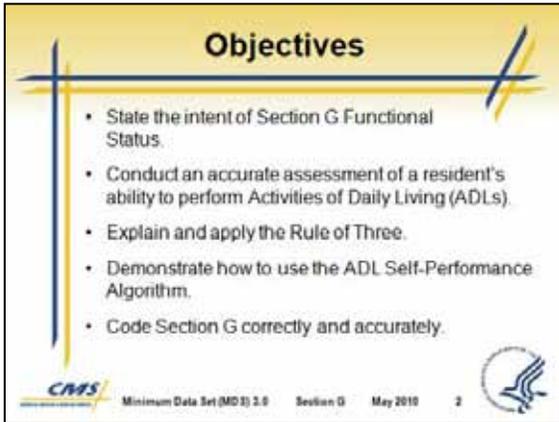
Slide 1

I. Introduction/ Objectives

- A. Section G addresses Activities of Daily Living (ADL) including personal hygiene, bed mobility, toilet use, and walking activities.
- B. A resident will be assessed on:
 1. The ability to perform tasks such as repositioning in bed, transferring between surfaces, walking, dressing, eating, and conducting personal hygiene.
 2. How much assistance is needed from staff to complete any of these tasks?
- C. Section G provides numerous screening assessments, e.g. safety related to
 - Impaired balance
 - Functional decline
 - Functional impairment due to limited range of motion
- D. It also brings to the forefront areas of care that necessitate appropriate care planning for facilitating independence.

SLIDES

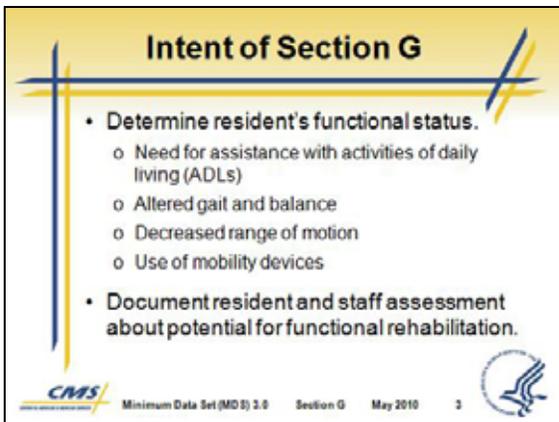
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Slide 2

E. Objectives

- State the intent of Section G Functional Status.
- Conduct an accurate assessment of a resident's ability to perform Activities of Daily Living (ADLs).
- Explain and apply the Rule of Three.
- Demonstrate how to use the ADL Self-Performance Algorithm.
- Code Section G correctly and accurately.



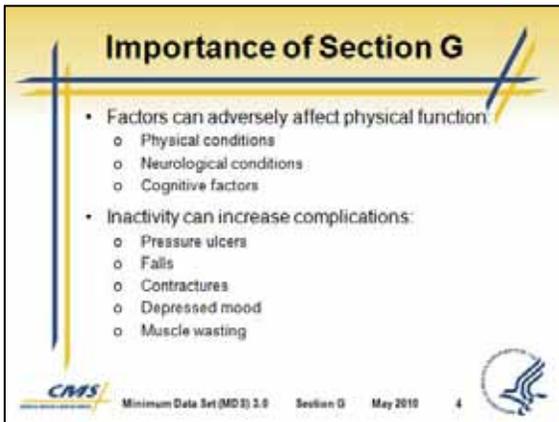
Slide 3

F. Intent of Section G

1. The items in this section assess:
 - a. Need for assistance with activities of daily living (ADLs)
 - b. Altered gait and balance
 - c. Decreased range of motion
 - d. Use of mobility devices
2. For admission assessments, resident and staff are asked for their assessment regarding the potential for functional rehabilitation.

SLIDES

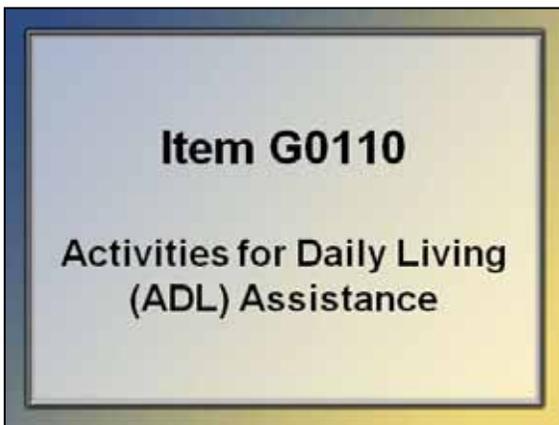
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G. Importance of Section G

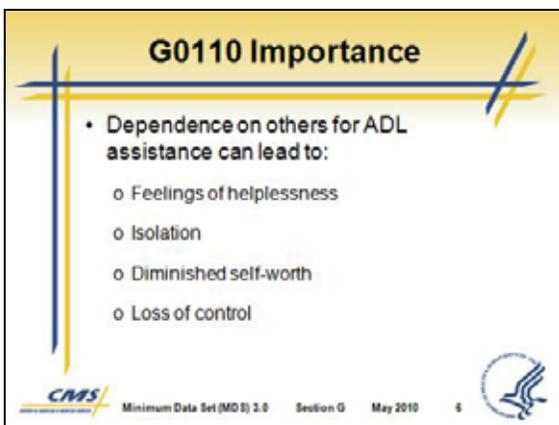
1. A wide range of factors can adversely affect physical function:
 - a. Physical conditions
 - b. Neurological conditions
 - c. Cognitive factors
2. As inactivity increases, complications may occur:
 - a. Pressure ulcers
 - b. Falls
 - c. Contractures
 - d. Depressed mood
 - e. Muscle wasting



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II. Item G0110 Activities for Daily Living (ADL) Assistance

- A. Many nursing home residents need some physical assistance.
- B. Many are also at risk of further physical decline.
- C. The amount of assistance needed and the risk of decline vary from resident to resident.



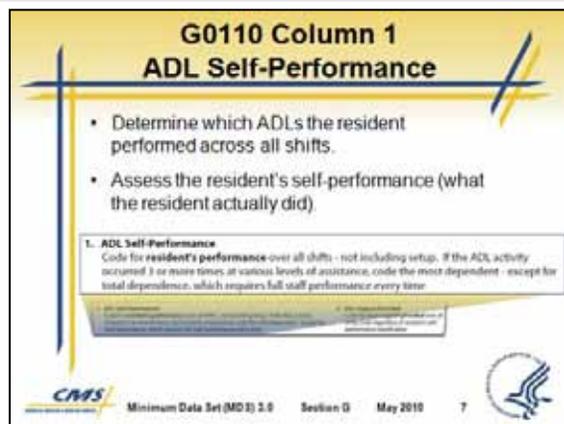
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D. G0110 Importance

1. Dependence on others for ADL assistance can lead to:
 - a. Feelings of helplessness
 - b. Isolation
 - c. Diminished self-worth
 - d. Loss of control

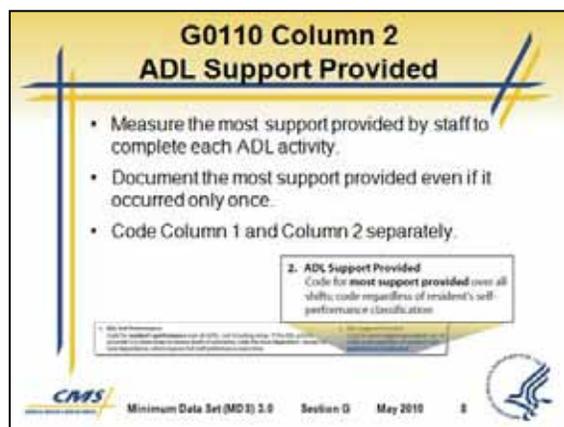
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- E. G0110 Column 1 ADL Self-Performance
1. The assessment for G0110 consists of two components.
 2. Column 1 documents a resident's ADL self-performance.
 - a. Determine which ADLs the resident performed across all shifts.
 - b. Assess the resident's self-performance – what the resident actually did in conducting each ADL.
 - c. This assessment does not consider what the resident might or should be able to do.
 - d. This assessment documents a resident's actual performance.



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- F. G0110 Column 2 ADL Support Provided
1. Column 2 requires an assessment of the support provided to the resident in completing ADLs.
 - a. This item measures the most support provided by staff to complete each ADL activity.
 - b. G0110 Column 2 documents:
 - Most support provided for each ADL during the look-back period
 - Even if that level of support occurred only once
 2. Code ADL Support Provided (Column 2) separately from ADL Self-Performance (Column 1).

SLIDES

**G0110 Column 1
Conduct the Assessment₁**

- Review the medical record.
- Talk with direct care staff from each shift that has cared for the resident.
 - Determine what each resident does independently during each episode of each ADL activity definition.
 - Determine the type and level of staff assistance provided for each ADL activity.
 - Staff assistance includes oversight, verbal cueing or encouragement, physical assistance, or full staff performance of the activity.

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- G. G0110 Column 1 Conduct the Assessment
1. Review the documentation in the medical record for the look-back period.
 2. Talk with direct care staff from each shift that has cared for the resident.
 - a. Determine what the resident does for him/ herself during each episode of each ADL activity definition.
 - b. Determine the type and level of staff assistance that was provided for each ADL activity.
 - c. Staff assistance includes oversight, verbal cueing or encouragement, physical assistance, or full staff performance of the activity.
 - d. Remind staff it is important to focus on the look-back period only.
 3. Be specific in evaluating each component as listed in the ADL activity definition when reviewing records, interviewing staff, or observing the resident.
 - a. For example, when evaluating bed mobility, determine how the resident:
 - Moves from a lying position
 - Turns from side to side
 - Positions body while in bed or alternate sleep furniture

**G0110 Column 1
Conduct the Assessment₂**

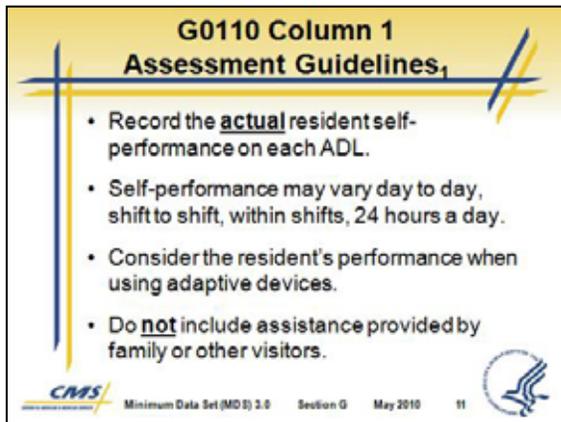
- Be specific in evaluating each component as listed in the ADL activity definition.
- To evaluate bed mobility, determine how resident.
 - Moves from a lying position.
 - Turns side to side.
 - Positions him/herself in bed or alternate sleep furniture.
- Ask probing questions beginning with the general and proceeding to the more specific.

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4. Ask probing questions of staff beginning with the general and proceeding to the more specific.

H. G0110 Assessment Guidelines

1. Record the **actual** resident self-performance on each ADL.
2. Self-performance may vary from day to day, shift to shift, or within shifts, 24 hours a day over the look-back period.
 - a. Possible reasons for these variations include:
 - Mood
 - Medical condition
 - Relationship issues (e.g., willing to perform for a nursing assistant that he or she likes)
 - Medications
3. Consider the resident's performance when using adaptive devices.
4. Do **not** include assistance provided by family, visitors, or privately paid attendants.
5. Assessment of self performance requires assessments gathered with interventions performed by facility staff (which includes contractual staff or per facility policy).

SLIDES

**G0110 Column 1
Assessment Guidelines₂**

- Assess the resident's functional status for each ADL.
 - Determine if the ADL occurs 3 or more times.
 - Document the level of assistance if any the resident required to complete the activity.
- Consider each episode of the activity that occurred during the look-back period.
- Do **not** record staff assessment of the resident's **potential capability** to perform the ADL.

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6. Assess the resident's functional status for each ADL.
 - a. Determine if an ADL occurs three or more times during the look-back period.
 - b. Document the level of assistance if any required to complete the activity.
7. Consider each episode of the activity that occurs during the look-back period.
 - a. Remember that the intent is to document the resident's performance over the entire look-back period.
8. Do **not** record the staff's assessment of the resident's **potential capability** to perform the ADL activity.

III. G0110 Column 1 Coding ADL Self-Performance

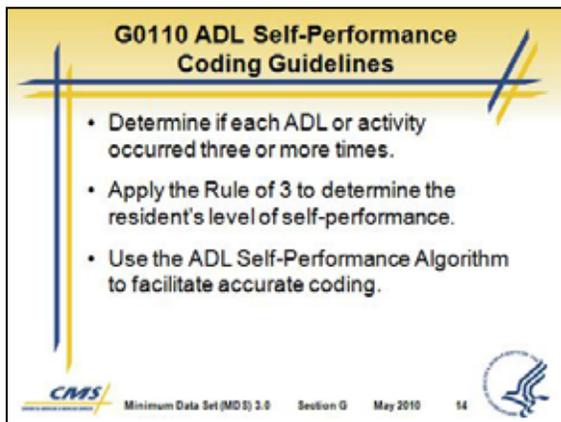
- A. Three primary categories of information are collected during the assessment:
 1. Which ADLs a resident performed during the look-back period.
 2. Did the ADL occur three or more times during the look-back period?
 3. What type of assistance, if any, the resident needed to complete these ADLs?
- B. Coding the level of resident self-performance takes all of this information into consideration.

**Item G0110
Column 1
Coding ADL
Self-Performance**

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C. G0110 ADL Self-Performance Coding Guidelines

1. Determine if each ADL or activity conducted by the resident occurred three or more times during the look-back period.
2. If the ADL occurred three or more times during the look-back period, apply the Rule of 3 to determine the self-performance code.
3. Use the ADL Self-Performance Algorithm to facilitate accurate coding.

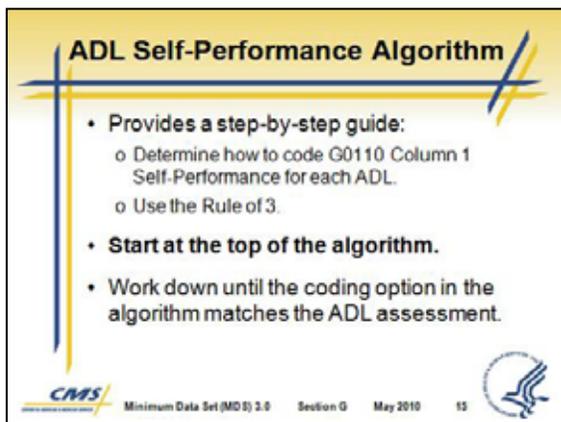
Instructor Notes

Notes

Direct participants to pull out the ADL Self-Performance Algorithm.
Use the algorithm to review each coding option and practice applying the Rule of 3.

Notes

Instructor Notes



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D. G0110 ADL Self-Performance Algorithm

1. The ADL Self-Performance Algorithm provides a step-by-step guide for determining how to code G0110 Column 1 Self-Performance for each ADL using the Rule of 3.
2. **Start at the top of the algorithm.**
3. Work down until the coding option designated by the algorithm matches the ADL assessment.

SLIDES

Code 8 Activity Did Not Occur

- Determine if the ADL occurred at least one time.
- Code 8 if the resident or staff did not perform the ADL at all during the look-back period.

START HERE

Did the activity occur at least 1 time?

No → Code 8 Activity did not occur

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E. Code 8 Activity Did Not Occur

Use the ADL Self-Performance Algorithm to review the coding options and the Rule of 3.

- The first step of the Rule of 3 is to determine if an activity occurred three or more times.
- Starting at the top of the algorithm, determine if the ADL occurred at least one time during the look-back period.
- Code 8. *Activity did not occur* if the ADL was not performed at all by the resident or the staff.
- For example:
 - Locomotion ADL:
Resident was on bed rest and did not get out of bed, and there was no locomotion via bed, wheelchair, or other means.
- If the ADL occurred at least once, continue down the algorithm.

F. Code 7 Activity Occurred Only Once or Twice

- Rule of 3 evaluates resident self-performance based on at least three occurrences of an ADL during the look-back period.
- So the next question asks if the activity occurred three or more times.
- Code 7. *Activity occurred only 1 or 2 times* if the activity occurred only once or twice during the look-back period.

Code 7 Activity Occurred Only Once or Twice

- Determine if ADL occurred three or more times during the look-back period.
- Code 7 if ADL occurred only once or twice.

Did activity occur 3 or more times?

No → Code 7 Activity Occurred only 1 or 2 times

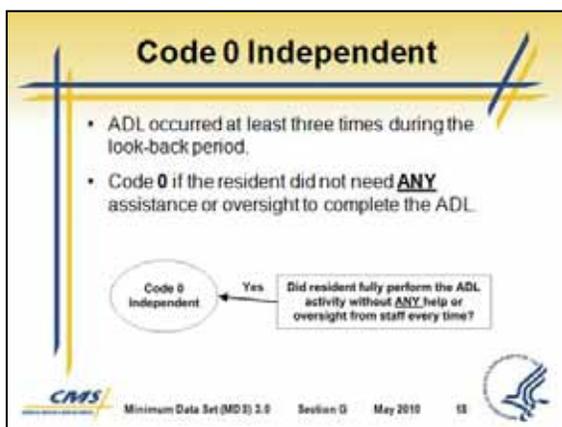
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4. For example:
 - a. ADL Walk in Corridor:
Resident ambulated in the hallway for a weekly bath but otherwise did not leave room.
 - b. ADL Locomotion Off Unit:
Resident left vicinity of room twice to attend activities in another part of the building.
5. If the ADL occurred three or more times, continue down the ADL algorithm.



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- G. Code **0** Independent
 1. Subsequent coding options for G0110 are based on the ADL occurring three or more times during the look-back period.
 2. Code **0**. *Independent* if:
 - a. Activity occurs three or more times during the look-back period.
 - b. The resident completes the activity with **no** help or oversight **every** time during the look-back period.
 3. If the resident did not complete the ADL independently in **every** episode, continue down the algorithm.

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Code 4 Total Dependence

- ADL occurred at least three times during the look-back period.
- Code 4 if the resident is unwilling or unable to perform any part of the ADL for the **entire** look-back period.

Flowchart: Did resident require full staff performance every time? (Yes) → Code 4 Total Dependence

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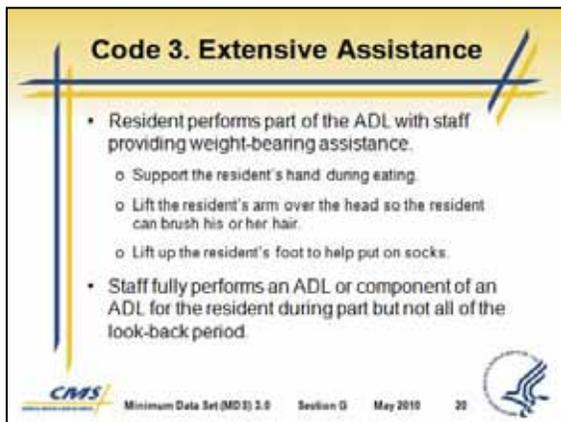
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H. Code 4 Total Dependence

1. Code 4. *Total dependence* if:
 - a. Activity occurs three or more times during the look-back period.
 - b. Staff performs the activity.
 - c. Resident does not participate in any aspect of the ADL.
 - d. The resident is unwilling or unable to perform any part of the activity for **every** episode of the ADL the **entire** look-back period.
2. If the resident did not require full staff performance for **every** episode of the ADL, continue down the algorithm.
3. Up to this point, all of the codes have reflected a clearly defined level of activity.
 - a. Activity did not occur or did not occur three times.
 - b. Resident performed the ADL independently with no assistance during the look-back period.
 - c. Resident is totally dependent and staff performs the entire activity for every episode of the ADL during the look-back period.
4. The next series of coding options reflect resident performance with varying levels of staff assistance.

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- I. Code **3**. Extensive Assistance
 1. Code **3**. *Extensive assistance* if:
 - a. Activity occurs three or more times during the look-back period.
 - b. Resident performs part of the ADL with the staff providing weight-bearing assistance for some subtasks.
 - Support the resident's hand during eating.
 - Lift the resident's arm over the head so the resident can brush his or her hair.
 - Lift up the resident's foot to help put on socks.
 - c. Staff fully performs an ADL for the resident during part but not all of the look-back period.
 - d. Staff fully performs a component or subtask of the ADL for the resident during the look-back period.
 - Staff must feed a resident for some meals but not all meals.
 - Staff must assist with some aspects of a task such as dressing.
 2. Remember that code **4**. *Total dependence* is used only if the ADL occurred three or more times during the look-back period and the resident required full staff performance for **every** episode.

SLIDES

Code 2. Limited Assistance

- Resident was highly involved in the activity.
- Received help in guided maneuvering or other non-weight-bearing assistance.
- Guided maneuvering vs. weight-bearing assistance is determined by who is supporting the weight of the resident's extremity or body.
- Guided maneuvering consists of directing the resident in completing a task, not providing weight bearing assistance.

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- J. Code **2**. Limited Assistance
1. Code **2**. *Limited assistance* if:
 - a. Activity occurs three or more times during the look-back period.
 - b. Resident was highly involved in the activity
 - c. Staff provided guided maneuvering or other non-weight-bearing assistance.
 2. Guided maneuvering vs. weight-bearing assistance is determined by who is supporting the weight of the resident's extremity or body (the resident or a staff member).
 3. Guided maneuvering consists of directing the resident in completing a task, not providing weight-bearing assistance (not lifting or carrying).

K. Code **1**. Supervision

1. Code **1**. *Supervision* if:
 - a. Activity occurs three or more times during the look-back period.
 - b. If oversight, encouragement, or cueing was provided.
 - c. This does **not** include general supervision.

Code 1. Supervision

- Oversight, encouragement, or cueing was provided.
- This does not include general supervision.

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SLIDES

Rule of 3₁

- When an activity occurs three times at any one level, code that level.
- When an activity occurs three or more times at more than one level, code the most dependent level.
 - o Three times extensive assistance (Code **3**).
 - o Three times limited assistance (Code **2**).
 - o Code as **3**. Extensive assistance.

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L. Rule of 3

1. The Rule of 3 provides additional guidelines to determine whether an ADL should be coded extensive assistance, limited assistance or supervision.
2. When an activity occurs three times at any one given level, code that level.
3. For example:
 - a. If a resident requires weight-bearing assistance three or more times but not every time during the look-back period to transfer from a seated to a standing position, code the Transfer ADL as **3**. Extensive assistance.
 - b. If a resident requires guided maneuvering (non-weight-bearing) assistance three or more times to drink during a meal but requires no other assistance for eating, code the Eating ADL as **2**. Limited assistance.
4. When an activity occurs three or more times at more than one level of assistance, code the most dependent level.
5. For example:
 - a. Three times extensive assistance.
 - b. Three times limited assistance.
 - c. Code as **3**. Extensive assistance.

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Rule of 3₂

- When an activity occurs at more than one level but not three times at any one level, consider the episodes in combination.
- Episodes that occur at more than one level may be combined to determine the level of assistance required for a resident to complete an ADL.
- When considering episodes in combination, full staff performance is considered to be weight-bearing assistance.

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Rule of 3₃

- When 3 or more episodes of a combination of full staff performance and weight-bearing assistance occur, code **extensive assistance (3)**.

Diagram: Full Staff + WB + WB = Full Staff + WB + WB

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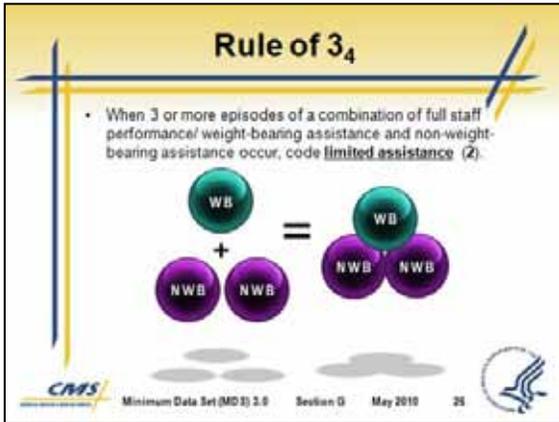
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6. For example:
 - a. Three times extensive assistance.
 - b. Six times limited assistance.
 - c. Code as **3**. Extensive assistance.
 - d. Code the most dependent level of assistance that occurs three or more times.

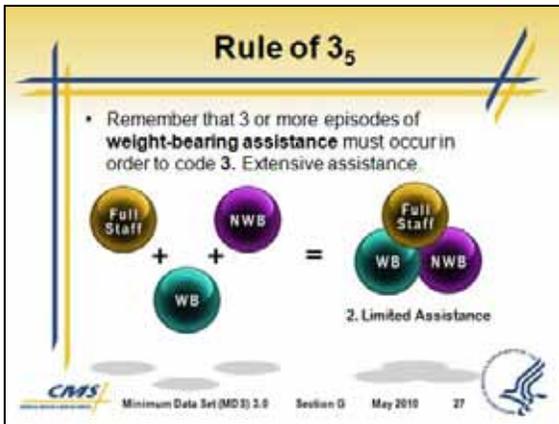
7. When an activity occurs at more than one level but not three times at any one level, consider the episodes in combination.
 - a. Episodes that occur at more than one level may be combined to determine that an activity occurred three times at one level.
 - b. When considering an activity in combination, episodes of full staff performance are considered to be weight-bearing assistance.
 - c. Remember, code **4**. *Total dependence* is applicable only when **every** episode requires full staff performance.

8. When 3 or more episodes of a combination of full staff performance and weight-bearing assistance occur, code extensive assistance (**3**).
 - a. For example, if an ADL occurs three times, once at full staff performance and twice with weight-bearing assistance, code this as **3**. Extensive assistance.

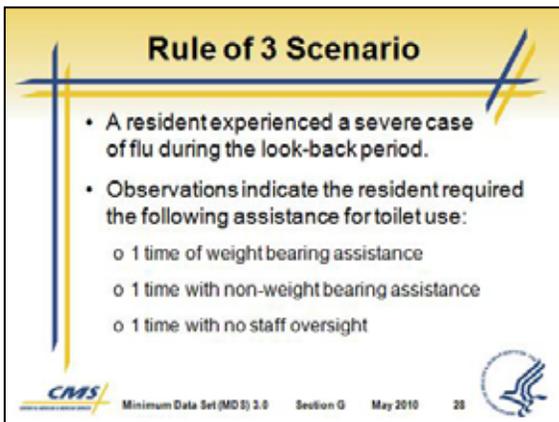
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9. When 3 or more episodes of a combination of full staff performance/ weight-bearing assistance and non-weight-bearing assistance occur, code limited assistance (2).
 - a. For example, if an ADL occurs one time with weight-bearing support and two times with non-weight-bearing support, code this as **2. Limited assistance.**

10. Remember that three or more episodes of **weight-bearing assistance** must occur in order to code **3. Extensive assistance.**

11. A combination of weight-bearing and non-weight-bearing assistance is coded as **2. Limited assistance.**

M. Rule of 3 Scenario

1. A resident experienced a severe case of flu during the look-back period.
2. Observations indicate the resident required the following assistance for toilet use:
 - a. 1 time with weight-bearing assistance
 - b. 1 time with non-weight-bearing assistance
 - c. 1 time with no staff assistance

Direct participants to review the guidelines as they work through the algorithm to determine the correct code.

SLIDES

Code 3. Extensive Assistance₁

- ADL occurred at least three times during the look-back period.
- Code 3 if full staff performance was required at least three times but not every time.

Did resident require full staff performance at least 3 times but not every time?

Yes

Code 3 Extensive Assistance

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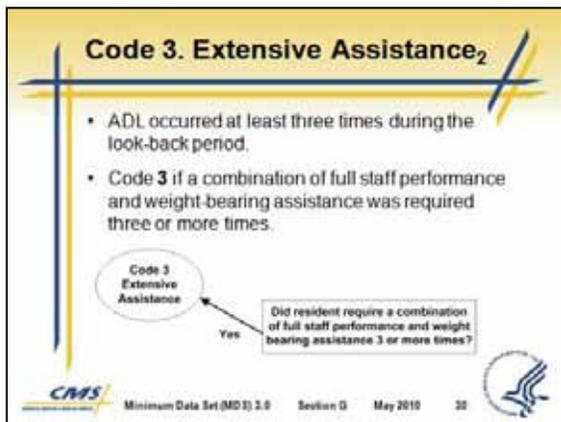
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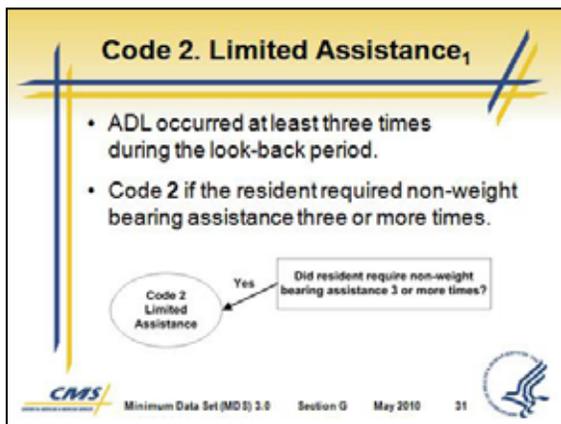
- N. Code 3. Extensive Assistance
1. Return to the ADL algorithm and see how the algorithm helps identify the correct code for this scenario.
 2. Code 4. *Total dependence* asked if the resident required full staff performance for every episode of the ADL.
 - a. Do **NOT** include the emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag in G0110I.
 3. As this resident did not require full staff assistance every time to perform this ADL, continue down the algorithm.
 4. The next question asks if full staff performance was needed at least three times but not every time.
 5. If the answer to this question is yes, then code 3. Extensive assistance.
 6. If the resident did not require full staff assistance at least 3 times for the ADL, continue down the algorithm.
 7. In this scenario, the resident did not require full staff assistance at least three times, so the answer is No.
 8. Continue down the ADL algorithm.

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9. The next question asks if a combination of full staff performance and weight-bearing assistance was required three or more times.
10. If the answer to this question is yes, then code **3**. Extensive assistance.
11. If the resident did not require a combination of full staff performance and weight-bearing assistance three or more times for the ADL, continue down the algorithm.
12. In this scenario, the resident required weight-bearing assistance only once, so the answer is no.
13. Continue down the algorithm.

O. Code **2**. Limited Assistance

1. The next question asks if non-weight-bearing assistance was required three or more times.
2. If the answer to this question is yes, then code **2**. Limited assistance.
3. If the resident did not require non-weight-bearing assistance three or more times for the ADL, continue down the algorithm.
4. In this scenario, the resident did not require non-weight-bearing assistance three or more times, so the answer is no.
5. Continue down the ADL algorithm.

SLIDES

Code 2. Limited Assistance₂

- ADL occurred at least three times during the look-back period.
- Code **2** if resident required a combination of full staff performance/ weight-bearing assistance and non-weight-bearing assistance three or more times.

Code 2 Limited Assistance

Did resident require a combination of full staff performance/weight bearing assistance and non-weight bearing assistance 3 or more times?

Yes

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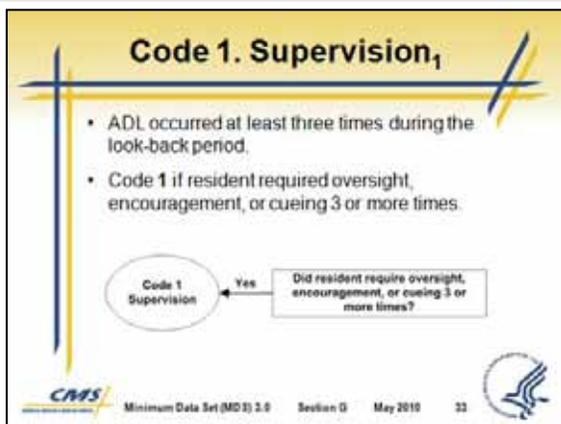
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- The next question asks if a combination of full staff performance/ weight-bearing assistance and non-weight-bearing assistance was needed three or more times.
- If the answer to this question is yes, then code **2**. Limited assistance.
- Remember it was determined that three or more episodes of extensive assistance did not occur, which ruled out code **3**.
- If the resident did not require a combination of full staff performance/ weight-bearing assistance and non-weight-bearing assistance three or more times for the ADL, continue down the algorithm.
- In this scenario, the resident did require weight-bearing assistance once, non-weight-bearing assistance once, and no assistance once.
- As the resident did not require a combination of weight-bearing and non-weight-bearing assistance **three** or more times, the answer is no.
- Continue down the ADL algorithm.

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P. Code **1**. Supervision

1. The next question asks if the resident required oversight, encouragement, or cueing three or more times.
2. Remember that extensive assistance and limited assistance were ruled out.
3. Code **1**. Supervision if oversight, encouragement, or cueing was provided.
 - a. This includes “hand off” or “no touch” assistance.
4. In this scenario, the resident did require weight-bearing assistance once, non-weight-bearing assistance once, and no assistance once.
5. As the resident did not require oversight, encouragement, or cueing **three** or more times, the answer is no.
6. Continue down the ADL algorithm.
7. If the ADL occurred three or more times but none of these guidelines are met, code **1**. Supervision.



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Instructor Notes

Detailed Coding Instructions for G0110 Column 1 ADL Self –Performance

- **Code 0. Independent**

If resident completed activity with no help or oversight every time in the 7-day look-back period

- **Code 1. Supervision**

If oversight, encouragement or cueing was provided three or more times during the last 7 days

- **Code 2. Limited assistance**

- If resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance three or more times during the last 7 days.
- When there are 3 or more episodes of a combination of full staff performance/ weight-bearing assistance and non-weight-bearing assistance

- **Code 3. Extensive assistance**

If resident performed part of the activity over the last 7 days, help of the following type(s) was provided three or more times:

- Weight-bearing support provided three or more times.
- Full staff performance of activity or a component of an activity during part but not all of the last 7 days.
- Combination of full staff performance and weight-bearing assistance

- **Code 4. Total dependence**

If there was full staff performance of activity with no participation by resident in any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity.

- **Code 7. Activity occurred only once or twice**

If the activity occurred but not three times or more

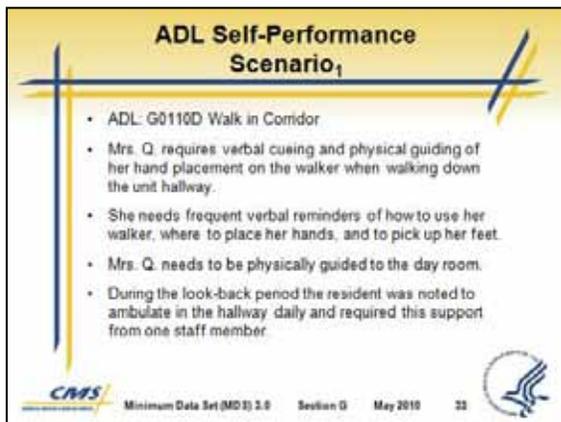
- **Code 8. Activity did not occur**

If, over the 7-day look-back period, the ADL activity (or any part of the ADL) was not performed by the resident or staff

Instructor Notes

SLIDES

INSTRUCTIONAL GUIDANCE

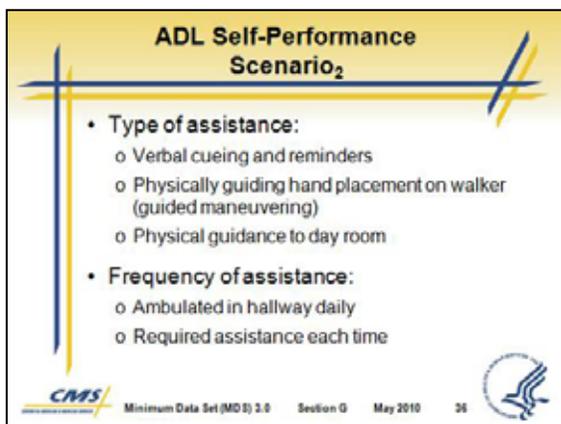


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Q. G0110 ADL Self-Performance Scenario

1. ADL G0110D Walk in Corridor
 - a. Mrs. Q. requires verbal cueing and physical guiding of her hand placement on the walker when walking down the unit hallway.
 - b. She needs frequent verbal reminders of how to use her walker, where to place her hands, and to pick up her feet.
 - c. Mrs. Q. needs to be physically guided to the day room.
 - d. During the look-back period the resident was noted to ambulate in the hallway daily and required this support from one staff member.

How should G0110D Column 1 be coded?



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2. Type of assistance required for the resident to complete the ADL.
 - a. Verbal cueing and reminders
 - b. Physically guiding hand placement on walker (guided maneuvering)
 - c. Physical guidance to day room
3. Frequency of assistance:
 - a. Ambulated in hallway daily
 - b. Required assistance each time

SLIDES

ADL Self-Performance Scenario₃

- Did the activity occur at least 1 time?
 - Yes. Therefore, code **8**. does not apply.
- Did activity occur 3 or more times?
 - Yes. Therefore code **7**. does not apply.
- Did resident fully perform the ADL activity without ANY help or oversight from staff every time?
 - No. Therefore, code **0**. does not apply.

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INSTRUCTIONAL GUIDANCE

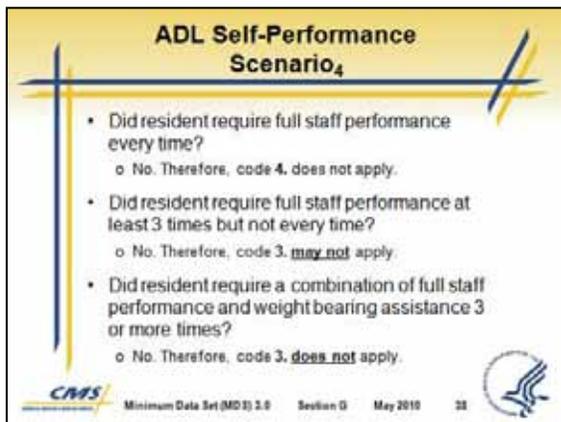
4. Use the ADL Self-Performance Algorithm to determine the resident self-performance and correct coding for the MDS 3.0.

Direct participants to follow along on the algorithm.

5. Start at the top of the algorithm and work down.
 - a. Did the activity occur at least 1 time?
 - Yes, it occurred at least one time.
 - Code **8**. *Activity did not occur* does not apply.
 - Continue down the algorithm.
 - b. Did activity occur 3 or more times?
 - Yes, the activity occurred 3 or more times.
 - Code **7**. *Activity occurred only 1 or 2 times* does not apply.
 - Continue down the algorithm.
 - c. Did resident fully perform the ADL activity without ANY help or oversight from staff every time?
 - No, the resident did not perform the ADL activity without help or oversight from staff every time.
 - Code **0**. *Independent* does not apply.
 - Continue down the algorithm.

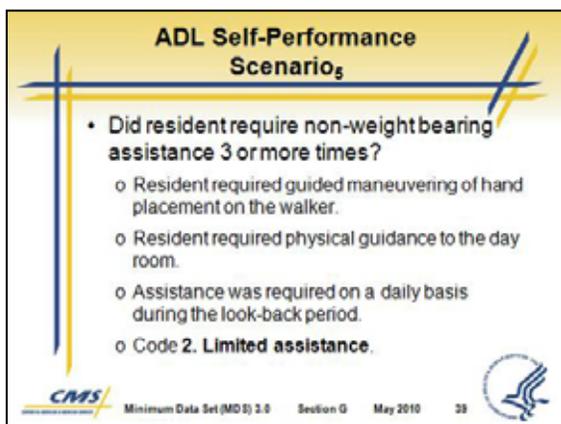
SLIDES

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- d. Did resident require full staff performance every time?
 - No, the resident did not require full staff performance every time.
 - **Code 4. Total dependence** does not apply.
 - Continue down the algorithm.
- e. Did resident require full staff performance at least 3 times but not every time?
 - No, so code **3. Extensive assistance** may not apply.
 - Continue down the algorithm.
- f. Did resident require a combination of full staff performance and weight-bearing assistance 3 or more times?
 - No, so code **3. Extensive assistance** does not apply.
 - Continue down the algorithm.



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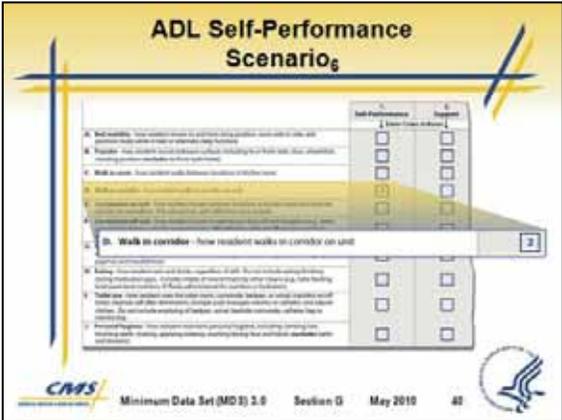
- g. Did resident require non-weight-bearing assistance 3 or more times?
 - Resident required guided maneuvering of hand placement on the walker.
 - Resident required physical guidance to the day room.
 - Assistance was required on a daily basis during the look-back period.

SLIDES	INSTRUCTIONAL GUIDANCE
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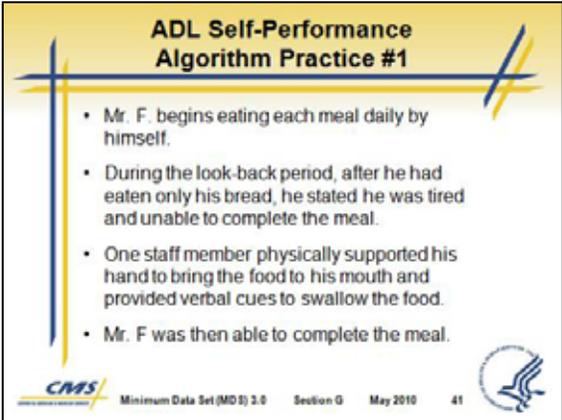
- Yes, the resident required non-weight-bearing assistance for this activity 3 or more times during the look-back period.

h. Code **2**. Limited assistance

6. Based on the resident assessment of the type and frequency of assistance needed, ADL G0110D Walk in Corridor should be coded as **2**. Limited assistance.



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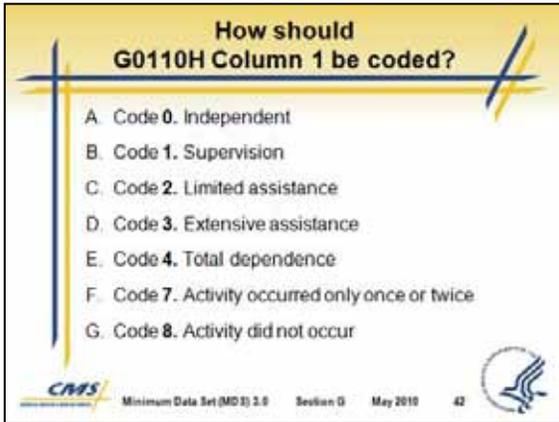
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R. G0110 ADL Self-Performance Algorithm Practice #1

1. Mr. F. begins eating each meal daily by himself.
2. During the look-back period, after he had eaten only his bread, he stated he was tired and unable to complete the meal.
3. One staff member physically supported the weight of his hand to bring the food to his mouth and provided verbal cues to swallow the food.
4. Mr. F. was then able to complete the meal.

SLIDES

INSTRUCTIONAL GUIDANCE



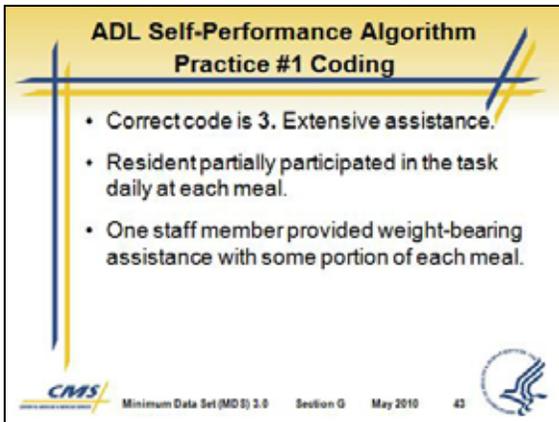
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5. How should G0110H Column 1 be coded?

Give participants time to respond.

Encourage participants to use the ADL Self-Performance Algorithm.

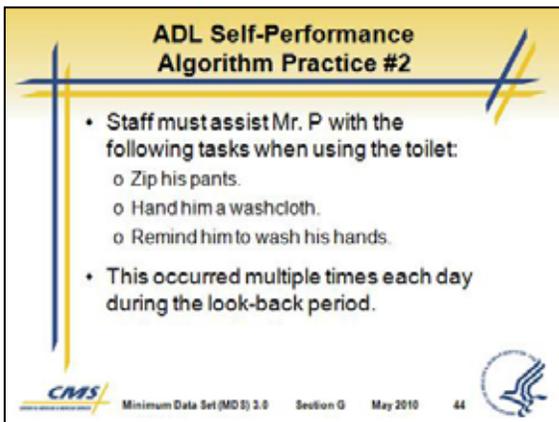
- a. Correct answer is D. Code **3**. Extensive assistance.



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6. ADL Self-Performance Algorithm Practice #1 Coding

- a. Correct code is **3**. Extensive assistance.
- b. Resident partially participated in the task daily at each meal.
- c. One staff member provided weight-bearing assistance with some portion of each meal.



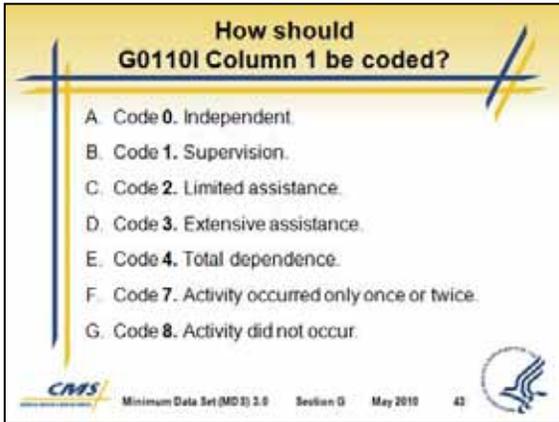
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S. G0110 ADL Self-Performance Algorithm Practice #2

- 1. Staff must assist Mr. P. with the following tasks when using the toilet:
 - a. Zip his pants.
 - b. Hand him a washcloth.
 - c. Remind him to wash his hands.
- 2. This occurred multiple times each day during the look-back period.

SLIDES

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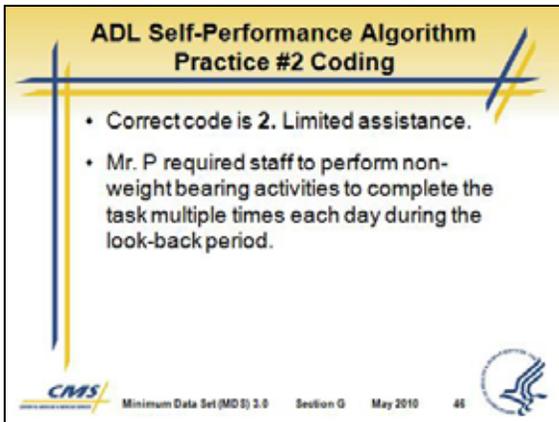
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3. How should G0110I Column 1 be coded?

Give participants time to respond.

Encourage participants to use the ADL Self-Performance Algorithm.

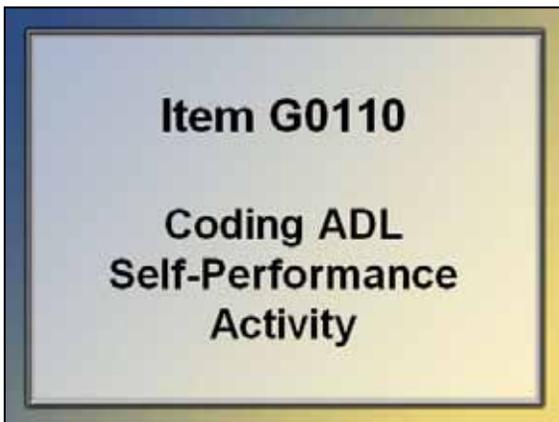
- a. Correct answer is C. Code **2**. Limited assistance.



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4. ADL Self-Performance Algorithm Practice #2 Coding

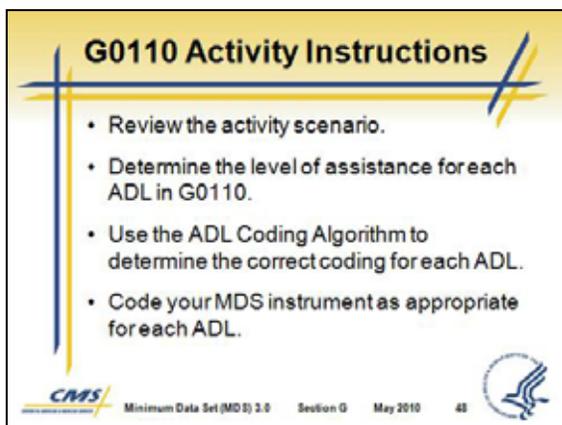
- a. Correct code is **2**. Limited assistance.
- b. Mr. P required staff to perform non-weight-bearing activities to complete the task multiple times each day during the look-back period.



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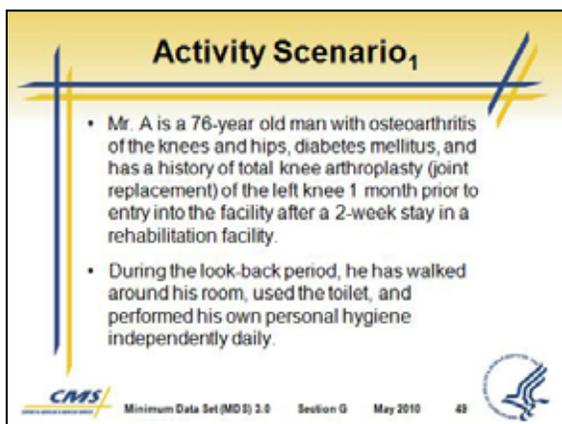
IV. Item G0110 Coding ADL Self-Performance Activity

SLIDES	INSTRUCTIONAL GUIDANCE	
Instructor Notes		
Notes	<p>Item G0110 Coding ADL Self-Performance Activity</p> <ol style="list-style-type: none"> 1. The goal of this activity is to allow participants to practice using the ADL algorithm for a more complex scenario integrating multiple ADLs. 2. Review the instructions for the activity with participants. 3. Direct participants to review the scenario. 4. Direct participants to determine the level of self-performance for each ADL listed in item G0110 using the ADL Self-Performance Algorithm. 5. Direct participants to code item G0110 for this scenario in the MDS instrument provided. 6. Review the coding using the debrief slides. 	Notes
Instructor Notes		



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- A. G0110 Activity Instructions
1. Review the activity scenario.
 2. Determine the level of assistance for each ADL in G0110 Activities of Daily Living (ADL) Assistance.
 3. Use the ADL Self-Performance Algorithm to determine the correct coding for Column 1 of each ADL.
 4. Code your MDS instrument as appropriate for each ADL.



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- B. Activity Scenario
1. Mr. A. is a 76-year old man with osteoarthritis of the knees and hips, diabetes mellitus, and has a history of total knee arthroplasty (joint replacement) of the left knee 1 month prior to entry into the facility after a 2-week stay in a rehabilitation facility.

SLIDES

INSTRUCTIONAL GUIDANCE

Activity Scenario₂

- He walks with his single point cane to the dining area where he has been observed to eat without assistance or individual supervision several times daily.
- He has required non-weight bearing support while changing his undergarments and donning his pants 3 times due to his limited hip mobility.
- He has walked with staff off of the unit once and was transported by wheelchair by his niece to her car for a family event.

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G0110 Activity Scenario Column 1 Coding₁

- G0110A Bed Mobility – not known
- G0110B Transfer – not known
- G0110C Walk in Room – 0. Independent
- G0110D Walk in Corridor – 0. Independent
- G0110E Locomotion On Unit – not known

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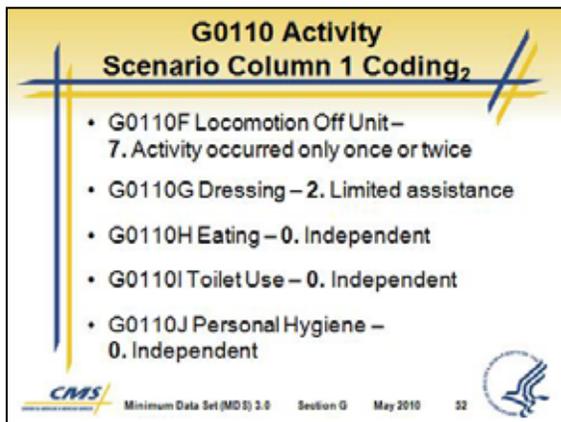
2. During the look-back period, he has walked around his room, used the toilet, and performed his own personal hygiene independently daily.
3. He walks with his single point cane to the dining area where he has been observed to eat without assistance or individual supervision several times daily.
4. He has required non-weight-bearing assistance while changing his undergarments and donning his pants 3 times due to his limited hip mobility.
5. He has walked with staff off of the unit once and was transported by wheelchair by his niece to her car for a family event.

C. G0110 Activity Scenario Column 1 Coding

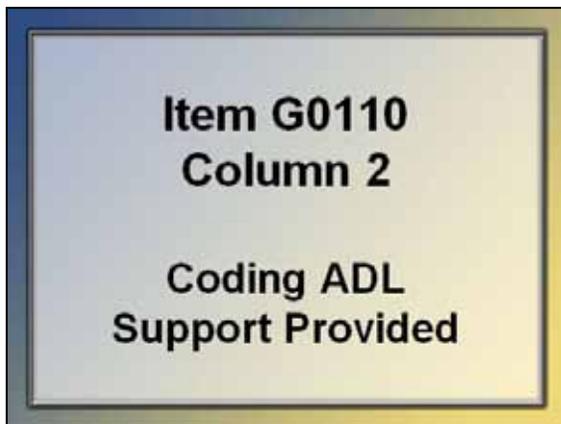
NOTE: An answer of “not known” indicates that additional information is needed to determine the correct coding for this ADL.

1. G0110A Bed Mobility – not known
2. G0110B Transfer – not known
3. G0110C Walk in Room
 - a. G0110C1 is coded **0**. Independent
4. G0110D Walk in Corridor
 - a. G0110D1 is coded **0**. Independent
5. G0110E Locomotion On Unit – not known

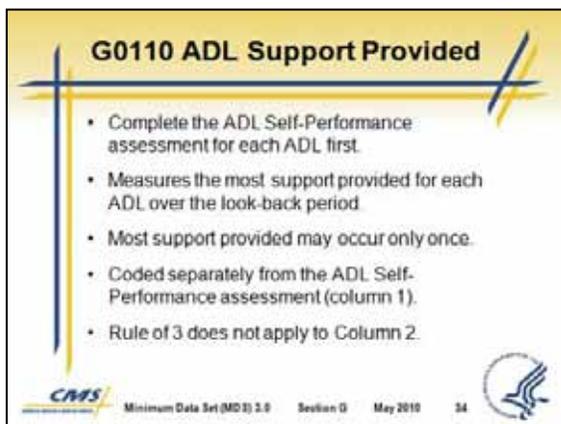
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6. G0110F Locomotion Off Unit is coded **7**. Activity occurred only once or twice.
7. G0110G Dressing is coded **2**. Limited assistance.
8. G0110H Eating is coded **0**. Independent.
9. G0110I Toilet Use is coded **0**. Independent.
10. G0110J Personal Hygiene is coded **0**. Independent.

V. G0110 Coding ADL Support Provided

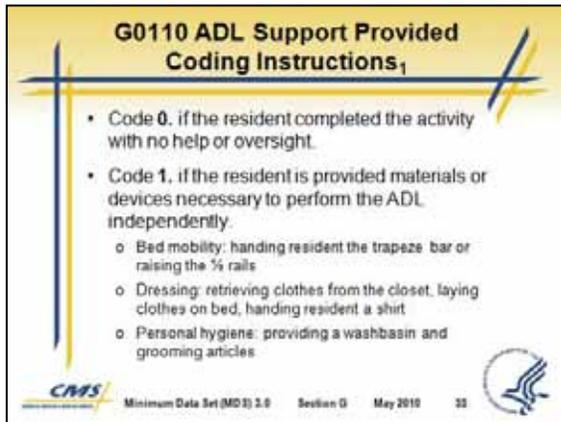
- A. The second assessment for G0110 is to determine the highest level of assistance required for each ADL.

B. Overview

1. Complete the ADL Self-Performance assessment (Column 1) before completing the assessment for ADL Support Provided.
2. G0110 Column 2 measures the most support provided for each ADL over the look-back period.
3. Code the most support provided for each ADL.
 - a. No matter how often it was required.
 - b. May occur only once during the look-back period.

SLIDES

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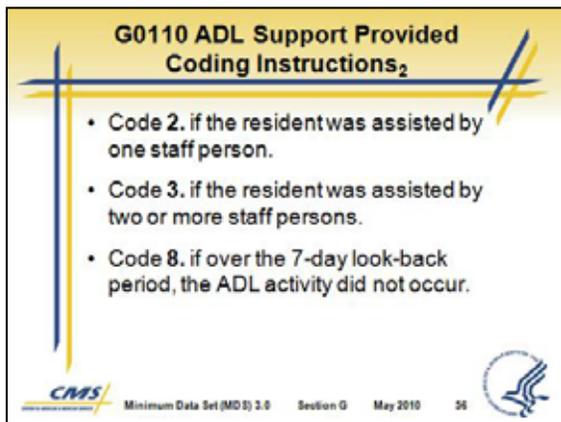
4. Column 2 is coded separately from the ADL Self-Performance assessment (Column 1).
5. Rule of 3 does not apply to Column 2.

C. G0110 ADL Support Provided Coding Instructions

1. Code **0** if the resident completed the activity with no set up or physical help.
2. Code **1** if the resident is provided materials or devices necessary to perform the ADL independently.

For example:

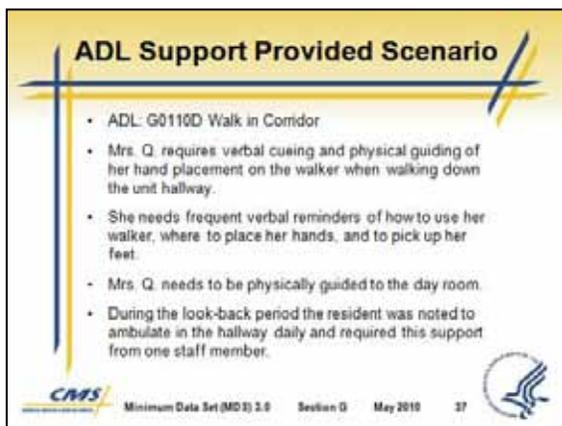
- a. Bed mobility: handing resident the trapeze bar or raising the ½ rails.
- b. Dressing: retrieving clothes from the closet, laying clothes on bed, handing resident a shirt.
- c. Personal hygiene: providing a washbasin and grooming articles.



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3. Code **2** if the resident was assisted by one staff person.
4. Code **3** if the resident was assisted by two or more staff persons.
5. Code **8** if the activity did not occur over the look-back period.

SLIDES		INSTRUCTIONAL GUIDANCE	
Instructor Notes			
Notes	<p>Detailed Coding Instructions for G0110 Column 2</p> <ul style="list-style-type: none"> • Code 0. No setup or physical help from staff: If resident completed activity with no help or oversight • Code 1. Setup help only If resident is provided with materials or devices necessary to perform the ADL independently. This can include giving or holding out an item that the resident takes from the caregiver. • Code 2, one person physical assist If the resident was assisted by one staff person • Code 3, two+ person physical assist If the resident was assisted by two or more staff persons • Code 8, ADL activity itself did not occur during the entire period If, over the look-back period, the ADL activity did not occur 		Notes
Instructor Notes			



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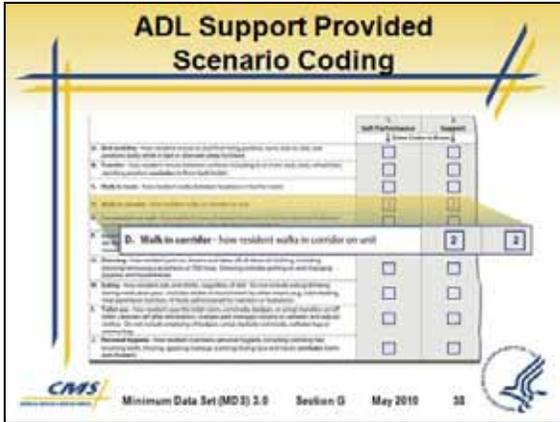
D. G0110 ADL Support Provided Scenario

1. Let's review the scenario from the ADL Self-Performance (Column 1) discussion, and code it for ADL Support Provided (Column 2).
2. ADL: G0110D Walk in Corridor
 - a. Mrs. Q. requires verbal cueing and physical guiding of her hand placement on the walker when walking down the unit hallway.
 - b. She needs frequent verbal reminders of how to use her walker, where to place her hands, and to pick up her feet.
 - c. Mrs. Q. needs to be physically guided to the day room.

SLIDES	INSTRUCTIONAL GUIDANCE
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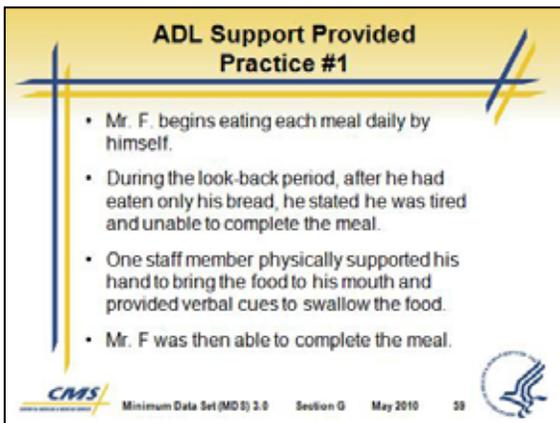
- d. During the look-back period the resident was noted to ambulate in the hallway daily and required this support from one staff member.

How should G0110D Walk in Corridor Column 2 be coded?



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- E. G0110 ADL Support Provided Scenario Coding
 1. The correct code for G0110 D Walk in Corridor Column 2 ADL Support Provided is **2**. One person physical assist.
 2. Resident requires non-weight-bearing assistance of **one staff member** for safe ambulation daily during the look-back period.



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- F. ADL Support Provided Practice #1
 1. Again, let us code the practice problems from the ADL Self-Assessment for the ADL Support Provided.
 2. Mr. F. begins eating each meal daily by himself.
 3. During the look-back period, after he had eaten only his bread, he stated he was tired and unable to complete the meal.
 4. One staff member physically supported his hand to bring the food to his mouth and provided verbal cues to swallow the food.
 5. Mr. F. was then able to complete the meal.

SLIDES

INSTRUCTIONAL GUIDANCE

How should G0110H Column 2 be coded?

- A. Code 0. No setup or physical help from staff.
- B. Code 1. Setup help only.
- C. Code 2. One person physical assist.
- D. Code 3. Two+ persons physical assist.
- E. Code 8. ADL activity itself did not occur during entire period.

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6. How should G0110H Column 2 be coded?

Give participants time to respond.

- a. Correct answer is C. Code **2**. One person physical assist.

ADL Support Provided Practice #1 Coding

- The correct code is **2**. One person physical assist.
- One staff member provided weight-bearing assistance with some portion of each meal.

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7. ADL Support Provided Practice #1 Coding

- a. Correct code is **2**. One person physical assist.
- b. One staff member provided weight-bearing assistance with some portion of each meal.

ADL Support Provided Practice #2

- Staff member must remind resident to:
 - o Toilet frequently during the day.
 - o Unzip and zip pants.
 - o Wash his hands after using the toilet.
- This occurred multiple times each day during the look-back period.

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G. ADL Support Provided Practice #2

1. Staff must assist Mr. P. with the following tasks when using the toilet:
 - a. Zip his pants.
 - b. Hand him a washcloth.
 - c. Remind him to wash his hands.
2. This occurred multiple times each day during the look-back period.

SLIDES

How should G0110I Column 2 be coded?

- A. Code 0. No setup or physical help from staff.
- B. Code 1. Setup help only.
- C. Code 2. One person physical assist.
- D. Code 3. Two+ persons physical assist.
- E. Code 8. ADL activity itself did not occur during entire period.

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ADL Support Provided Practice #2 Coding

- The correct code is 2. One person physical assist.
- Resident required staff to perform non-weight-bearing activities to complete the task multiple times each day during the look-back period.

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Item G0120

Bathing

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INSTRUCTIONAL GUIDANCE

3. How should G0110I Column 2 be coded?

Give participants time to respond.

- a. Correct answer is C. Code **2**. One person physical assist.

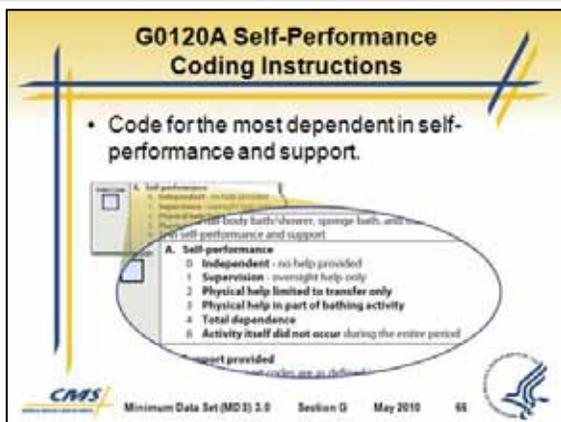
4. ADL Support Provided Practice #2 Coding

- a. Correct code is **2**. One person physical assist.
- b. Resident required staff to perform non-weight-bearing activities to complete the task multiple times each day during the look-back period.

VI. G0120 Bathing

- A. The ADL for bathing is addressed in a separate item.
- B. A unique set of self-performance codes is used in the bathing assessment given that bathing may not occur as frequently as the other ADL's in the look-back period.

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INSTRUCTIONAL GUIDANCE

C. G0120A Coding Instructions

1. Bathing is the only ADL activity for which the ADL Self-Performance codes in Item G0110 **Column 1 (Self-Performance)** do not apply.
2. Code for the maximum amount of assistance the resident received during bathing episodes.

Briefly review codes for bathing.

- **Code 0. Independent** – no help provided
- **Code 1. Supervision** – oversight help only
- **Code 2. Physical help limited to transfer only**
- **Code 3. Physical help in part of bathing activity:**
- **Code 4. Total dependence**
- **Code 8. Activity itself did not occur**

SLIDES

INSTRUCTIONAL GUIDANCE

Instructor Notes

Detailed Coding Instructions for G0300

- **Code 0. Independent** – no help provided
If the resident required no help from staff
- **Code 1. Supervision** – oversight help only
If the resident required oversight help only
Note: If nursing home policy is to supervise all residents when bathing, it is appropriate to code the resident self-performance as supervision, even if the supervision is precautionary because the resident is still being individually supervised. Support for bathing in this instance would be coded according to whether or not the staff had to actually assist the resident during the bathing activity.
- **Code 2. Physical help limited to transfer only**
If the resident is able to perform the bathing activity, but required help with the transfer only
- **Code 3. Physical help in part of bathing activity:**
If the resident required assistance with some aspect of bathing
For example, if the resident needs assistance washing his/her feet because can't reach.
- **Code 4. Total dependence**
If the resident is unable to participate in any of the bathing activity
- **Code 8. Activity itself did not occur**
If the resident was not bathed during the 7-day look-back period

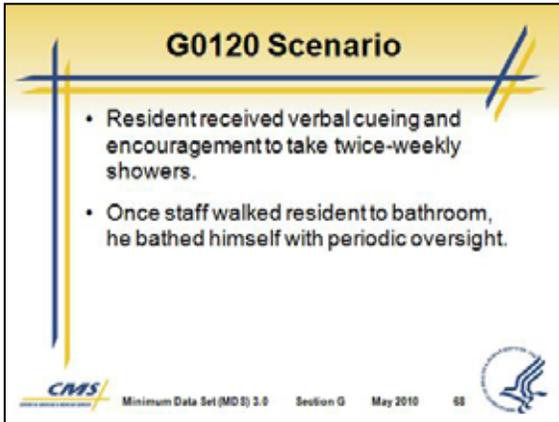
Instructor Notes

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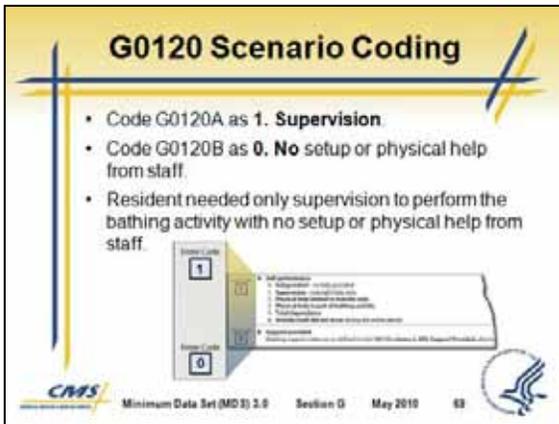
D. G0120B Coding Instructions

1. Use the same codes as G0110 Column 2 ADL Support Provided.
2. Code the most support provided during any episode of bathing during the look-back period.

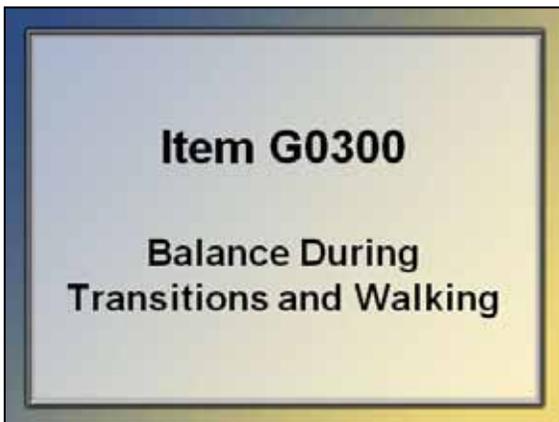
SLIDES



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INSTRUCTIONAL GUIDANCE

E. G0120 Scenario

1. Resident received verbal cueing and encouragement to take twice-weekly showers.
2. Once staff walked resident to bathroom, he bathed himself with periodic oversight.

How should G0120A and G0120B be coded?

F. G0120 Scenario Coding

1. Code G0120A as **1**. Supervision.
2. Code G0120B as **0**. No setup or physical help from staff.
3. Resident needed only supervision to perform the bathing activity with no setup or physical help from staff.

VII. G0300 Balance During Transitions and Walking

- A. This item addresses a resident's ability to walk and transition between surfaces with or without assistance or appropriate assistive devices and assesses the resident's risk of falling.

SLIDES

G0300 Importance

- Individuals with impaired balance and unsteadiness during transitions and walking face several potential issues.
 - Are at increased risk for falls.
 - Often are afraid of falling.
 - May limit their physical and social activity.
 - May become socially isolated and depressed about limitations.
 - Can become increasingly immobile.

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G0300 Conduct the Assessment

- Observe the resident.
 - Transition from sitting to standing
 - Walking (with assistive device if used)
 - Turning
 - Transfer on and off toilet
 - Transfer from wheelchair to bed and bed to wheelchair
- Conduct a review of the resident.
 - Explain what the task is and what is being observed.
 - Have appropriate assistive devices resident normally uses available.

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B. G0300 Importance

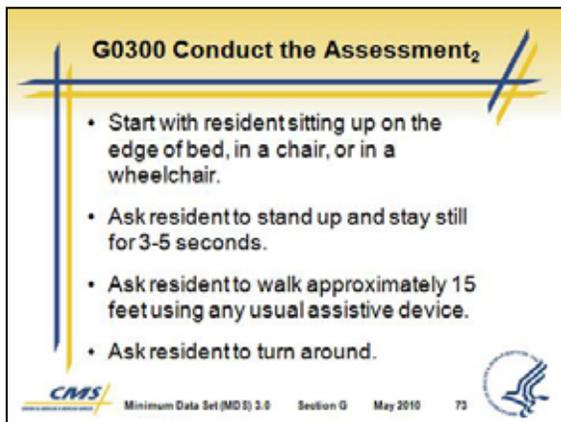
1. Individuals with impaired balance and unsteadiness during transitions and walking face several potential issues.
 - a. Are at increased risk for falls.
 - b. Often are afraid of falling.
 - c. May limit their physical and social activity.
 - d. May become socially isolated and despondent about limitations.
 - e. Can become increasingly immobile.

C. G0300 Conduct the Assessment

1. Observe the resident.
 - a. Transition from a sitting position to standing.
 - b. Walking (with assistive device if used)
 - c. Turning around and facing the opposite direction while walking
 - d. Transfer on and off toilet
 - e. Surface-to-surface (transfer between bed and chair or wheelchair)
2. Conduct a review of the resident.
 - a. Before beginning the activity, explain what the task is and what you are observing for.
 - b. Have appropriate assistive devices the resident normally uses available.

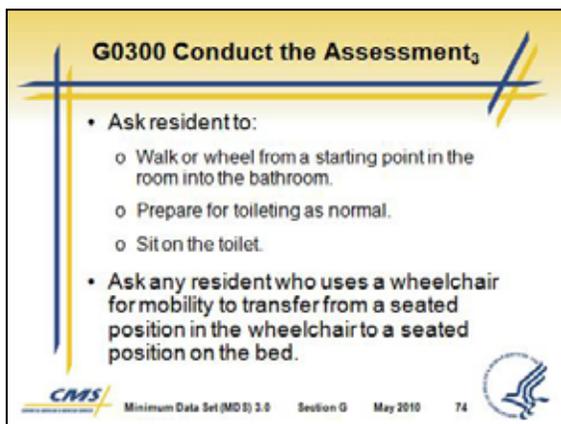
SLIDES

INSTRUCTIONAL GUIDANCE



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- c. Start with the resident sitting up on the edge of his or her bed, in a chair, or in a wheelchair (if he or she generally uses one).
- d. Ask resident to stand up and stay still for 3-5 seconds.
 - Rate G0300A Moving from seated to standing position at this time
- e. Ask resident to walk approximately 15 feet using his or her usual and appropriate assistive device.
 - Rate G0300B Walking at this time.
- f. Ask resident to turn around.
 - Turning around (G0300C) should be rated at this time.



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- g. Ask resident to:
 - Walk or wheel from a starting point in his or her room into the bathroom.
 - Prepare for toileting as he or she normally does.
 - This includes taking down pants or other clothes although underclothes can be kept on for this observation.
 - Sit on the toilet.
 - Moving on and off toilet (G0300D) should be rated at this time.

SLIDES

INSTRUCTIONAL GUIDANCE

G0300 Coding Instructions₁

- Code for the least steady episode, using an assistive device if applicable.
- "Unsteady" is characterized by resident appearing unbalanced or moving with a sway or with uncoordinated or jerking movements.

Coding:
 0 Steady at all times
 1 Not steady, but able to stabilize without human assistance
 2 Not steady, only able to stabilize with human assistance
 3 Activity did not occur

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G0300 Coding Instructions₂

- Code 0. Steady at all times**
 - Completes steady transitions.
 - Remains stable while standing up and walking.
 - Plans or integrates use of assistive device.
 - Is not at risk of a fall.
- Code 1. Not steady but able to stabilize without staff assistance**
 - Transitions or walking not steady but able to stabilize.
 - Unsteady with assistive device but able to stabilize.
 - Increased risk of falling.

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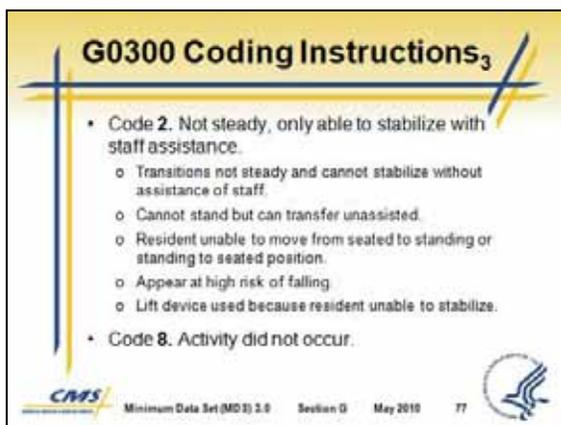
- h. Ask residents who are not ambulatory and who use a wheelchair for mobility to transfer from a seated position in the wheelchair to a seated position on the bed.
 - Surface-to-surface transfer should be rated at this time (G0300E).
3. Complete this assessment for all residents as appropriate.

D. G0300 Coding Instructions

1. Code for the least steady episode, using an assistive device if applicable.
2. "Unsteady" is characterized by resident appearing unbalanced or moving with a sway or with uncoordinated or jerking movements.
3. Might exhibit unsteady gaits such as fast gaits with large careless movements, abnormally slow gaits with small shuffling steps, or wide-based gaits with halting, tentative steps.
 - **Code 0. Steady at all times**
 - a. Completes steady transitions from seated to standing and standing to seated positions and/ or walking.
 - b. Remains stable while standing up using arms of chair or assistive device walking.
 - c. Plans or integrates the use of assistive device in activities.
 - d. Appears steady and not at risk of a fall when standing up or walking.

SLIDES

INSTRUCTIONAL GUIDANCE



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- **Code 1. Not steady but able to stabilize without staff assistance**
 - a. Transitions or walking not steady but able to stabilize without assistance from staff or object (e.g., chair or table).
 - b. Unsteady using an assistive device but does not require staff assistance to stabilize.
 - c. Attempts to stand, sits back down, then is able to stand up and stabilize without assistance from staff or object.
 - d. Appear at increased risk of falling.
- **Code 2. Not steady, only able to stabilize with staff assistance**
 - a. Transitions are not steady, and cannot stabilize without assistance from staff.
 - b. Cannot stand but can transfer unassisted.
 - c. Resident returned back to a seated position or was unable to move from a seated to standing or from standing to a seated position.
 - d. Appear at high risk of falling during transitions.
 - e. Lift device is used because resident requires staff assistance to stabilize.
- **Code 8. Activity did not occur.**

If the resident did not move from seated to standing position during the look-back period

Note: Full coding instructions are provided in Chapter 3 of the RAI Manual.

SLIDES

G0300 Scenario

- A resident locks his wheelchair and uses the arms of his wheelchair to attempt to stand.
- On the first attempt, he rises about halfway to a standing position then sits back down.
- On the second attempt, he is able to stand steadily.


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G0300 Scenario Coding

- Code G0300A as **1**. Not steady, but able to stabilize without staff assistance.
- First attempt suggests he is unsteady and at risk for falling during this transition.

Match: Select the function and walking

1. Standing and walking

2. Moving from seated to standing position

3. Moving from standing to seated position

4. Moving on level surface

5. Moving on uneven surface

6. Moving on uneven surface with assistance

7. Moving on uneven surface with assistance and/or equipment

8. Moving on uneven surface with assistance and/or equipment and/or equipment


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G0300 Practice #1

- A resident with Parkinson's disease ambulates with a walker.
- His posture is stooped, and he walks slowly with a short-stepped shuffling gait.
- On some occasions, his gait speeds up, and it appears he has difficulty slowing down.
- He has to steady himself using a handrail or a piece of furniture in addition to his walker on multiple occasions during the look-back period.


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INSTRUCTIONAL GUIDANCE

E. G0300 Scenario

1. A resident locks his wheelchair and uses the arms of his wheelchair to attempt to stand.
2. On the first attempt, he rises about halfway to a standing position then sits back down.
3. On the second attempt, he is able to stand steadily.

How should G0300A be coded?

F. G0300 Scenario Coding

1. Code G0300A as **1**. Not steady, but able to stabilize without staff assistance.
2. Even though the second attempt at standing was steady, the first attempt suggests he is unsteady and at risk for falling during this transition.

G. G0300 Practice #1

1. A resident with Parkinson's disease ambulates with a walker.
2. His posture is stooped, and he walks slowly with a short-stepped shuffling gait.
3. On some occasions, his gait speeds up, and it appears he has difficulty slowing down.
4. He has to steady himself using a handrail or a piece of furniture in addition to his walker on multiple occasions during the look-back period.

SLIDES

INSTRUCTIONAL GUIDANCE

How should G0300B be coded?

- A. Code 0. Steady at all times.
- B. Code 1. Not steady, but able to stabilize without staff assistance.
- C. Code 2. Not steady, only able to stabilize with staff assistance.
- D. Code 8. Activity did not occur.

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5. How should G0300B be coded?

Give participants time to respond.

- a. Correct answer is B. Code **1**. Not steady but able to stabilize without staff assistance.

G0300 Practice #1 Coding

- Correct code is **1**. Not steady but able to stabilize without staff assistance.
- Resident has an unsteady gait but can stabilize himself using an object such as a handrail or piece of furniture.

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6. G0300 Practice #1 Coding

- a. Correct code is **1**. Not steady but able to stabilize without staff assistance.
- b. Resident has an unsteady gait but can stabilize himself using an object such as a handrail or piece of furniture.

G0300 Practice #2

- A resident who needs assistance ambulating transfers to his wheelchair from the bed.
- He is observed to stand halfway up and then sit back down on the bed.
- On a second attempt, a nursing assistant helps him stand up straight, pivot, and sit down in his wheelchair.

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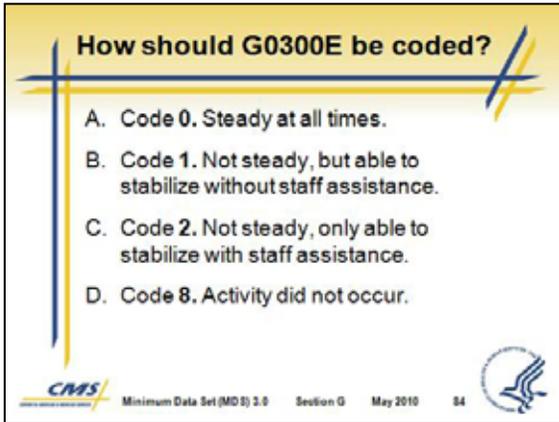
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H. G0300 Practice #2

- 1. A resident who needs assistance ambulating transfers to his wheelchair from the bed.
- 2. He is observed to stand halfway up and then sit back down on the bed.
- 3. On a second attempt, a nursing assistant helps him stand up straight, pivot, and sit down in his wheelchair.

SLIDES

INSTRUCTIONAL GUIDANCE

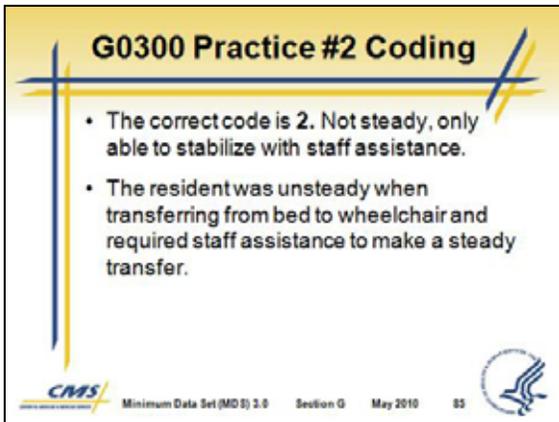


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4. How should G0300E be coded?

Give participants time to respond.

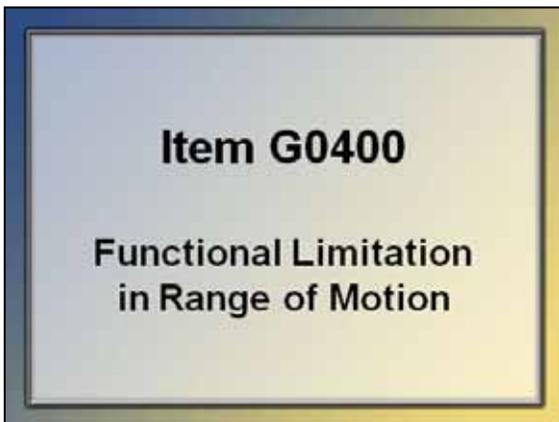
- a. Correct answer is C. Code **2**. Not steady, only able to stabilize with staff assistance.



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5. G0300 Practice #2 Coding

- a. Correct code is **2**. Not steady, only able to stabilize with staff assistance.
- b. The resident was unsteady when transferring from bed to wheelchair and required staff assistance to make a steady transfer.

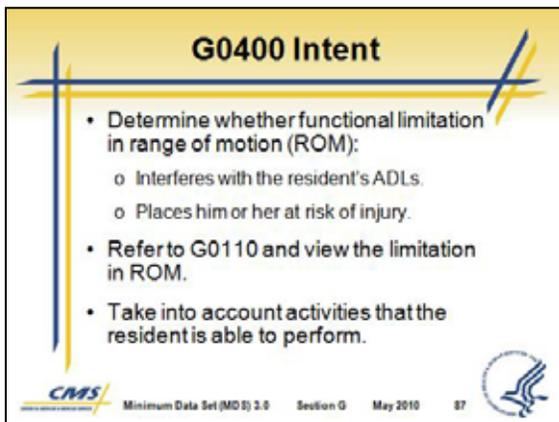


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VIII. Item G0400 Functional Limitation in Range of Motion

SLIDES

INSTRUCTIONAL GUIDANCE



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A. G0400 Intent

1. Determine whether functional limitation in range of motion (ROM) interferes with the resident's activities of daily living or places him or her at risk of injury.
2. When completing this item, staff should refer back to item G0110 and view the limitation in ROM, taking into account activities that the resident is able to perform.

Instructor Notes

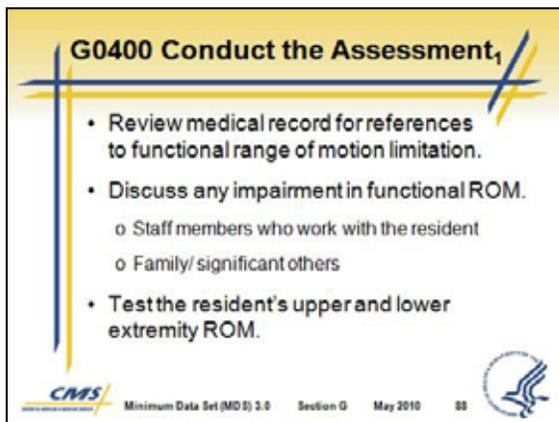
Notes

Functional Limitation in Range of Motion

Limited ability to move a joint that interferes with daily functioning (particularly with activities of daily living) or places the resident at risk of injury.

Notes

Instructor Notes



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B. G0400 Conduct the Assessment

1. Review the medical record for references to functional range of motion limitation.
2. Discuss any impairment in functional ROM.
 - a. Staff members who work with the resident
 - b. Family/ significant others
3. Test the resident's upper and lower extremity ROM

SLIDES

G0400 Conduct the Assessment₂

- Conduct a thorough, comprehensive assessment following standards of practice for evaluating ROM impairment.
- Review G0110 and/or directly observe the resident to determine if any limitation:
 - Interferes with function.
 - Places the resident at risk for injury.

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INSTRUCTIONAL GUIDANCE

4. Although this item codes for the presence or absence of functional limitation related to ROM; thorough assessment ought to be comprehensive and follow standards of practice for evaluating ROM impairment.
 - a. Assessment strategies are provided in Chapter 3 of the RAI Manual.
5. Review G0110 and/ or directly observe the resident to determine if any limitation:
 - a. **Interferes with function.**
 - b. **Places the resident at risk for injury.**

C. G0400 Assessment Guidelines

1. Assess the resident's ROM bilaterally at the shoulder, elbow, wrist, hand, hip, knee, ankle, foot, and other joints unless contraindicated.
2. Staff observations of the ROM activity can be used to determine whether or not a resident can actually perform the activity.
3. Do not look at limited ROM in isolation.
4. Must determine if the limited ROM impacts functional ability or places the resident at risk for injury.

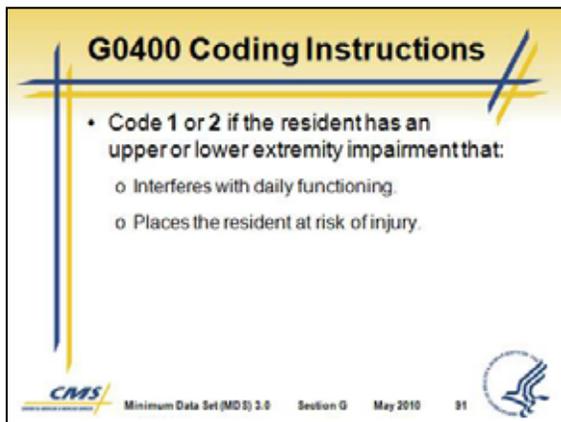
G0400 Assessment Guidelines

- Assess the resident's ROM bilaterally at the shoulder, elbow, wrist, hand, hip, knee, ankle, foot, and other joints unless contraindicated.
- Staff observations of the ROM activity can be used to determine whether or not a resident can actually perform the activity.
- Do not look at limited ROM in isolation.

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SLIDES



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INSTRUCTIONAL GUIDANCE

- D. G0400 Coding Instructions
1. Code **1** or **2** if the resident has an upper or lower extremity impairment that:
 - a. Interferes with daily functioning
 - b. Places the resident at risk of injury
 - **Code 0. No impairment**
 If resident has full functional range of motion on the right and left side of upper/ lower extremities.
 - **Code 1. Impairment on one side**
 If resident has an upper and/ or lower extremity impairment on one side that interferes with daily functioning or places the resident at risk of injury
 - **Code 2. Impairment on both sides**
 If resident has an upper and/ or lower extremity impairment on both sides that interferes with daily functioning or places the resident at risk of injury

SLIDES

G0400 Scenario

- The resident can perform all arm, hand, and leg motions on the right side, with smooth coordinated movements.
- She is able to perform grooming activities (e.g. brush teeth, comb her hair) with her right upper extremity and is also able to pivot to her wheelchair with the assist of one person.
- She is, however, unable to voluntarily move her left side (limited arm, hand and leg motion) as she has a flaccid left hemiparesis from a prior stroke.

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G0400 Scenario Coding

- Code G0400A as **1**. Upper extremity impairment on one side.
- Code G0400B as **1**. Lower extremity impairment on one side.
- Impairment due to left hemiparesis affects both upper and lower extremities on one side.
- Even though this resident has limited ROM that impairs function on the left side, the resident can perform ROM fully on the right side.

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INSTRUCTIONAL GUIDANCE

E. G0400 Scenario

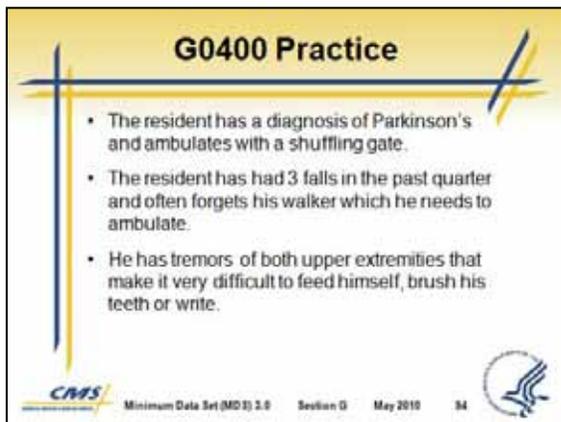
1. The resident can perform all arm, hand, and leg motions on the right side, with smooth coordinated movements.
2. She is able to perform grooming activities (e.g. brush teeth, comb her hair) with her right upper extremity and is also able to pivot to her wheelchair with the assist of one person.
3. She is, however, unable to voluntarily move her left side (limited arm, hand and leg motion) as she has a flaccid left hemiparesis from a prior stroke.

F. G0400 Scenario Coding

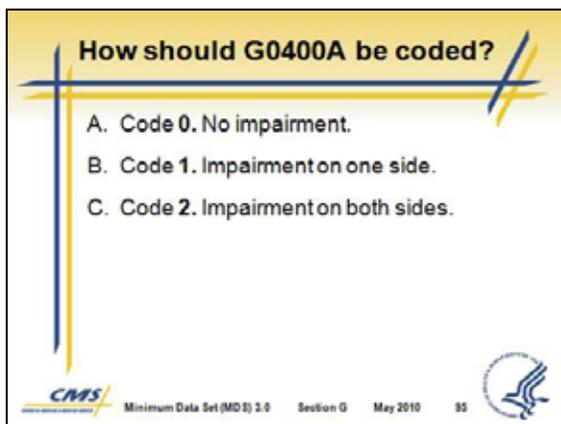
1. Code G0400A as **1**. Upper extremity impairment on one side.
2. Code G0400B as **1**. Lower extremity impairment on one side.
3. Impairment due to left hemiparesis affects both upper and lower extremities on one side.
4. Even though this resident has limited ROM that impairs function on the left side, as indicated above, the resident can perform ROM fully on the right side.
5. Even though there is impairment on one side, the facility should always attempt to provide the resident with assistive devices or physical assistance that allows for the resident to be as independent as possible.

SLIDES

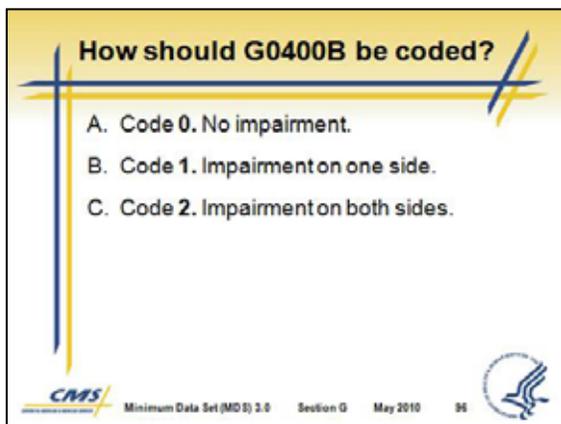
INSTRUCTIONAL GUIDANCE



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G. G0400 Practice

1. The resident has a diagnosis of Parkinson's and ambulates with a shuffling gate.
2. The resident has had 3 falls in the past quarter and often forgets his walker, which he needs to ambulate.
3. He has tremors of both upper extremities that make it very difficult to feed himself, brush his teeth or write.

4. How should G0400A be coded?

Give participants time to respond.

- a. Correct answer is C. Code **2**. Impairment on both sides.
- b. Impairment due to Parkinson's disease affects the resident at the upper extremities on both sides.

5. How should G0400B be coded?

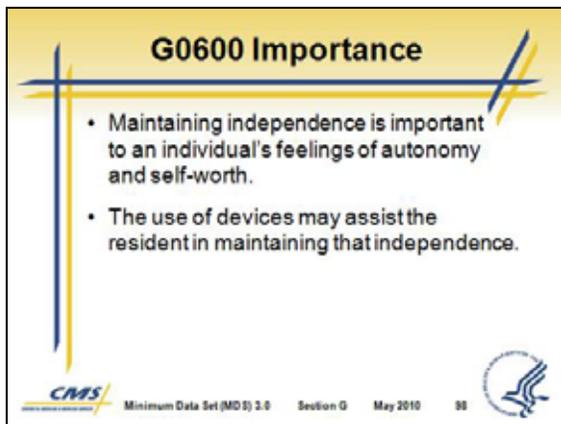
Give participants time to respond.

- a. Correct answer is C.
- b. Impairment due to Parkinson's disease affects the resident at the lower extremities on both sides.

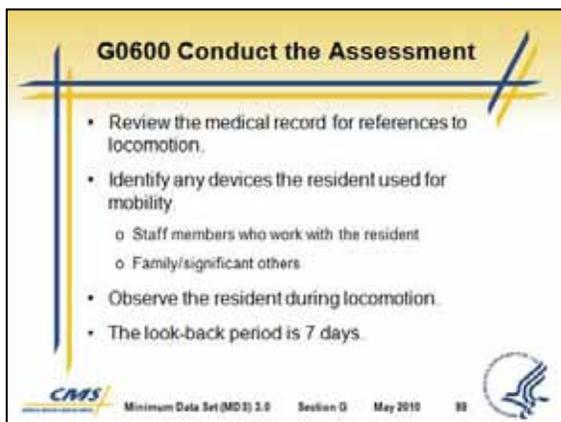
SLIDES



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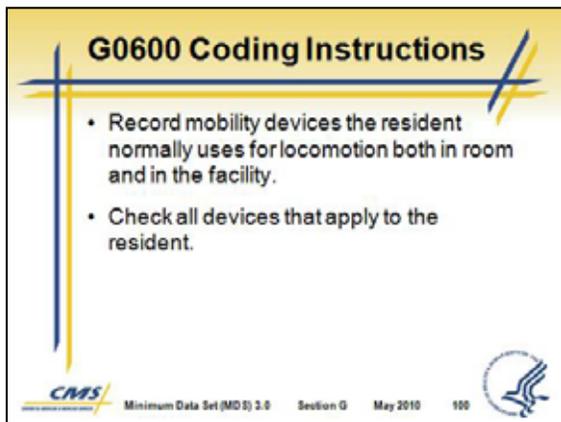
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INSTRUCTIONAL GUIDANCE

IX. Item G0600 Mobility Devices

- A. This item documents the types of mobility devices used by the resident.
- B. G0600 Importance
1. Maintaining independence is important to an individual's feelings of autonomy and self-worth.
 2. The use of devices may assist the resident in maintaining that independence.
- C. G0600 Conduct the Assessment
1. Review the medical record for references to locomotion during the look-back period.
 2. Talk with staff members who work with the resident as well as family/ significant others about devices the resident used for mobility during the look-back period.
 3. Observe the resident during locomotion.

SLIDES



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INSTRUCTIONAL GUIDANCE

D. G0600 Coding Instructions

1. Record the type(s) of mobility devices the resident normally uses for locomotion (in room and in facility).

2. Check all that apply

- **G0600A. Cane/crutch**

If the resident used a cane or crutch, including single prong, tripod, quad cane, etc.

- **G0600B. Walker**

If the resident used a walker or hemi-walker, including an enclosed frame-wheeled walker with/ without a posterior seat and lap cushion. Also check this item if the resident walks while pushing a wheelchair for support.

- **G0600C. Wheelchair (manual or electric)**

If the resident normally sits in wheelchair when moving about. Include hand-propelled, motorized, or pushed by another person.

- **G0600D. Limb prosthesis**

If the resident used an artificial limb to replace a missing extremity

- **G0600Z. None of the above**

If the resident used none of the mobility devices listed in G0600 or locomotion did not occur during the look-back period

SLIDES

G0600 Scenario

- The resident uses a quad cane daily to walk in the room and on the unit.
- The resident uses a standard push wheelchair that she self-propels when leaving the unit due to her issues with endurance.

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G0600 Scenario Coding

- Check **G0600A**. Use of cane/crutch.
- Check **G0600C**. Wheelchair
- The resident uses a quad cane in her room and on the unit and a wheelchair off the unit.

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Item G0900

Functional Rehabilitation Potential

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INSTRUCTIONAL GUIDANCE

E. G0600 Scenario

1. The resident uses a quad cane daily to walk in the room and on the unit.
2. The resident uses a standard push wheelchair that she self-propels when leaving the unit due to her issues with endurance.

F. G0600 Scenario Coding

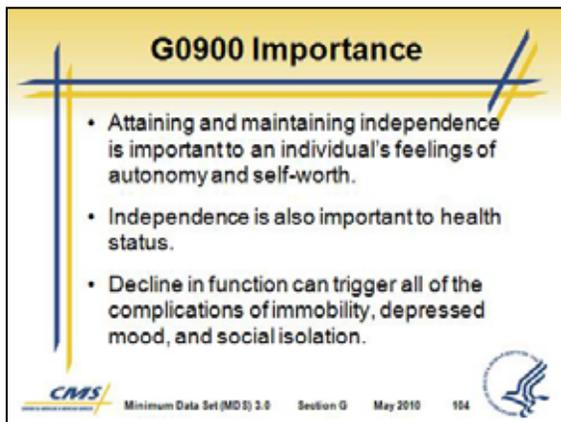
1. Check **G0600A**. Use of cane/crutch.
2. Check **G0600C**. Wheelchair
3. The resident uses a quad cane in her room and on the unit and a wheelchair off the unit.

X. Item G0900 Functional Rehabilitation Potential

- A. This item documents the resident and staff assessment about possible improvement in a resident's ability to perform ADLs.

SLIDES

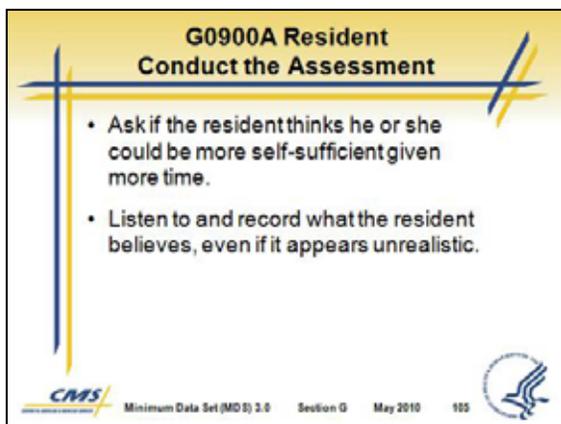
INSTRUCTIONAL GUIDANCE



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B. G0900 Importance

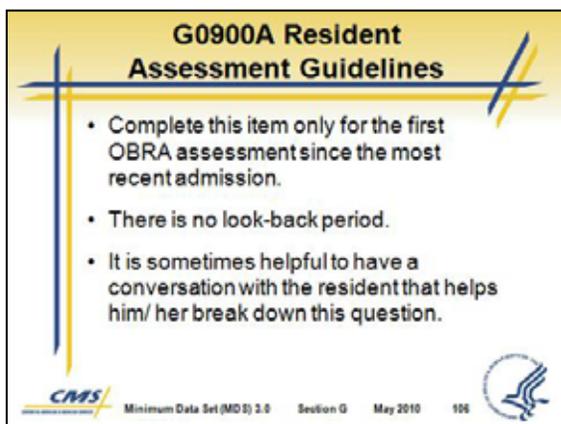
1. Attaining and maintaining independence is important to an individual's feelings of autonomy and self-worth.
2. Independence is also important to health status.
3. Decline in function may lead to complications of immobility, depression, and social isolation.



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C. G0900A Resident Conduct the Assessment

1. Item G0900A: Resident believes he or she is capable of increased independence in at least some ADLs.
2. This item documents the resident's opinion about whether he or she can improve in performing any of the ADLs.
3. Ask if the resident thinks he or she could be more self-sufficient given more time.
4. Listen to and record what the resident believes, even if it appears unrealistic.



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D. G0900A Assessment Guidelines

1. Complete this item only for the first OBRA assessment since the most recent admission.
2. There is no look-back period.
3. It is sometimes helpful to have a conversation with the resident that helps him/her break down this question.

SLIDES

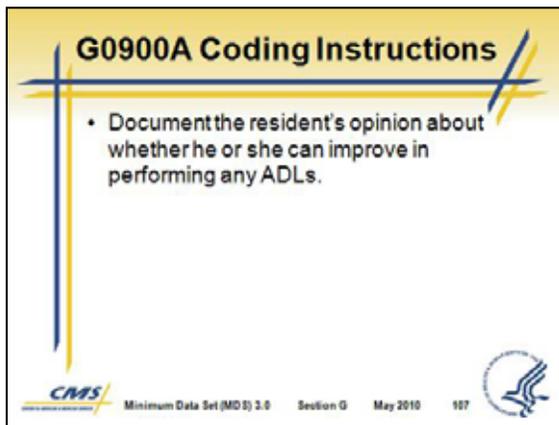
INSTRUCTIONAL GUIDANCE

Instructor Notes

Example of Conversation to Discuss Improvement in ADL Performance

For example, you might ask the resident what types of things staff assist him with and how much of those activities the staff do for the resident. Then ask the resident, “Do you think that you could get to a point where you do more or all of the activity yourself?”

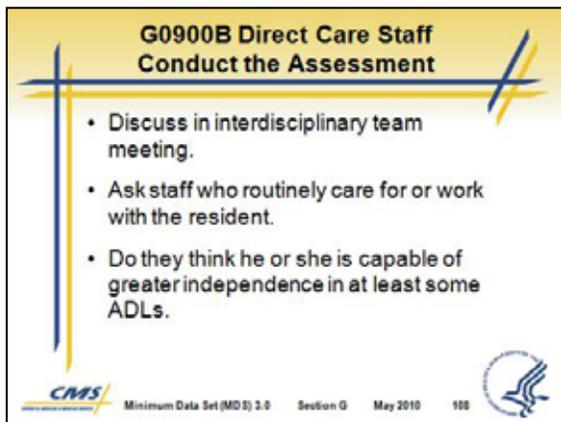
Instructor Notes



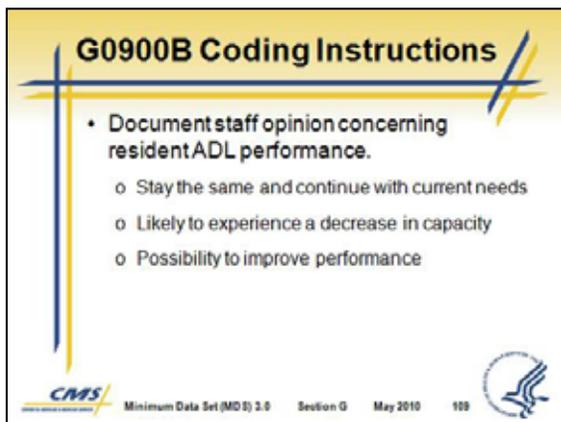
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- E. G0900A Coding Instructions
1. Document the resident’s opinion about whether he or she can improve in performing any ADLs.
 - **Code 0. No**
If the resident indicates that he or she believes he or she will probably stay the same and continue with his or her current needs for assistance
 - **Code 1. Yes**
If the resident indicates that he or she thinks he or she can improve. Code even if the resident’s expectation appears unrealistic
 - **Code 9 Unable to determine**
If the resident cannot indicate any beliefs about his or her functional rehabilitation potential

SLIDES



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INSTRUCTIONAL GUIDANCE

F. G0900B Direct Care Staff Conduct the Assessment

1. Item G0900B: Direct care staff believe resident is capable of increased independence in at least some ADLs.
2. This item documents the staff's opinion about potential resident performance for any of the ADLs.
3. Discuss in interdisciplinary team meeting.
4. Ask staff who routinely care for or work with the resident.
5. Do they think he or she is capable of greater independence in at least some ADLs.

G. G0900B Coding Instructions

1. Document staff opinion concerning resident ADL performance.
 - a. Stay the same and continue with current needs
 - b. Likely to experience a decrease in capacity
 - c. Possibility to improve performance

• **Code 0. No**

If staff believes the resident probably will stay the same and continue with current needs for assistance. Also **code 0** if staff believes the resident is likely to experience a decrease in his or her capacity for ADL care performance.

SLIDES

INSTRUCTIONAL GUIDANCE

G0900A Scenario

- Mr. N. is cognitively impaired and receives limited physical assistance in locomotion for safety purposes.
- However, he believes he is capable of walking alone and often gets up and walks by himself when staff are not looking.

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G0900A Scenario Coding

- Code G0900A as **1. Yes.**
- The resident believes he is capable of increased independence.

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- **Code 1. Yes**

If staff believes the resident can gain greater independence in ADLs or if staff indicate they are not sure about the potential for improvement, because that indicates some potential for improvement

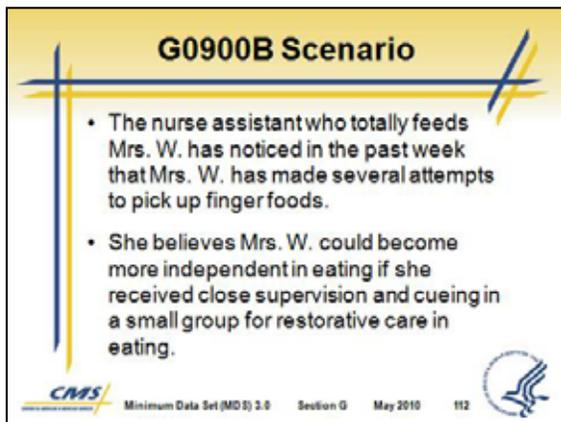
H. G0900A Scenario

1. Mr. N. is cognitively impaired and receives limited physical assistance in locomotion for safety purposes.
2. However, he believes he is capable of walking alone and often gets up and walks by himself when staff are not looking.

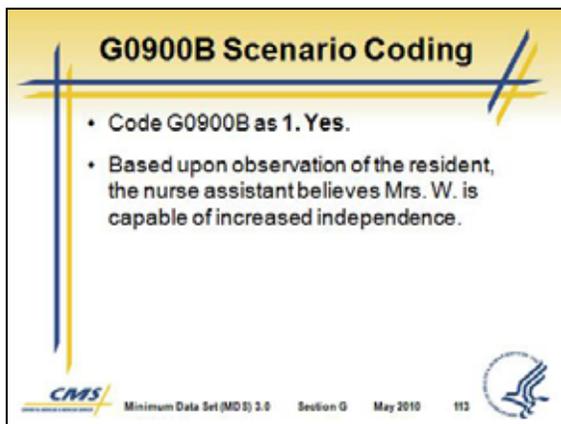
I. G0900A Scenario Coding

1. Code G0900A as **1. Yes.**
2. The resident believes he is capable of increased independence.

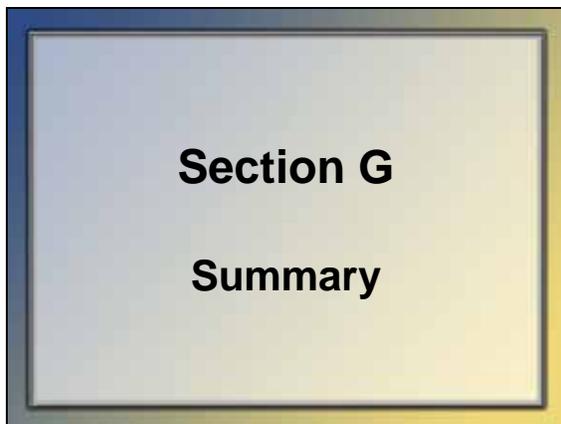
SLIDES



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INSTRUCTIONAL GUIDANCE

J. G0900B Scenario

1. The nurse assistant who totally feeds Mrs. W. has noticed in the past week that Mrs. W. has made several attempts to pick up finger foods.
2. She believes Mrs. W. could become more independent in eating if she received close supervision and cueing in a small group for restorative care in eating.

K. G0900B Scenario Coding

1. Code G0900B as **1. Yes.**
2. Based upon observation of the resident, the nurse assistant believes Mrs. W. is capable of increased independence.

XI. **Section G Summary**

SLIDES

Item G0110 ADL Assistance₁

- This item measures a resident's ability to perform activities of daily living and the level of assistance needed, if any.
- Assess each ADL and component of the ADL to determine the resident's performance across all shifts.
- Apply the Rule of 3 to determine the level of assistance required to complete the ADLs.
- Use the ADL Self-Performance Flow Sheet to determine the correct coding for Column 1.

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Item G0110 ADL Assistance₂

- Document the highest level of assistance needed at any time in the look-back period in Column 2.
- Do not consider the coding for the resident's self-performance.

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Additional Assessment

- Document the resident's performance and the level of assistance required for bathing.
- Evaluate the resident's ability to transfer, stand and walk including the risk for falling.
- Determine any functional limitations due to limited range of motion.
- Document any assistive devices the resident uses normally.
- Assess the potential for improvement from both the resident and staff perspective.

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INSTRUCTIONAL GUIDANCE

- Item G0110 measures a resident's ability to perform activities of daily living and the level of assistance needed, if any.
- Assess each ADL and component of the ADL to determine the resident's performance across all shifts.
- Apply the Rule of 3 to determine the level of assistance required to complete the ADLs.
- Use the ADL Self-Performance Algorithm to determine the correct coding for Column 1.
- Document the highest level of assistance needed at any time in the look-back period in Column 2.
- Do not consider the coding for the resident's self-performance.
- Document the resident's performance and the level of assistance required for bathing.
- Evaluate the resident's ability to transfer, stand and walk including the risk for falling.
- Determine any functional limitations due to limited range of motion.
- Document any assistive devices the resident uses normally.
- Assess the potential for improvement from both the resident and staff perspective.

