

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 Algorithm.
- Code Section G correctly and accurately.

Intent of Section G

- Determine resident's functional status.
 - Need for assistance with activities of daily living (ADLs)
 - Altered gait and balance
 - Decreased range of motion
 - Use of mobility devices
- Document resident and staff assessment about potential for functional rehabilitation.

Importance of Section G

- Factors can adversely affect physical function:
 - Physical conditions
 - Neurological conditions
 - Cognitive factors
- Inactivity can increase complications:
 - Pressure ulcers
 - Falls
 - Contractures
 - Depressed mood
 - Muscle wasting

Item G0110

**Activities for Daily Living
(ADL) Assistance**

G0110 Importance

- Dependence on others for ADL assistance can lead to:
 - o Feelings of helplessness
 - o Isolation
 - o Diminished self-worth
 - o Loss of control

G0110 Column 1

ADL Self-Performance

- Determine which ADLs the resident performed across all shifts.
- Assess the resident's self-performance (what the resident actually did).

1. ADL Self-Performance

Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

1. ADL Self-Performance

Code for resident's performance over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

2. ADL Support Provided

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

G0110 Column 2

ADL Support Provided

- Measure the most support provided by staff to complete each ADL activity.
- Document the most support provided even if it occurred only once.
- Code Column 1 and Column 2 separately.

2. ADL Support Provided

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

1. ADL Self-Performance

Code for **resident's performance** over all shifts - not including setup. If the ADL activity occurred 3 or more times at various levels of assistance, code the most dependent - except for total dependence, which requires full staff performance every time

2. ADL Support Provided

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

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.

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.

G0110 Column 1 Assessment Guidelines₁

- Record the **actual** resident self-performance on each ADL.
- Self-performance may vary day to day, shift to shift, within shifts, 24 hours a day.
- Consider the resident's performance when using adaptive devices.
- Do **not** include assistance provided by family or other visitors.
- Assess only interventions performed by facility staff or contract staff.

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.

Item G0110
Column 1

Coding ADL
Self-Performance

G0110 ADL Self-Performance Coding Guidelines

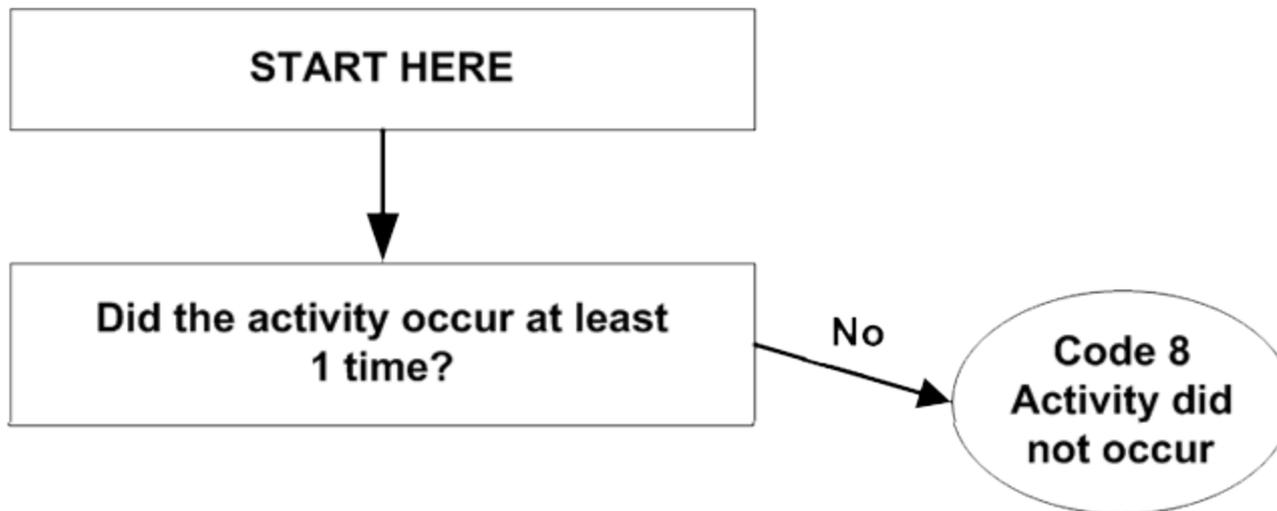
- Determine if each ADL or activity occurred three or more times.
- Apply the Rule of 3 to determine the resident's level of self-performance.
- Use the ADL Self-Performance Algorithm to facilitate accurate coding.

ADL Self-Performance Algorithm

- Provides a step-by-step guide:
 - Determine how to code G0110 Column 1 Self-Performance for each ADL.
 - Use the Rule of 3.
- **Start at the top of the algorithm.**
- Work down until the coding option in the algorithm matches the ADL assessment.

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.



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

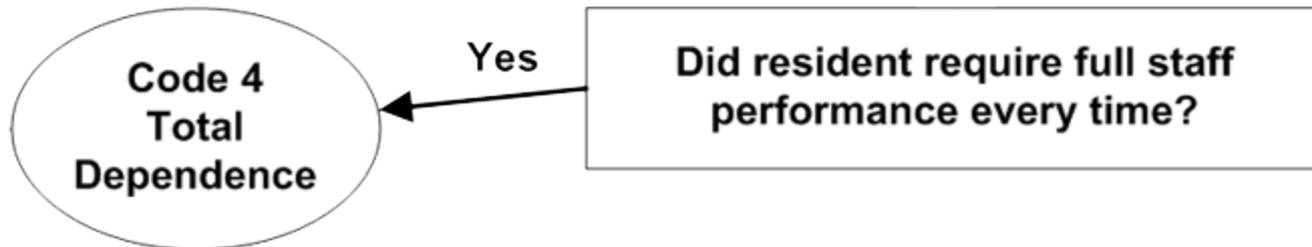
Code 0 Independent

- ADL occurred at least three times during the look-back period.
- Code **0** if the resident did not need ANY assistance or oversight to complete the ADL.



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.



Code 3. Extensive Assistance

- Resident performs part of the ADL with staff providing weight-bearing assistance.
 - 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.
- Staff fully performs an ADL or component of an ADL for the resident during part but not all of the look-back period.

Code 2. Limited Assistance

- Resident was highly involved in the activity.
- Received 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 physically directing the resident in completing a task but not providing weight bearing assistance.

Code 1. Supervision

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

Rule of 3₁

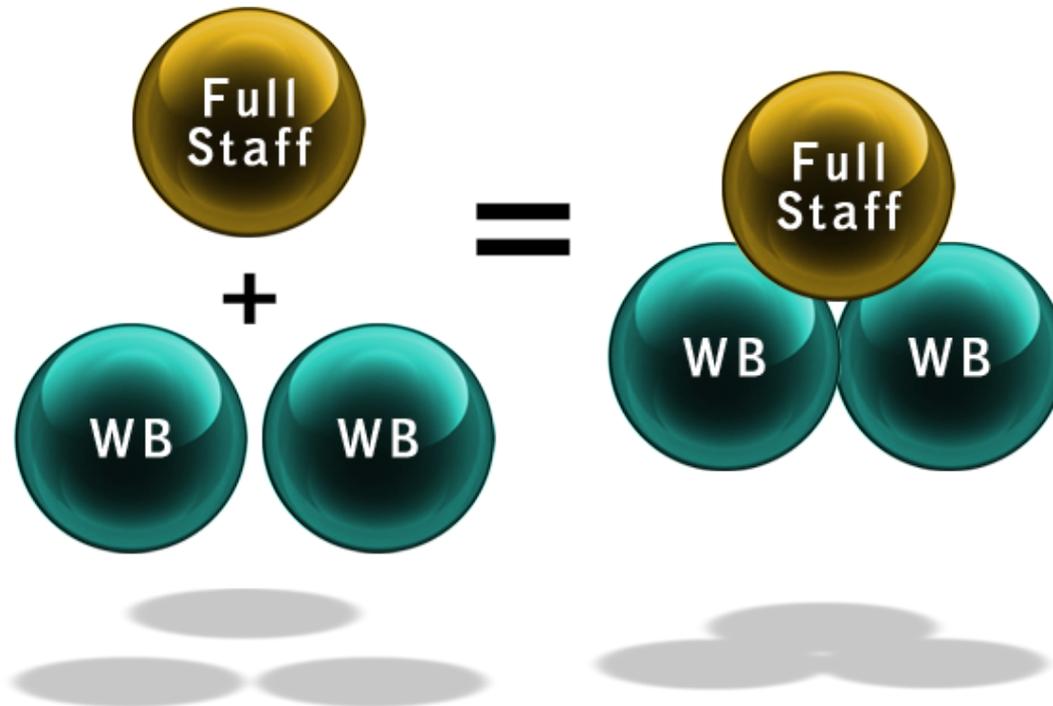
- When an activity occurs three times at any one level, code that level.
- When an activity occurs three or more times at more than one level, code the most dependent level.
 - Three times extensive assistance (Code **3.**).
 - Three times limited assistance (Code **2.**).
 - Code as **3.** Extensive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

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.

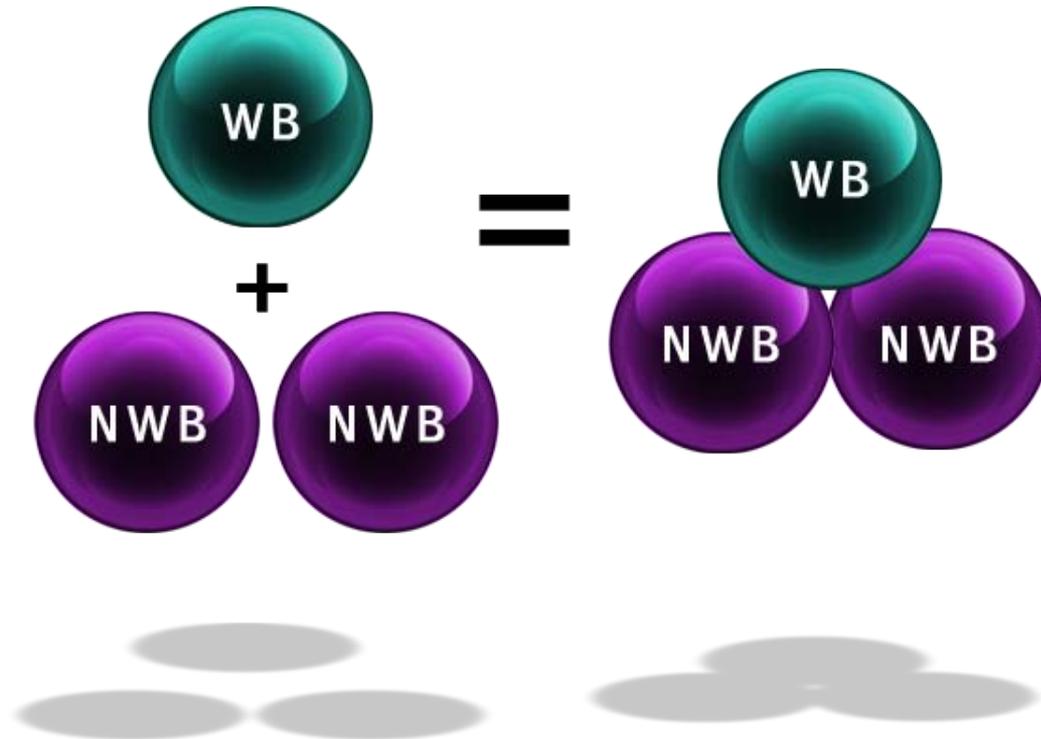
Rule of 3₃

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



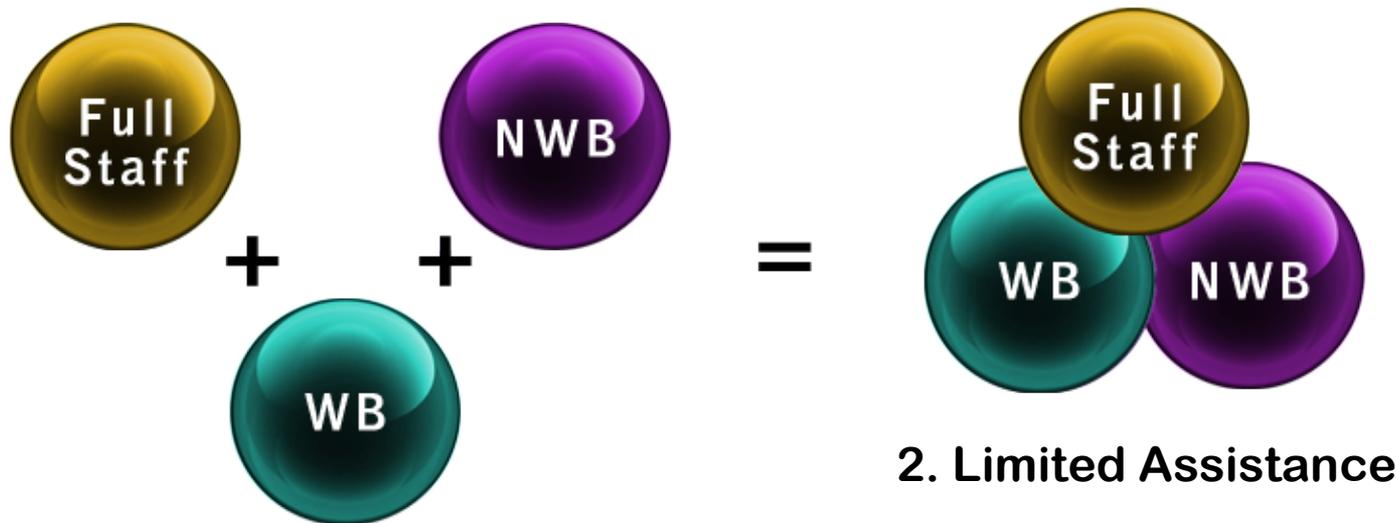
Rule of 3₄

- 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).



Rule of 3₅

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



Rule of 3 Scenario

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

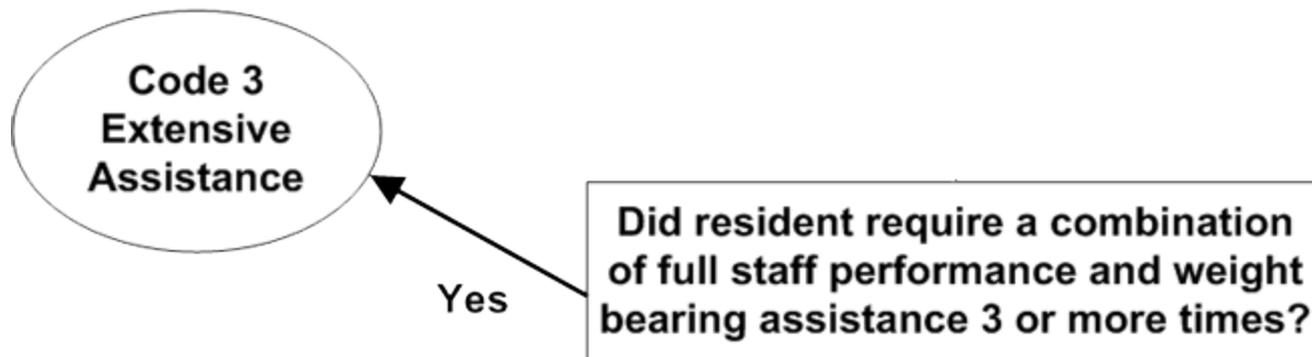
Code 3. Extensive Assistance₁

- 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.



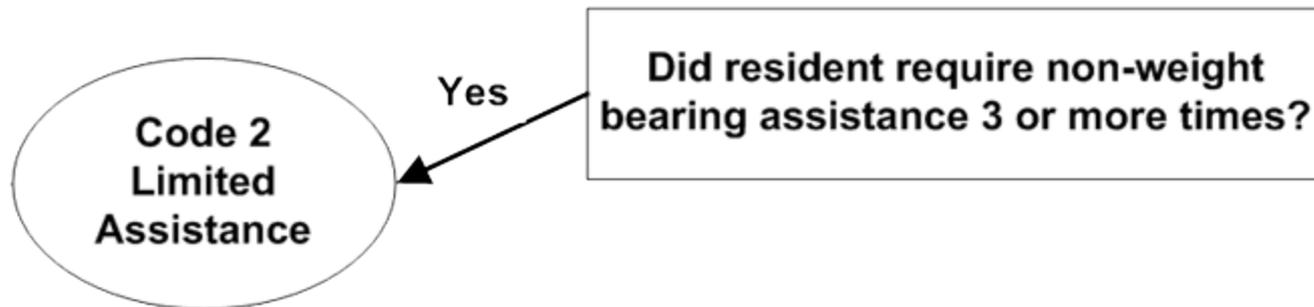
Code 3. Extensive Assistance₂

- ADL occurred at least three times during the look-back period.
- Code **3** if a combination of full staff performance and weight-bearing assistance was required three or more times.



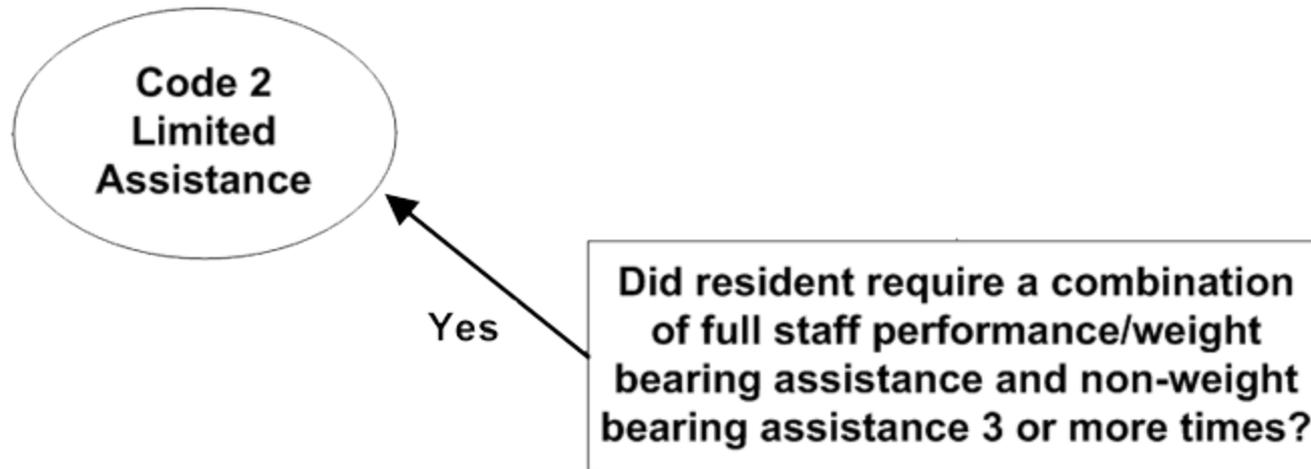
Code 2. Limited Assistance₁

- ADL occurred at least three times during the look-back period.
- Code **2** if the resident required non-weight bearing assistance three or more times.



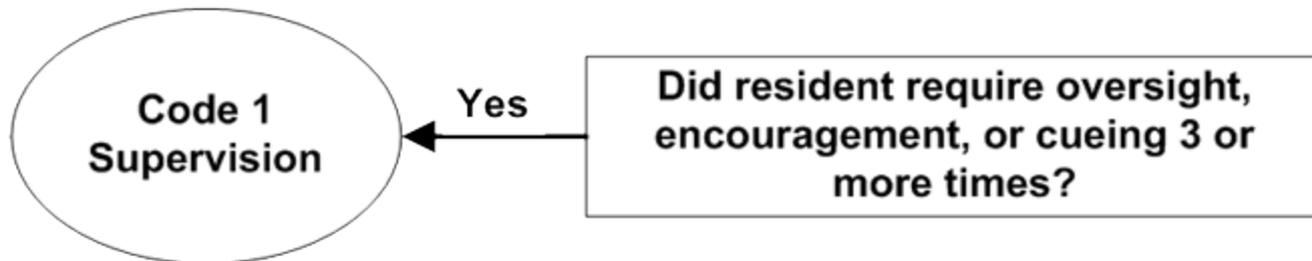
Code 2. Limited Assistance₂

- 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 1. Supervision₁

- ADL occurred at least three times during the look-back period.
- Code 1 if resident required oversight, encouragement, or cueing 3 or more times.



Code 1. Supervision₂

- If none of these guidelines are met, code **1. Supervision**.



ADL Self-Performance Scenario₁

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

ADL Self-Performance Scenario₂

- Type of assistance:
 - o Verbal cueing and reminders
 - o Physically guiding hand placement on walker (guided maneuvering)
 - o Physical guidance to day room
- Frequency of assistance:
 - o Ambulated in hallway daily
 - o Required assistance each time

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.

ADL Self-Performance Scenario₄

- Did resident require full staff performance every time?
 - No. Therefore, code **4.** does not apply.
- Did resident require full staff performance at least 3 times but not every time?
 - No. Therefore, code **3. may not** apply.
- Did resident require a combination of full staff performance and weight bearing assistance 3 or more times?
 - No. Therefore, code **3. does not** apply.

ADL Self-Performance Scenario₅

- 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.
 - Code **2. Limited assistance.**

ADL Self-Performance Scenario₆

| | 1. Self-Performance ↓ Enter Codes in Boxes ↓ | 2. Support |
|--|--|--------------------------|
| A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Walk in room - how resident walks between locations in his/her room | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Walk in corridor - how resident walks in corridor on unit | 2 | <input type="checkbox"/> |
| E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Locomotion off unit - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident | <input type="checkbox"/> | <input type="checkbox"/> |
| G. D. Walk in corridor - how resident walks in corridor on unit | | 2 |
| pajamas and housedresses | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) | <input type="checkbox"/> | <input type="checkbox"/> |

ADL Self-Performance Algorithm Practice #1

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

How should G0110H Column 1 be coded?

- A. Code **0**. Independent
- B. Code **1**. Supervision
- C. Code **2**. Limited assistance
- D. Code **3**. Extensive assistance
- E. Code **4**. Total dependence
- F. Code **7**. Activity occurred only once or twice
- G. Code **8**. Activity did not occur

ADL Self-Performance Algorithm

Practice #1 Coding

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

ADL Self-Performance Algorithm Practice #2

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

How should G0110I Column 1 be coded?

- A. Code **0**. Independent.
- B. Code **1**. Supervision.
- C. Code **2**. Limited assistance.
- D. Code **3**. Extensive assistance.
- E. Code **4**. Total dependence.
- F. Code **7**. Activity occurred only once or twice.
- G. Code **8**. Activity did not occur.

ADL Self-Performance Algorithm

Practice #2 Coding

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

Item G0110

**Coding ADL
Self-Performance
Activity**

G0110 Activity Instructions

- Review the activity scenario.
- Determine the level of assistance for each ADL in G0110.
- Use the ADL Coding Algorithm to determine the correct coding for each ADL.
- Code your MDS instrument as appropriate for each ADL.

Activity Scenario₁

- 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.
- During the look-back period, he has walked around his room, used the toilet, and performed his own personal hygiene independently daily.

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 assistance 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.

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

G0110 Activity

Scenario Column 1 Coding₂

- G0110F Locomotion Off Unit –
7. Activity occurred only once or twice
- G0110G Dressing – 2. Limited assistance
- G0110H Eating – 0. Independent
- G0110I Toilet Use – 0. Independent
- G0110J Personal Hygiene –
0. Independent

Item G0110
Column 2

Coding ADL
Support Provided

G0110 ADL Support Provided

- Complete the ADL Self-Performance assessment for each ADL first.
- Measures the most support provided for each ADL over the look-back period.
- Most support provided may occur only once.
- Coded separately from the ADL Self-Performance assessment (column 1).
- Rule of 3 does not apply to Column 2.

G0110 ADL Support Provided Coding Instructions₁

- Code **0**. if the resident completed the activity with no help or oversight.
- Code **1**. if the resident is provided materials or devices necessary to perform the ADL independently.
 - Bed mobility: handing resident the trapeze bar or raising the ½ rails
 - Dressing: retrieving clothes from the closet, laying clothes on bed, handing resident a shirt
 - Personal hygiene: providing a washbasin and grooming articles

G0110 ADL Support Provided

Coding Instructions₂

- Code **2**. if the resident was assisted by one staff person.
- Code **3**. if the resident was assisted by two or more staff persons.
- Code **8**. if over the 7-day look-back period, the ADL activity did not occur.

ADL Support Provided Scenario

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

ADL Support Provided Scenario Coding

| | 1. Self-Performance | 2. Support |
|--|---|--------------------------------|
| | ↓ Enter Codes in Boxes ↓ | |
| A. Bed mobility - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (excludes to/from bath/toilet) | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Walk in room - how resident walks between locations in his/her room | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Walk in corridor - how resident walks in corridor on unit | <input type="text" value="2"/> | <input type="text" value="2"/> |
| E. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiently once in chair | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Locomotion on unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiently once in chair | D. Walk in corridor - how resident walks in corridor on unit | |
| G. Dressing - how resident puts on, fastens and takes off all items of clothing, including donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses | <input type="checkbox"/> | <input type="text" value="2"/> |
| H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration) | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes baths and showers) | <input type="checkbox"/> | <input type="checkbox"/> |

ADL Support Provided Practice #1

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

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.

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.

ADL Support Provided Practice #2

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

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.

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.

Item G0120

Bathing

G0120A Self-Performance Coding Instructions

- Code for the most dependent in self-performance and support.

Enter Code

A. Self-performance

0. Independent - no help provided
1. Supervision - oversight help only
2. Physical help limited to transfer only
3. Physical help in part of bathing activity
4. Total dependence
8. Activity itself did not occur during the entire period

Code

A. Self-performance

- 0 **Independent** - no help provided
- 1 **Supervision** - oversight help only
- 2 **Physical help limited to transfer only**
- 3 **Physical help in part of bathing activity**
- 4 **Total dependence**
- 8 **Activity itself did not occur** during the entire period

Support provided

Support codes are as defined in...

G0120B Support Provided Coding Instructions

- Use the same codes as G0110 Column 2 ADL Support Provided.

2. ADL Support Provided

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification

Coding:

0. No setup or physical help from staff
1. Setup help only
2. One person physical assist
3. Two+ persons physical assist
8. ADL activity itself **did not occur** during entire period

Coding:

- 0 **No** setup or physical help from staff
- 1 **Setup** help only
- 2 **One** person physical assist
- 3 **Two+** persons physical assist
- 8 ADL activity itself **did not occur** during entire period

G0120 Scenario

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

G0120 Scenario Coding

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

| | |
|------------------------|--|
| Enter Code 1 | |
| Enter Code 1 | A. Self-performance 0. Independent - no help provided 1. Supervision - oversight help only 2. Physical help limited to transfer only 3. Physical help in part of bathing activity 4. Total dependence 8. Activity itself did not occur during the entire period |
| Enter Code 0 | B. Support provided (Bathing support codes are as defined in item G0110 column 2, ADL Support Provided, above) |
| Enter Code 0 | |

Item G0300

**Balance During
Transitions and Walking**

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.

G0300 Conduct the Assessment₁

- Observe the resident during daily activities.
 - 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 if necessary.
 - Explain what the task is and what is being observed.
 - Have appropriate assistive devices resident normally uses available.

G0300 Conduct the Assessment₂

- Start with resident sitting up on the edge of bed, in a chair, or in a wheelchair.
- Ask resident to stand up and stay still for 3-5 seconds.
- Ask resident to walk approximately 15 feet using any usual assistive device.
- Ask resident to turn around.

G0300 Conduct the Assessment₃

- Ask resident to:
 - Walk or wheel from a starting point in the room into the bathroom.
 - Prepare for toileting as normal.
 - Sit on the toilet.
- Ask any resident who uses a wheelchair for mobility to transfer from a seated position in the wheelchair to a seated position on the bed.

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.

G0300. Balance During Transitions and Walking

After observing the resident, code the following walking and transition items for most dependent

Enter Codes in Boxes

A. Moving from seated to standing position

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
8. Activity did not occur

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
- 8 Activity did not occur

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.
 - Appears steady and 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.
 - Appears at increased risk of falling.

G0300 Coding Instructions₃

- Code **2**. Not steady, only able to stabilize with staff assistance.
 - Transitions not steady and cannot stabilize without assistance of staff.
 - Cannot stand but can transfer unassisted.
 - Resident unable to move from seated to standing or standing to seated position.
 - Appear at high risk of falling.
 - Lift device used because resident unable to stabilize.
- Code **8**. Activity did not occur.

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.

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.

| G0300. Balance During Transitions and Walking | | | | | | | | | | | |
|---|--|---|--|--------------------------|--|--------------------------|-----------------------------|--------------------------|-----------------------------|--------------------------|---|
| After observing the resident, code the following walking and transition items for most dependent | | | | | | | | | | | |
| ↓ Enter Codes in Boxes | | | | | | | | | | | |
| Coding: 0. Steady at all times 1. Not steady, but able to stabilize without staff assistance 2. Not steady, but able to stabilize with staff assistance 8. Activity did not occur | <table border="1"><tr><td style="text-align: center; width: 50px;">1</td><td>A. Moving from seated to standing position</td></tr><tr><td><input type="checkbox"/></td><td>B. Moving from standing to seated position</td></tr><tr><td><input type="checkbox"/></td><td>C. Moving on and off toilet</td></tr><tr><td><input type="checkbox"/></td><td>D. Moving on and off toilet</td></tr><tr><td><input type="checkbox"/></td><td>E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)</td></tr></table> | 1 | A. Moving from seated to standing position | <input type="checkbox"/> | B. Moving from standing to seated position | <input type="checkbox"/> | C. Moving on and off toilet | <input type="checkbox"/> | D. Moving on and off toilet | <input type="checkbox"/> | E. Surface-to-surface transfer (transfer between bed and chair or wheelchair) |
| 1 | A. Moving from seated to standing position | | | | | | | | | | |
| <input type="checkbox"/> | B. Moving from standing to seated position | | | | | | | | | | |
| <input type="checkbox"/> | C. Moving on and off toilet | | | | | | | | | | |
| <input type="checkbox"/> | D. Moving on and off toilet | | | | | | | | | | |
| <input type="checkbox"/> | E. Surface-to-surface transfer (transfer between bed and chair or wheelchair) | | | | | | | | | | |

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.

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.

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.

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.

How should G0300E 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.

G0300 Practice #2 Coding

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

Item G0400

**Functional Limitation
in Range of Motion**

G0400 Intent

- Determine whether functional limitation in range of motion (ROM):
 - Interferes with the resident's ADLs.
 - Places him or her at risk of injury.
- Refer to G0110 and view the limitation in ROM.
- Take into account activities that the resident is able to perform.

G0400 Conduct the Assessment₁

- Review medical record for references to functional range of motion limitation.
- Observe the resident during daily activities.
- Discuss any impairment in functional ROM.
 - Staff members who work with the resident
 - Family/ significant others
- Test the resident's upper and lower extremity ROM if functional limitation has not been documented.

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.

G0400 Coding Instructions

- Code **1** or **2** if the resident has an upper or lower extremity impairment that:
 - o Interferes with daily functioning.
 - o Places the resident at risk of injury.

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.

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.

G0400 Practice

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

How should G0400A be coded?

- A. Code **0**. No impairment.
- B. Code **1**. Impairment on one side.
- C. Code **2**. Impairment on both sides.

How should G0400B be coded?

- A. Code **0**. No impairment.
- B. Code **1**. Impairment on one side.
- C. Code **2**. Impairment on both sides.

Item G0600

Mobility Devices

G0600 Importance

- Maintaining independence is important to an individual's feelings of autonomy and self-worth.
- The use of devices may assist the resident in maintaining that independence.

G0600 Conduct the Assessment

- Review the medical record for references to locomotion.
- Identify any devices the resident used for mobility.
 - Staff members who work with the resident
 - Family/significant others
- Observe the resident during locomotion.

G0600 Coding Instructions

- Record mobility devices the resident normally uses for locomotion both in room and in the facility.
- Check all devices that apply to the resident.

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.

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.

Item G0900

**Functional Rehabilitation
Potential**

G0900 Importance

- Attaining and maintaining independence is important to an individual's feelings of autonomy and self-worth.
- Independence is also important to health status.
- Decline in function can trigger all of the complications of immobility, depressed mood, and social isolation.

G0900A Resident Conduct the Assessment

- Ask if the resident thinks he or she could be more self-sufficient given more time.
- Listen to and record what the resident believes, even if it appears unrealistic.

G0900A Resident Assessment Guidelines/ Coding Instructions

- Complete this item only for an OBRA admission assessment.
- There is no look-back period.
- It is sometimes helpful to have a conversation with the resident that helps him/ her break down this question.
- Document the resident's opinion about whether he or she can improve in performing any ADLs.

G0900B Direct Care Staff Conduct the Assessment

- Discuss in interdisciplinary team meeting.
- Ask staff who routinely care for or work with the resident.
- Do they think he or she is capable of greater independence in at least some ADLs.

G0900B Coding Instructions

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

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.

G0900A Scenario Coding

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

G0900B Scenario

- 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.
- 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.

G0900B Scenario Coding

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

Section G

Summary

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.

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.

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.