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

# Section E
# Behavior

**Objectives**

- State the intent of Section E Behavior.
- Define hallucination and delusion.
- Describe potential problem behaviors and the impact of these behaviors.
- Conduct an assessment for behavioral symptoms and problems.
- Code Section E correctly and accurately.

## Methodology

This lesson uses lecture, scenario-based examples, and scenario-based practice.

## Training Resources

- Instructor Guide
- Slides 1 - 125

## Instructor Preparation

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

| SLIDES | INSTRUCTIONAL GUIDANCE |
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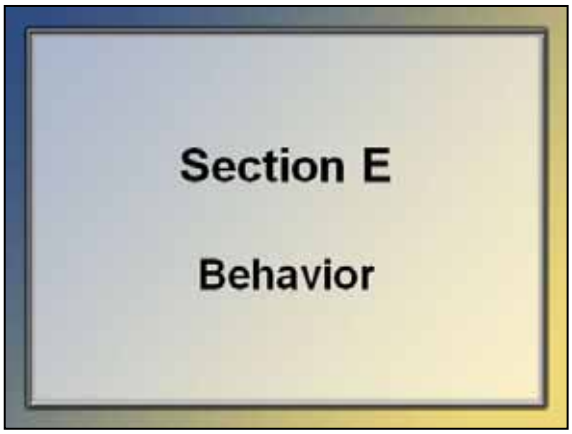
**Instructor Notes**

Notes

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

Notes

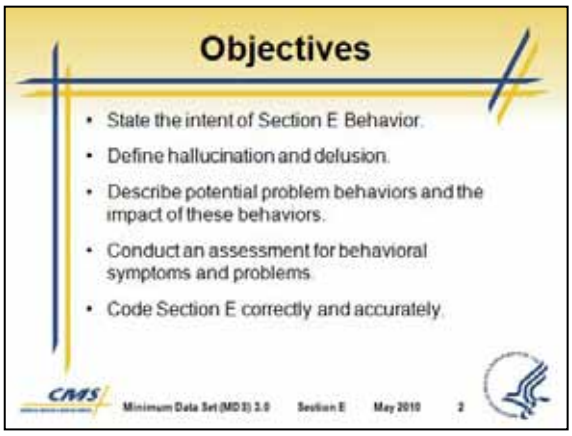
**Instructor Notes**




Slide 1

## I. Introduction/ Objectives

A. Section E addresses problematic behaviors that may impact both residents and members of the nursing home environment.




Slide 2

B. Objectives

- State the intent of Section E Behavior.
- Define hallucination and delusion.
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- Conduct an assessment for behavioral symptoms and problems.
- Code Section E correctly and accurately.

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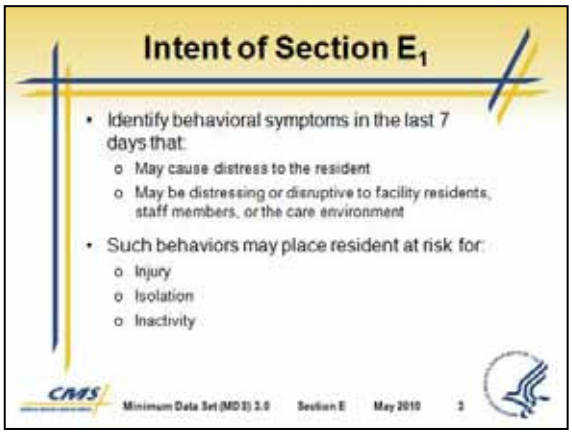
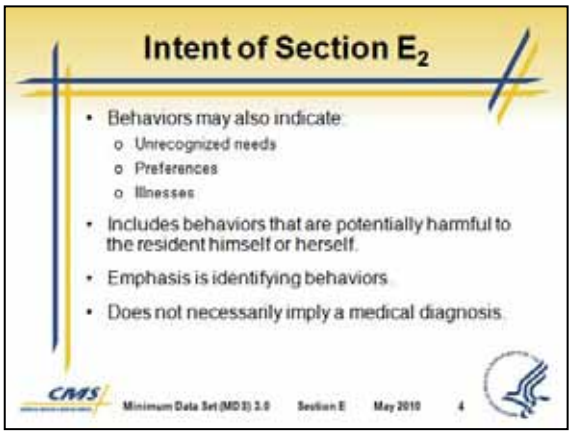



Slide 3

C. Intent of Section E

1. The items in this section identify behavioral symptoms in the last 7 days that:
   a. Cause distress to the resident.
   b. Are distressing or disruptive to facility residents, staff members, or the care environment.
2. Such behaviors may place the resident at risk for:
   a. Injury
   b. Isolation
   c. Inactivity




Slide 4

3. These behaviors may also indicate:
   a. Unrecognized needs
   b. Preferences
   c. Illnesses
4. Includes behaviors that are potentially harmful to the resident himself or herself.
5. The emphasis is on identifying behaviors.
6. Identifying behaviors does not necessarily imply a medical diagnosis.

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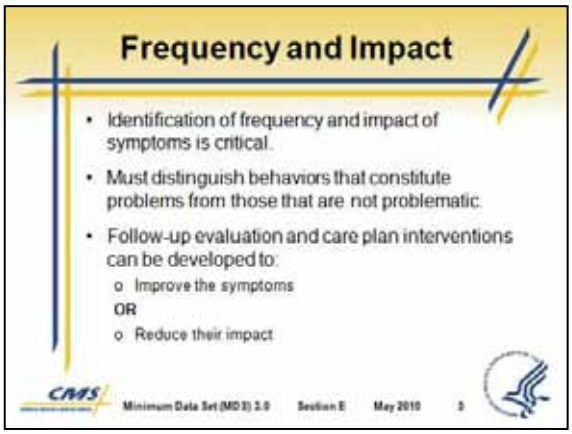



Slide 5

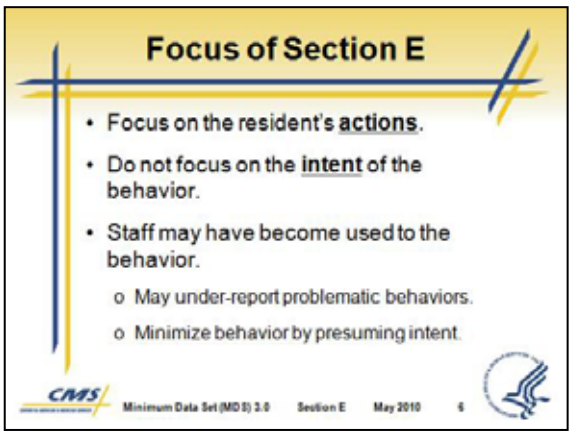
D. Frequency and Impact

1. Identification of frequency and impact of symptoms is critical.
2. Must distinguish behaviors that constitute problems from those that are not problematic.
3. Once the frequency and impact of behavioral symptoms are accurately determined, follow-up evaluation and care plan interventions can be developed to:

   a. Improve the symptoms

   OR

   b. Reduce their impact




Slide 6

E. Focus of Section E

1. This section focuses on the resident's **actions**.
2. Do not focus on the **intent** of his or her behavior.
3. Because of their interactions with residents, staff may have become used to the behavior.

   a. May under-report problematic behaviors.

   b. May minimize the resident's behavior by presuming intent.

      · "Mr. A. doesn't really mean to hurt anyone. He's just frightened."

| SLIDES | INSTRUCTIONAL GUIDANCE |
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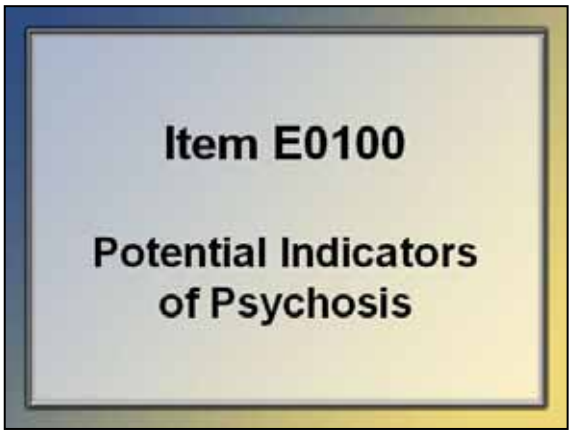
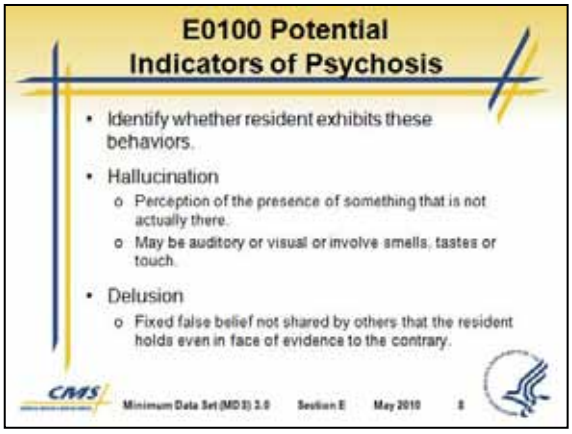



Slide 7

## II. E0100 Potential Indicators of Psychosis




Slide 8

A. E0100 Potential Indicators of Psychosis

1. This item addresses whether the resident exhibits behaviors such as hallucinations and delusions.
2. Definition of Hallucination
   a. The perception of the presence of something that is not actually there.
   b. May be auditory or visual or involve smells, tastes, or touch.
3. Definition of Delusion
   a. A fixed false belief, not shared by others that the resident holds even in face of evidence to the contrary.

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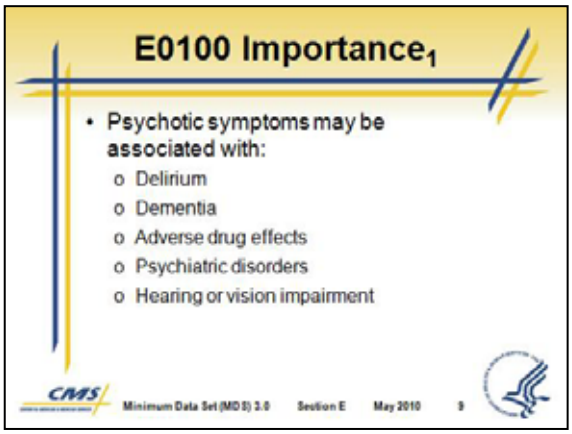
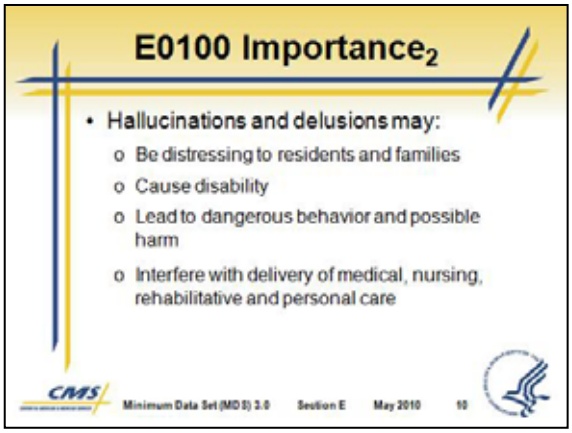



Slide 9

B. E0100 Importance

1. Psychotic symptoms may be associated with:
   a. Delirium
   b. Dementia
   c. Adverse drug effects
   d. Psychiatric disorders
   e. Hearing or vision impairment

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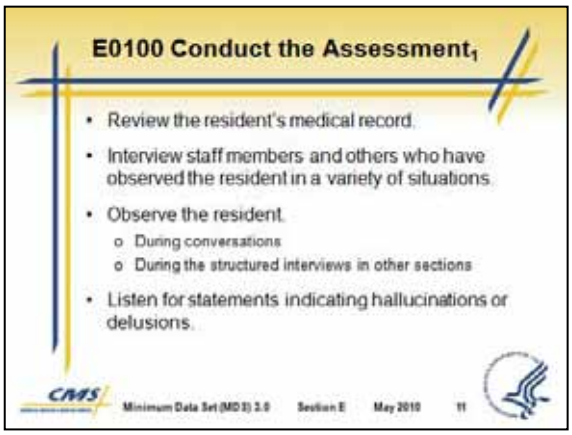
2. Hallucinations and delusions may:
   a. Be distressing to residents and families
   b. Cause disability
   c. Lead to dangerous behavior and possible harm
   d. Interfere with delivery of medical, nursing, rehabilitative, and personal care




Slide 11

C. E0100 Conduct the Assessment

1. Review the resident's medical record.
2. Interview staff members and others who have had the opportunity to observe the resident in a variety of situations during the look-back period.
3. Observe the resident.
   a. During conversation
   b. During the structured interviews in other assessment sections

| SLIDES | INSTRUCTIONAL GUIDANCE |
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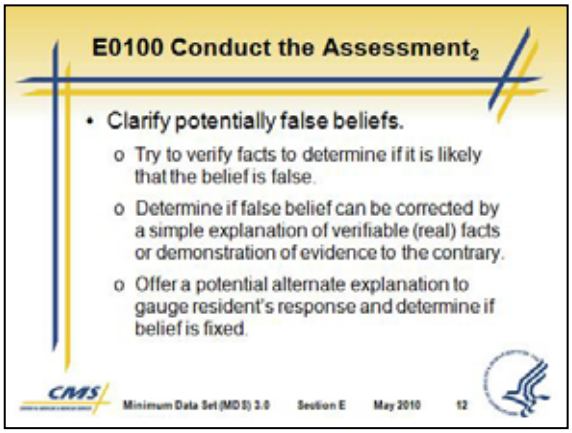

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4. Listen for statements indicating an experience of hallucinations or delusions (expression of false beliefs).

5. Clarify potentially false beliefs:

   a. When a resident expresses a belief that is plausible but alleged by others to be false, try to verify the facts to determine whether there is reason to believe that it could have happened or whether it is likely that the belief is false.

      · For example, history indicates that the resident's husband died 20 years ago, but the resident states her husband has been visiting her every day.

   b. When a resident expresses a clearly false belief, determine if it can be readily corrected by a simple explanation of verifiable (real) facts.

   c. May only require a simple reminder or reorientation or demonstration of evidence to the contrary.

   d. The resident's response to the offering of a potential alternative explanation is often helpful in determining if the false belief is held strongly enough to be considered fixed.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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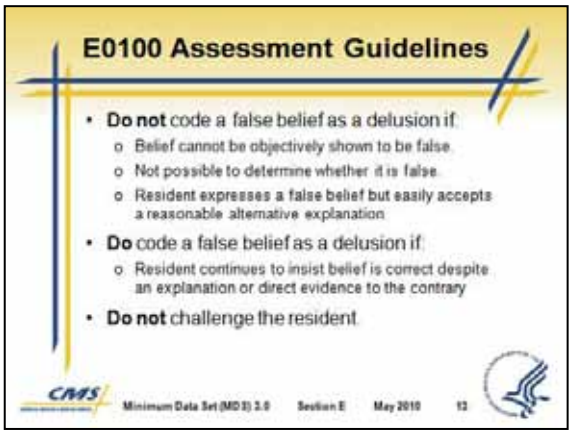


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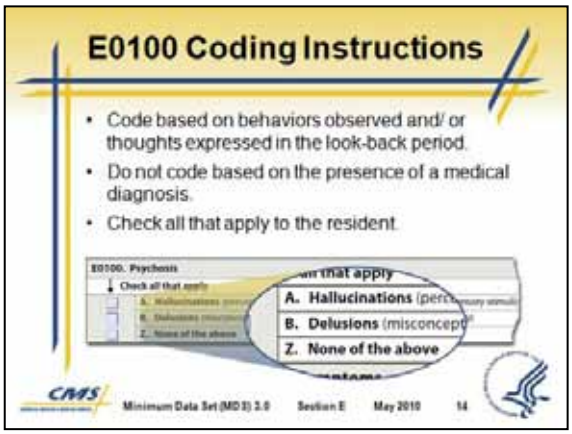
D. E0100 Assessment Guidelines

1. **Do not** code a false belief as a delusion:
   a. If a belief cannot be objectively shown to be false.
   b. If it is not possible to determine whether it is false.
   c. If a resident expresses a false belief but easily accepts a reasonable alternative explanation.
2. **Do** code a false belief as a delusion:
   a. If the resident continues to insist that the belief is correct despite an explanation or direct evidence to the contrary
3. **Do not** challenge the resident.

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E. E0100 Coding Instructions

1. Code based on behaviors observed and/ or thoughts expressed in the look-back period.
2. Do not code based on the presence of a medical diagnosis.
3. Check all that apply to the resident.

- **E0100A.** Hallucinations
- **E0100B.** Delusions
- **E0100Z**. None of the above

| SLIDES | INSTRUCTIONAL GUIDANCE |
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**Instructor Notes**

**Detailed Coding Instructions for E0100**

Check all that apply.

- **E0100A. Hallucinations**

  If hallucinations were present in the last 7 days. A hallucination is the perception of the presence of something that is not actually there. It may be auditory, visual, involve smells, tastes, or touch.

- **E0100B. Delusions**

  If delusions were present in the last 7 days. A delusion is a fixed, false belief not shared by others that the resident holds true even in the face of evidence to the contrary.

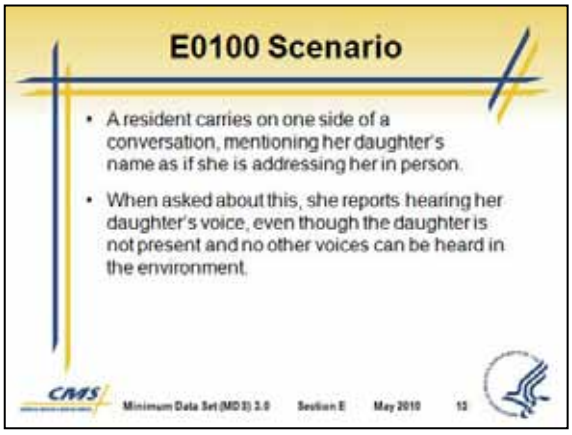
- **E0100Z. None of the above**

  If no hallucinations or delusions were present in the last 7 days

Notes

Notes

**Instructor Notes**

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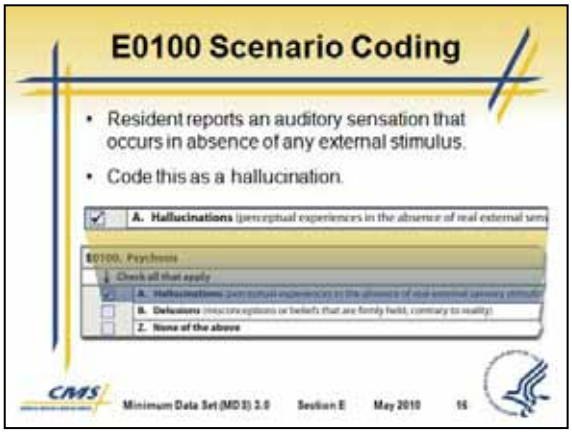
F. E0100 Scenario

1. A resident carries on one side of a conversation, mentioning her daughter's name as if she is addressing her in person.
2. When asked about this, she reports hearing her daughter's voice, even though the daughter is not present and no other voices can be heard in the environment.

*How should E0100 be coded?*

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3. E0100 Scenario Coding
   a. Check option E0100A Hallucinations.
   b. The resident reports an auditory sensation that occurs in the absence of any external stimulus.
   c. Therefore, code this as a hallucination.

*Point out coding on graphic.*

| SLIDES | INSTRUCTIONAL GUIDANCE |
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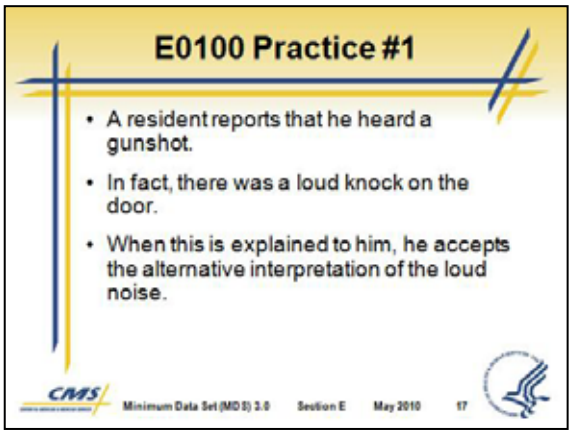


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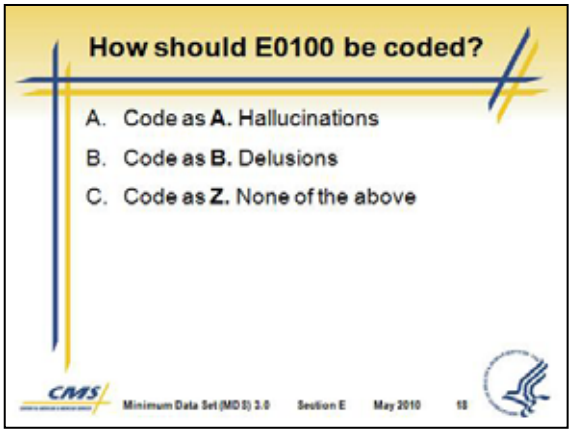
G. E0100 Practice #1

1. A resident reports that he heard a gunshot.
2. In fact, there was a loud knock on the door.
3. When this is explained to him, he accepts the alternative interpretation of the loud noise.

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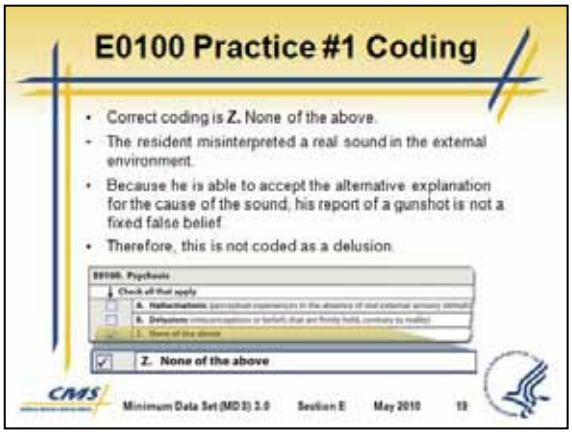
4. How should E0100 be coded?

   *Give participants time to answer the question.*

   a. Correct answer is C. Code as **Z.** None of the above.

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5. E0100 Practice #1 Coding

   a. Correct coding is **Z.** None of the above.

   b. The resident misinterpreted a real sound in the external environment.

   c. Because he is able to accept the alternative explanation for the cause of the sound, his report of a gunshot is not a fixed false belief.

   d. Therefore, this is not coded as a delusion.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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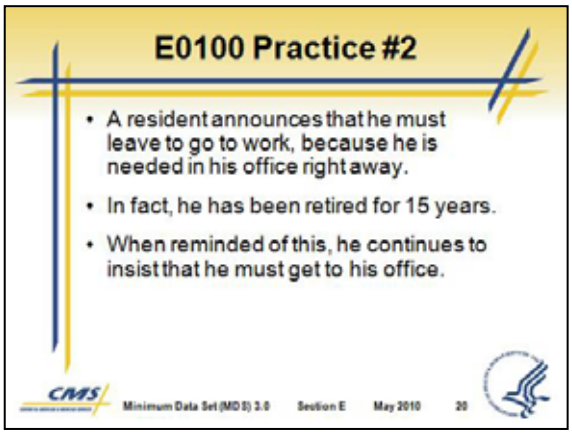


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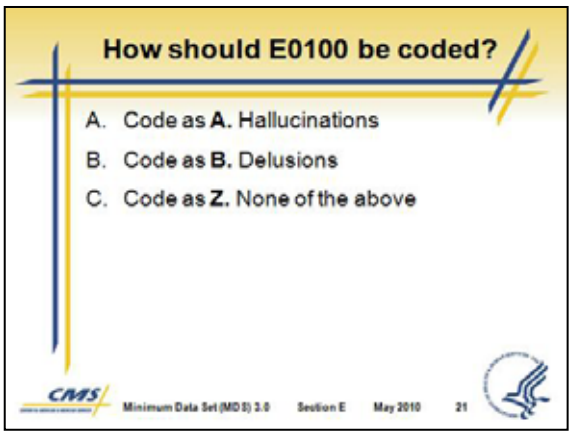
H. E0100 Practice #2

1. A resident announces that he must leave to go to work, because he is needed in his office right away.
2. In fact, he has been retired for 15 years.
3. When reminded of this, he continues to insist that he must get to his office.

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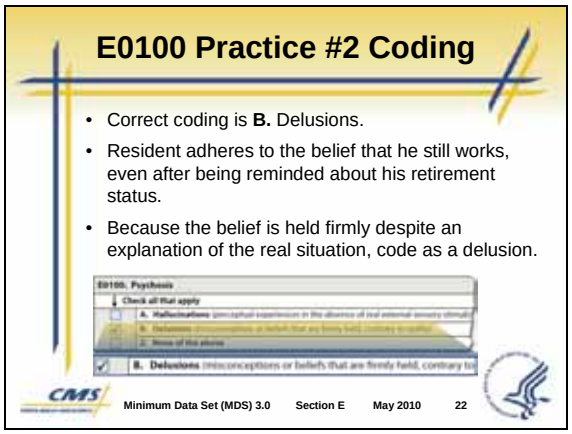
4. How should E0100 be coded?

   *Give participants time to answer the question.*

   a. Correct answer is B. Code as **B.** Delusions.

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5. E0100 Practice #2 Coding

   a. Correct coding is **B**. Delusions.

   b. The resident adheres to the belief that he still works, even after being reminded about his retirement status.

   c. Because the belief is held firmly despite an explanation of the real situation, it is coded as a delusion.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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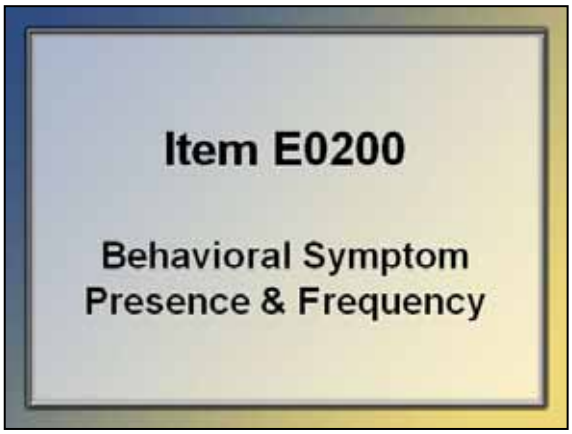


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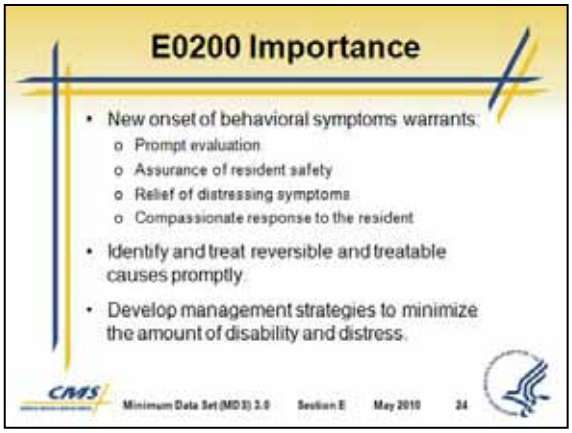
## III. E0200 Behavioral Symptom - Presence & Frequency




Slide 24

A. E0200 Importance

1. New onset of behavioral symptoms warrants:
   a. Prompt evaluation
   b. Assurance of resident safety
   c. Relief of distressing symptoms
   d. Compassionate response to the resident
2. Reversible and treatable causes should be identified and addressed promptly.
3. When the cause is not reversible, the focus of management strategies should be to minimize the amount of disability and distress.

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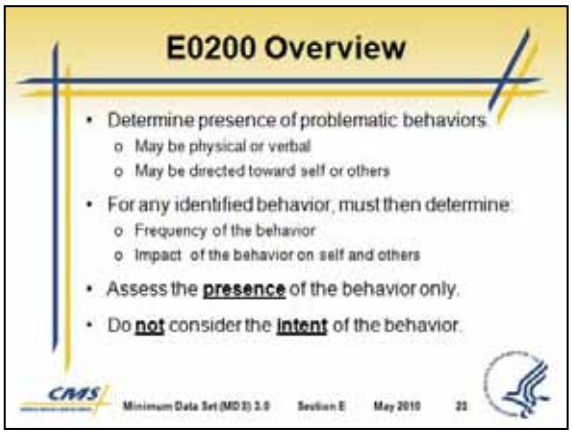
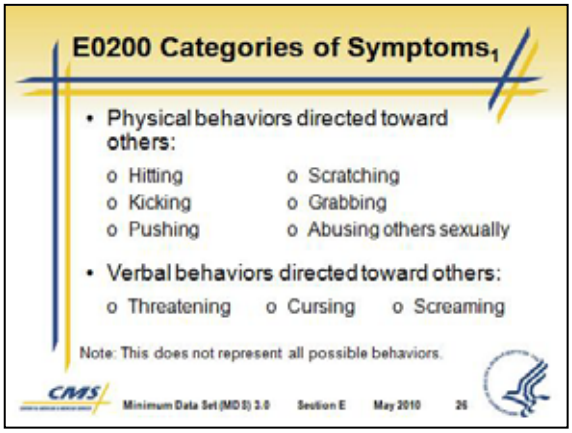



Slide 25

B. E0200 Overview

1. This item documents whether the resident exhibits any problematic behaviors.
2. Determine the presence of any problematic behaviors.
   a. These behaviors may be physical or verbal.
   b. Problem behaviors may be directed toward the resident's self or toward others.
3. For any identified behavior, must then determine:
   a. Frequency of the behavior
   b. Impact of any identified behavior on the resident and on others
4. Remember to assess the **presence** of behavior only.
5. Do **not** consider the **intent** of the behavior.

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C. E0200 Category of Symptom(s)

1. The symptoms documented in E0200 are divided into one of three categories.
2. Physical behavioral symptoms directed toward others include but are not limited to:
   - Hitting
   - Kicking
   - Pushing
   - Scratching
   - Grabbing
   - Abusing others sexually

| SLIDES | INSTRUCTIONAL GUIDANCE |
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3. Verbal behavioral symptoms directed toward others include but are not limited to:
   - Threatening others
   - Screaming at others
   - Cursing at other
   a. Note that this is not an all inclusive list of potential behaviors.

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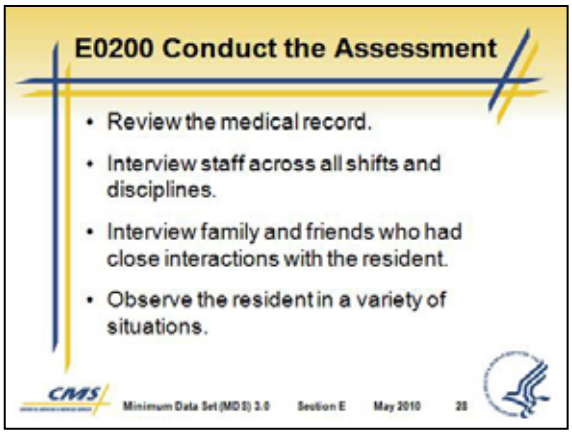
4. Other behavioral symptoms not directed toward others:
   - Hitting or scratching self
   - Pacing
   - Rummaging
   - Public sexual acts
   - Disrobing in public
   - Throwing or smearing food or bodily wastes
   - Screaming
   - Disruptive sounds

5. Notice that this item does not include wandering.



Slide 28

D. E0200 Conduct the Assessment

1. Review the medical record.
2. Interview staff, across all shifts and disciplines.
3. Interview others who had close interactions with the resident during the look-back period.
   a. Include family or friends who visit frequently or have frequent contact with the resident.
4. Observe the resident in a variety of situations.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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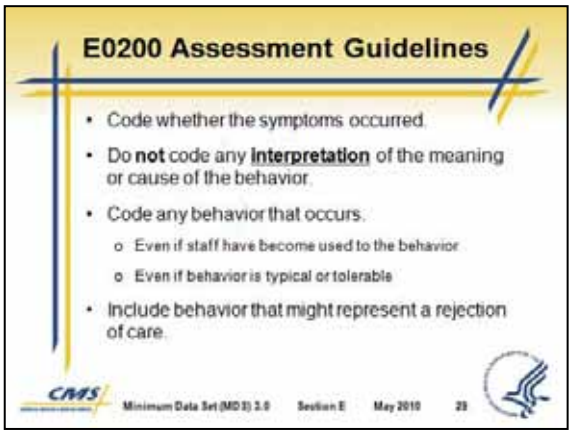


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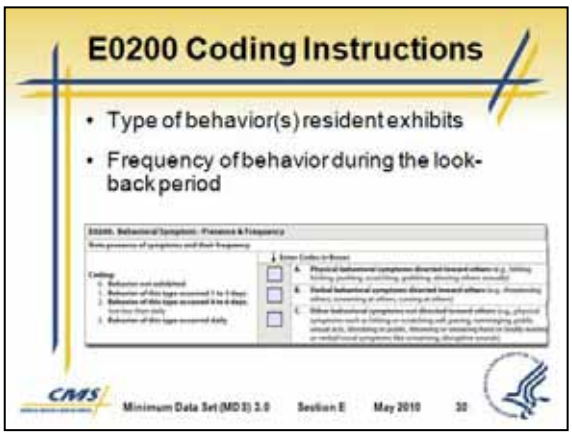
E. E0200 Assessment Guidelines

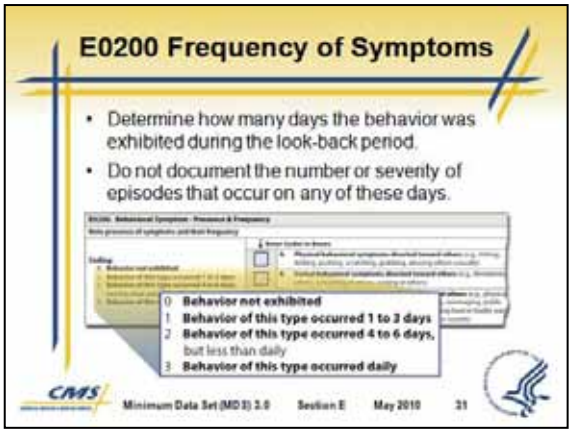
1. Code based on whether the symptoms occurred.
2. Do not code any **interpretation** of the meaning or cause of the behavior.
3. Code any behavior that occurs.
   a. Even if staff have become used to the behavior
   b. Even if behavior is typical or tolerable
4. Code behavior whether or not it might represent a rejection of care.




Slide 30

F. E0200 Coding Instructions

1. Determine two facts when coding E0200:
   a. Type of behavior(s) the resident exhibits
   b. Frequency of the behavior in terms of how many days the behavior occurs during the look-back period
2. Enter a code for all three items (A, B, and C) in E0200.

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G. Frequency of Symptoms

1. Determine the frequency of problem behaviors in terms of how many days the behavior was exhibited during the look-back period.
2. Do not document the number or severity of episodes that occur any of these days.

*Briefly review coding options.*

| SLIDES | INSTRUCTIONAL GUIDANCE |
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- **Code 0. Behavior not exhibited**

  If the behavioral symptoms were not present in the last 7 days

  Use this code if the symptom has never been exhibited or if it previously has been exhibited, but has been absent in the last 7 days.

- **Code 1, Behavior of this type occurred 1 to 3 days**

  If the behavior was exhibited 1 – 3 days of the last 7 days, regardless of the number or severity of episodes that occur on any one of those days

- **Code 2 Behavior of this type occurred 4 to 6 days, but less than daily**

  If the behavior was exhibited 4 – 6 of the last 7 days, regardless of the number or severity of episodes that occur on any of those days

- **Code 3 Behavior of this type occurred daily**

  If the behavior was exhibited daily, regardless of the number or severity of episodes that occur on any of those days

| SLIDES | INSTRUCTIONAL GUIDANCE |
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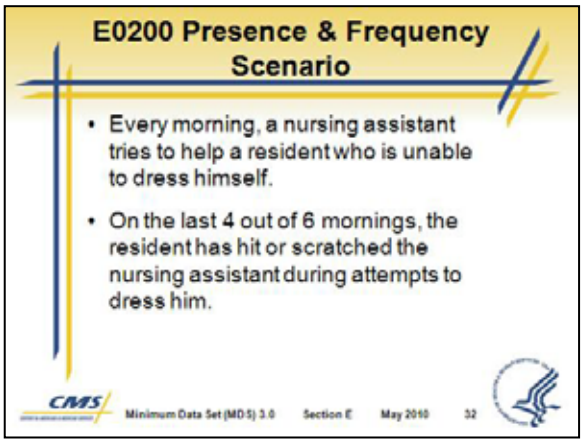


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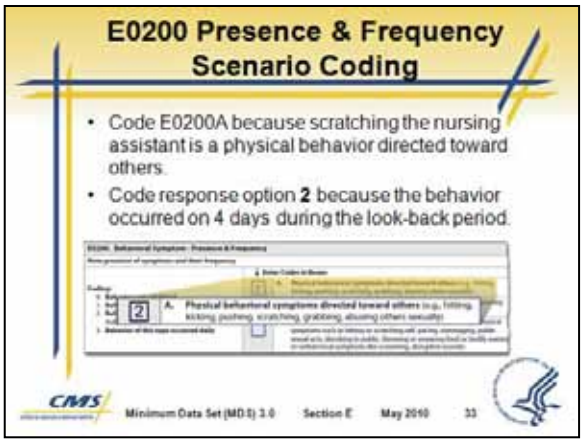
H. E0200 Presence & Frequency Scenario

1. Every morning, a nursing assistant tries to help a resident who is unable to dress himself.
2. On the last 4 out of 6 mornings, the resident has hit or scratched the nursing assistant during attempts to dress him.

*How should E0200 be coded?*

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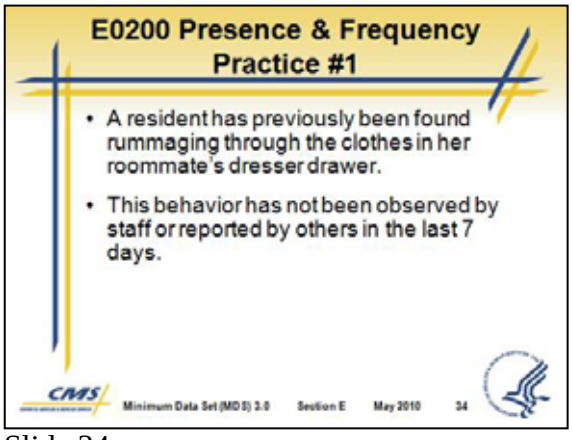
3. E0200 Presence & Frequency Scenario Coding
   a. E0200A would be coded **2**. Behavior of this type occurred 4 to 6 days but less than daily.
   b. Code E0200A because scratching the nursing assistant is a physical behavior directed towards others.
   c. Code option **2** because behavior of this type occurred 4 to 6 days, but less than daily during the look-back period.

*Point out coding in graphic.*

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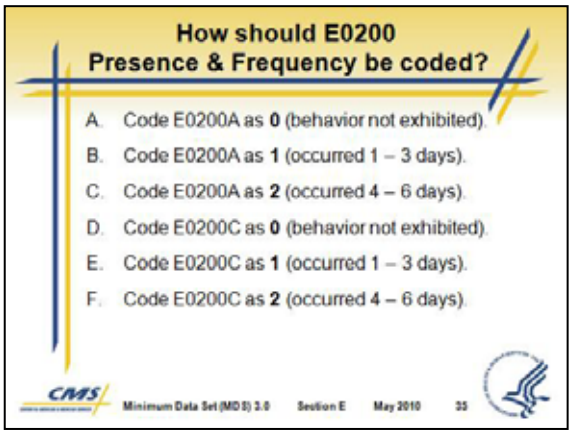
I. E0200 Presence & Frequency Practice #1

1. A resident has previously been found rummaging through the clothes in her roommate's dresser drawer.
2. This behavior has not been observed by staff or reported by others in the last 7 days.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|



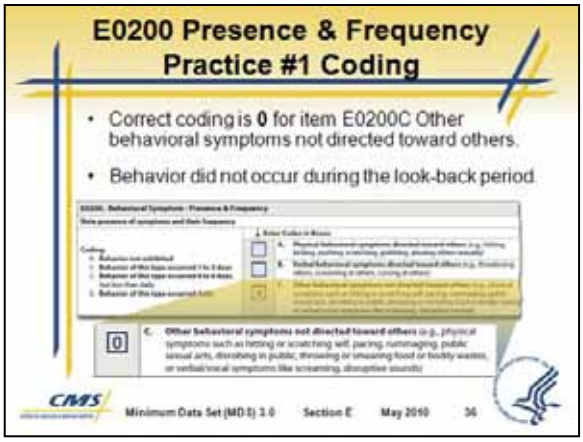

Slide 35

3. How should E0200 Presence & Frequency be coded?

   *Direct participants to refer to item E0200 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is D. Code E0200C as **0** (behavior not exhibited).



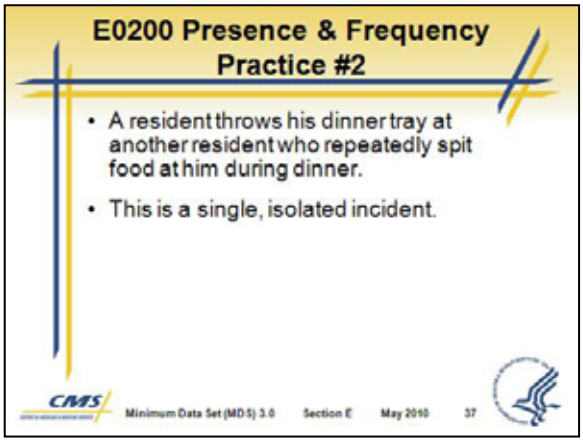

Slide 36

4. E0200 Presence & Frequency Practice #1 Coding

   a. Correct coding is **0** for item E0200C *Other behavioral symptoms not directed toward others*.

   b. As described in the E200 item definitions, rummaging is considered a behavioral symptom not directed toward others so code E0200C.

   c. This behavior did not occur during the look-back period.



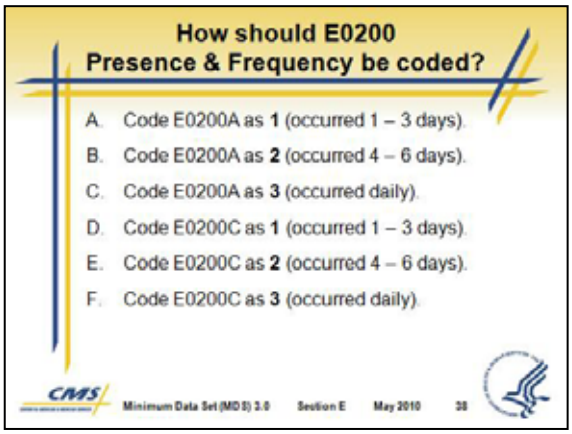

Slide 37

J. E0200 Presence & Frequency Practice #2

   1. A resident throws his dinner tray at another resident who repeatedly spit food at him during dinner.

   2. This is a single, isolated incident.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|



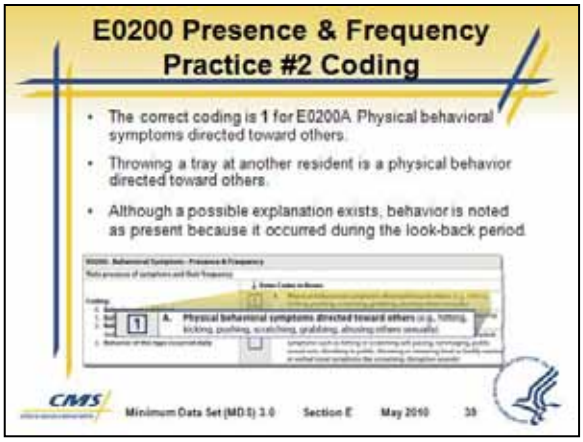

Slide 38

3. How should E0200 be coded?

   *Direct participants to refer to item E0200 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is A. Code E0200A as **1** (occurred 1 – 3 days).




Slide 39

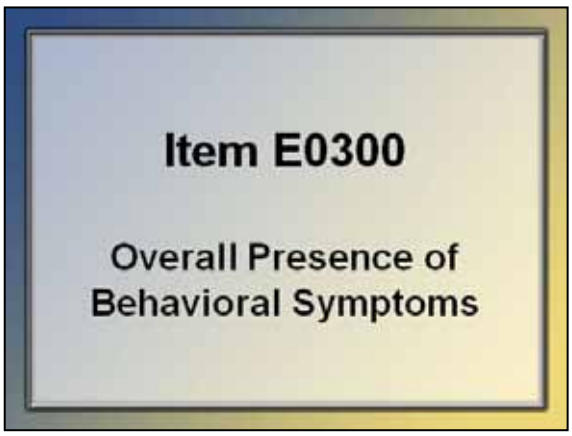
4. E0200 Presence & Frequency Practice #2 Coding

   a. The correct coding is **1** for E0200A *Physical behavioral symptoms directed toward others.*

   b. Throwing a tray at another resident was a physical behavior directed toward others.

   c. The behavior occurred on 1 day in the look-back period.

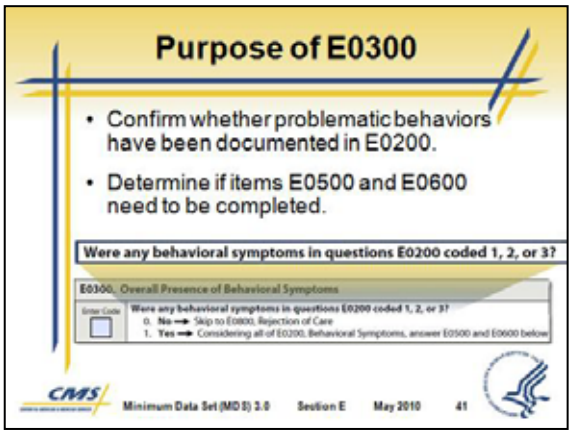
   d. Although a possible explanation exists, the behavior is noted as present because it occurred during the look-back period.




Slide 40

## IV. E0300 Overall Presence of Behavioral Symptoms

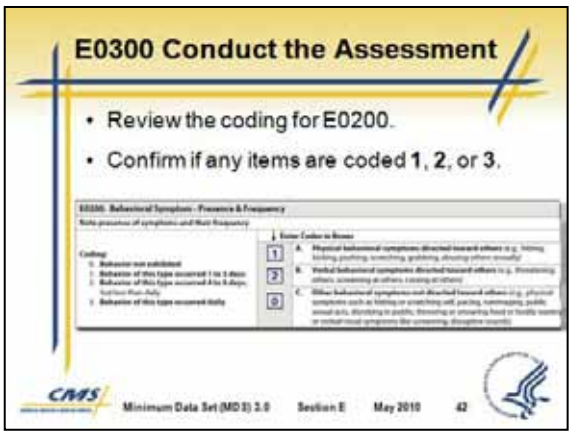
| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 41

A. Purpose of E0300

1. The purpose of item E0300 is to confirm if problematic behavioral symptoms have been recorded for the previous 7 days and documented in item E0200.
2. This will determine whether to complete items E0500 and E0600 or skip to item E0800 Rejection of Care.

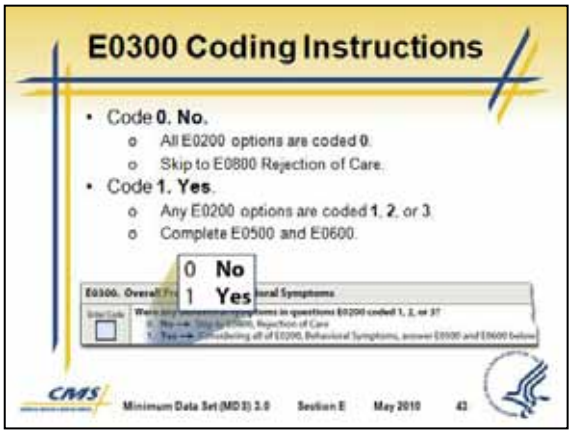



Slide 42

B. E0300 Conduct the Assessment

1. Review the coding for item E0200 Behavioral Symptom – Presence & Frequency.
2. Confirm if items A, B, or C are coded **1**, **2**, or **3**.

*Point out the example in the graphic. Item E0200A is coded 1, and E0200B is coded 2. Therefore, must complete items E0500 and E0600.*




Slide 43

C. E0300 Coding Instructions

1. Indicate the coding for E0200.

- **Code 0. No**

  If E0200A, E0200B, and E0200C are all coded **0**. Behavior not exhibited

  Skip to item E0800, Rejection of Care—Presence & Frequency.

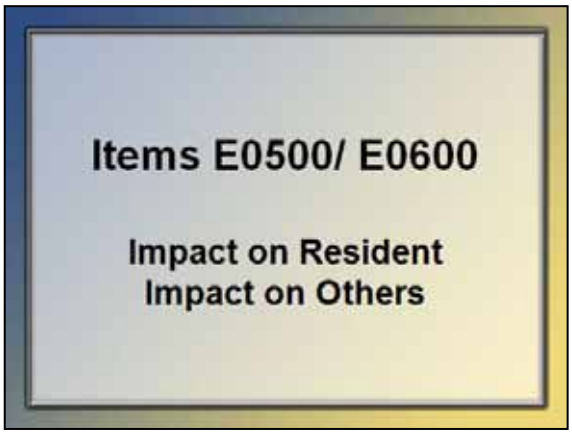
*Emphasize skip pattern here.*

- **Code 1. Yes**

  If any of E0200A, E0200B, or E0200C were coded **1**, **2**, or **3**

  Proceed to complete E0500 Impact on Resident, and E0600 Impact on Others.

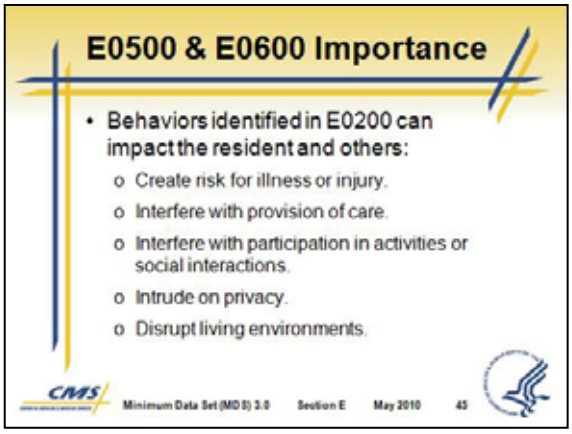
| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 44

## V. E0500 Impact on Resident/ E0600 Impact on Others

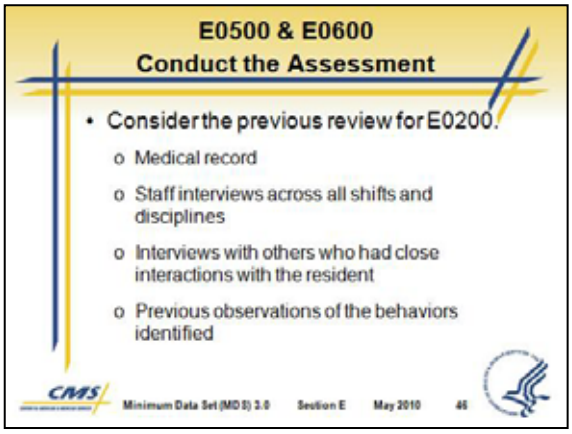
A. Items E0500 and E0600 document the impact of any behaviors identified in E0200 on the resident and on others.




Slide 45

B. E0500 & E0600 Importance

1. Behaviors identified in E0200 can impact both the resident and others:
   a. Create risk for illness or injury.
   b. Interfere with provision of care.
   c. Interfere with participation in activities or social interactions.
   d. Intrude on privacy.
   e. Disrupt living environments.

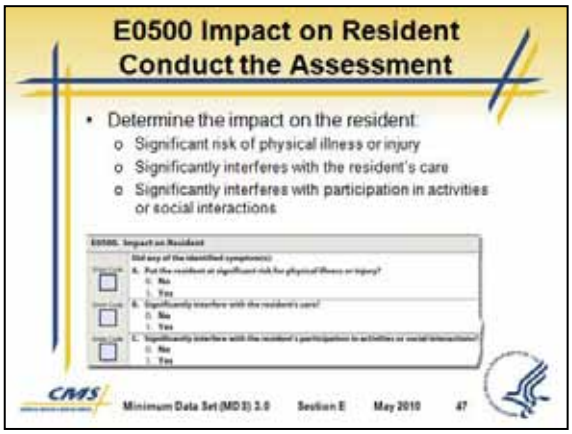



Slide 46

C. E0500 and E0600 Conduct the Assessment

1. Consider the previous review for E0200.
   a. Medical record
   b. Staff interviews across all shifts and disciplines
   c. Interviews with others who had close interactions with the resident
   d. Previous observations of the behaviors identified

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 47

D. E0500 Impact on Resident Conduct the Assessment

1. For item E0500, determine the impact of the behavior(s) on the resident.
   a. Puts the resident at significant risk of physical illness or injury
   b. Significantly interferes with the resident's care
   c. Significantly interferes with the resident's participation in activities or social interactions

**Instructor Notes**

Notes

**Physical Injury**

Trauma that results in pain or other distressing physical symptoms, impaired organ function, physical disability, or other adverse consequences, regardless of the need for medical, surgical, nursing, or rehabilitative intervention.

Notes

**Instructor Notes**

**Instructor Notes**

Notes

**Interference with the Resident's Care**

The impact of the resident's behavior is impeding the delivery of care to such an extent that necessary or essential care (medical, nursing, rehabilitative or personal that is required to achieve the resident's goals for health and well-being) cannot be received safely, completely, or in a timely way without more than a minimal accommodation, such as simple change in care routines or environment.

This includes but is not limited to assistance with activities of daily living, such as bathing, dressing, feeding, or toileting.

Notes

**Instructor Notes**

**Instructor Notes**

Notes

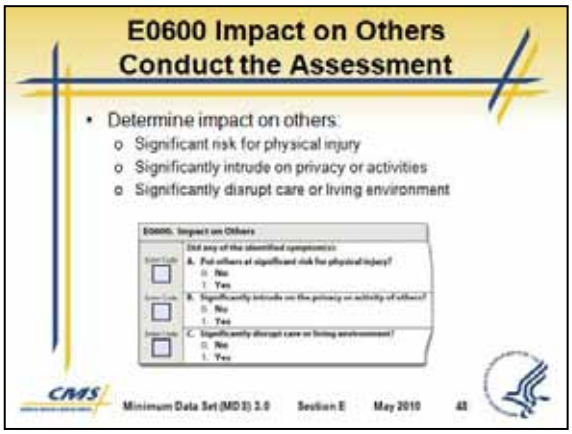
**Interference with Resident's Participation in Activities or Social Interactions**

The impact of the resident's behavior is limiting or keeping the resident from engaging in solitary activities or hobbies, joining groups, or attending programmed activities or having positive social encounters with visitors, other residents, or staff.

Notes

**Instructor Notes**

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 48

E. E0600 Impact on Others Conduct the Assessment

1. For item E0600, determine the impact of the behavior(s) on others:
   a. Puts others at significant risk of physical injury
   b. Significantly intrudes on privacy or activities
   c. Significantly disrupts the care or living environment

**Instructor Notes**

**Puts Others at Significant Risk of Physical Injury**

Based on whether the behavior placed others at significant risk for physical injury.

Physical injury is trauma that results in pain or other distressing physical symptoms, impaired organ function, physical disability or other adverse consequences, regardless of the need for medical, surgical, nursing, or rehabilitative intervention.

**Instructor Notes**

**Instructor Notes**

**Significantly Intrudes on Privacy or Activities**

Based on whether the behavior violates other residents' privacy or interrupts other residents' performance of activities of daily living or limits engagement in or enjoyment of informal social or recreational activities to such an extent that it causes the other residents to experience distress (e.g., displeasure or annoyance) or inconvenience, whether or not the other residents complain.

**Instructor Notes**

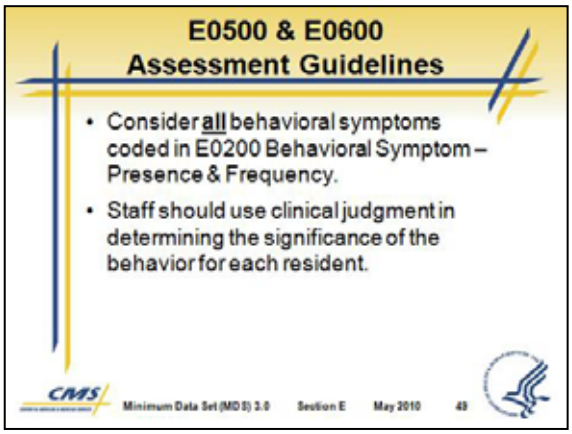
**Instructor Notes**

**Significantly Disrupts the Care or Living Environment**

Based on whether the behavior interferes with staff ability to deliver care or conduct organized activities, interrupts receipt of care or participation in organized activities by other residents, and/ or causes other residents to experience distress or adverse consequences

**Instructor Notes**

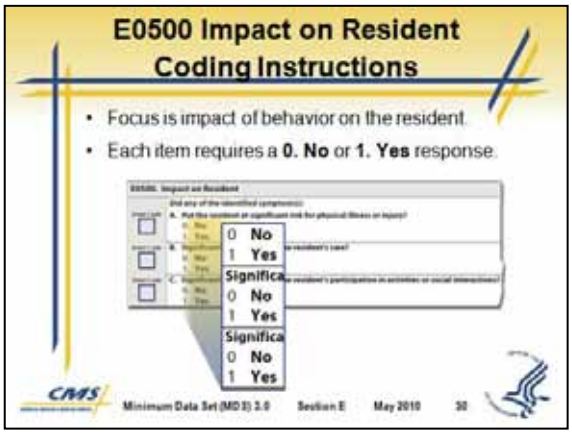
| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 49

F. E0500 and E0600 Assessment Guidelines

1. Consider all of the behaviors documented in E0200 Behavioral Symptom – Presence & Frequency when coding E0500 Impact on Resident and E0600 Impact on Others.
2. Staff should use clinical judgment in determining the significance of the behavior for each resident.
   a. Put the resident at significant risk of physical illness or injury
   b. Significantly interfered with the resident's care
   c. Significantly interfered with the resident's participation in activities or social interactions



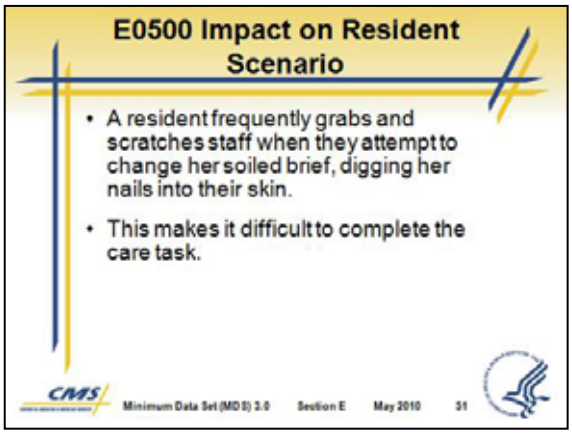

Slide 50

G. E0500 Impact on Resident Coding Instructions

1. E0500 documents the impact of the behavior on the resident.
2. Code a **0. No** or **1. Yes** response for each item in E0500 (A -- C).
3. E0500A Did any of the identified symptom(s) put the resident at significant risk for physical illness or injury?
   a. Code based on whether the risk for physical injury or illness is known to occur commonly under similar circumstances (i.e., with residents who exhibit similar behavior in a similar environment).

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|

4. E0500B Did any of the identified symptom(s) significantly interfere with the resident's care?
   a. Code based on whether any of the identified behavioral symptom(s) impeded the delivery of essential medical, nursing, rehabilitative or personal care.
   b. Including but not limited to assistance with activities of daily living, such as bathing, dressing, feeding, or toileting.
5. E0500C Did any of the identified symptom(s) significantly interfere with the resident's participation in activities or social interactions?
   a. Code based on whether any of the identified behavioral symptom(s):
      - Significantly interfered with or decreased the resident's participation
      - Caused staff not to include residents in activities or social interactions

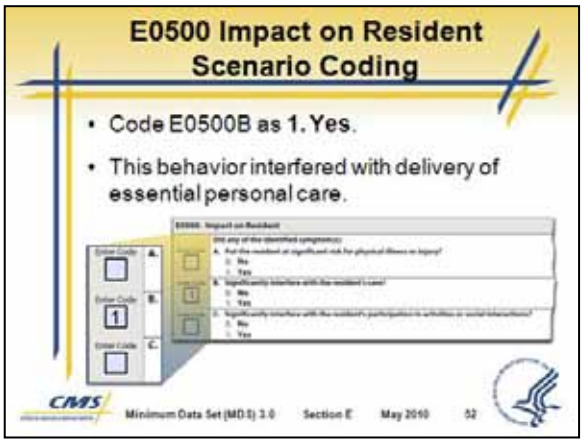


Slide 51

H. E0500 Impact on Resident Scenario
   1. A resident frequently grabs and scratches staff when they attempt to change her soiled brief, digging her nails into their skin.
   2. This makes it difficult to complete the care task.

*How should E0500 be coded?*

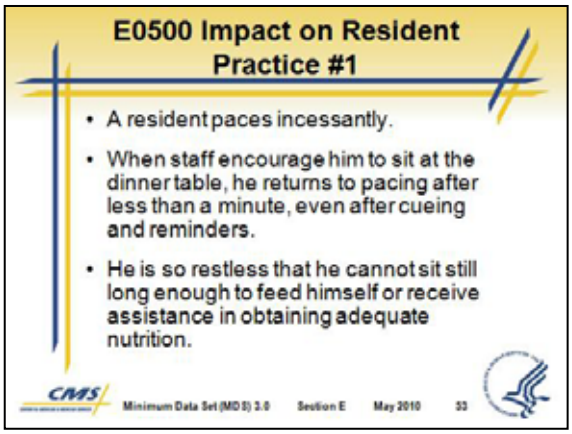
| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 52

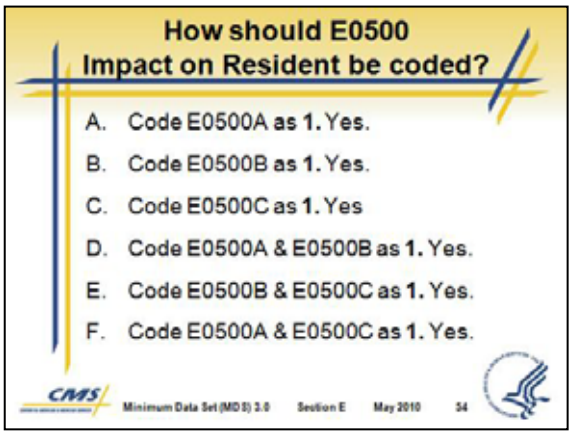
3. E0500 Impact on Resident Scenario Coding
   a. E0500B would be coded **1. Yes**.
   b. This behavior interfered with delivery of essential personal care.

*Point out coding in graphic.*




Slide 53

I. E0500 Impact on Resident Practice #1
   1. A resident paces incessantly.
   2. When staff encourages him to sit at the dinner table, he returns to pacing after less than a minute, even after cueing and reminders.
   3. He is so restless that he cannot sit still long enough to feed himself or receive assistance in obtaining adequate nutrition.




Slide 54

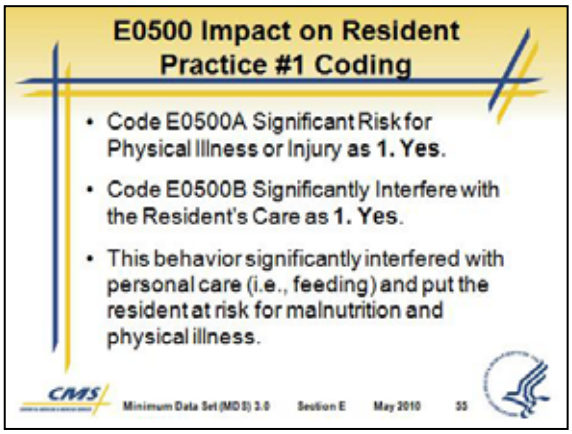
4. How should E0500 Impact on Resident be coded?

   *Direct participants to refer to item E0500 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

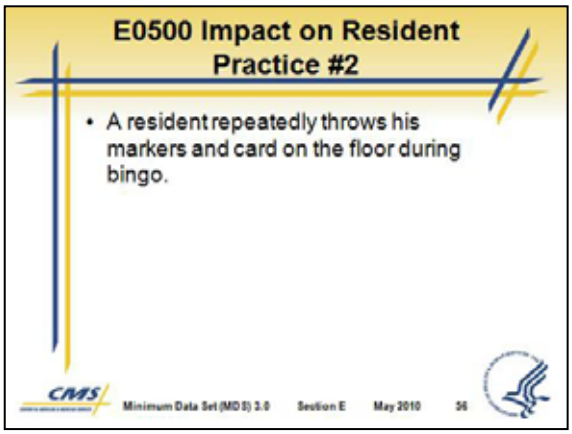
   a. Correct answer is D. Code E0500A & E0500B as **1. Yes**.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|



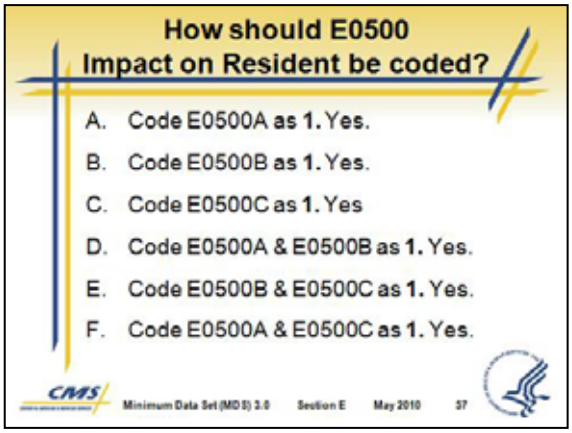

Slide 55

5. E0500 Impact on Resident Practice #1 Coding
   a. The correct coding is:
      - Code E0500A *Significant Risk for Physical Illness or Injury* as **1. Yes**.
      - Code E0500B *Significantly Interfere with the Resident's Care* as **1. Yes**.
   b. This behavior significantly interfered with personal care (i.e., feeding) and put the resident at risk for malnutrition and physical illness.




Slide 56

J. E0500 Impact on Resident Practice #2
   1. A resident repeatedly throws his markers and card on the floor during bingo.




Slide 57

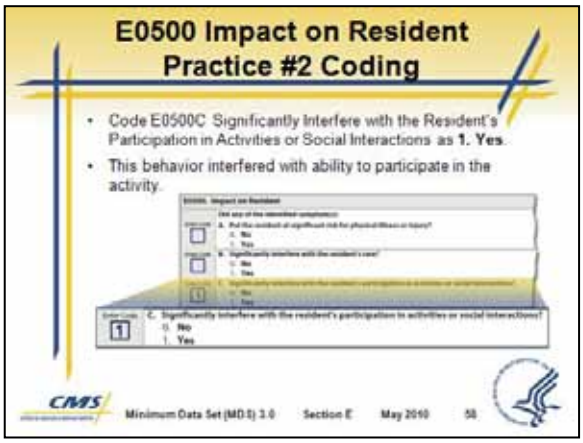
2. How should E0500 Impact on Resident be coded?

   *Direct participants to refer to item E0500 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

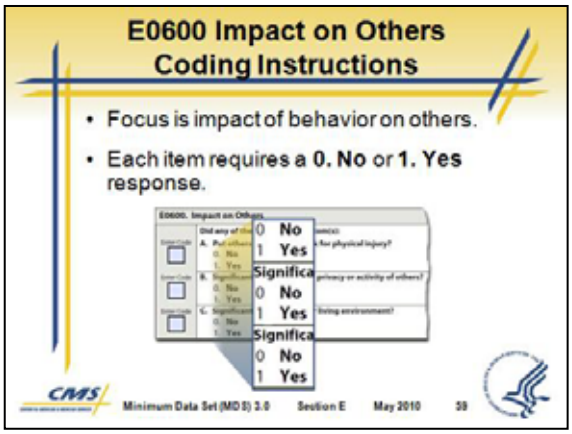
   a. Correct answer is C. Code E0500C as **1. Yes**.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 58

3. E0500 Impact on Resident Practice #2 Coding
   a. Code E0500C *Significantly Interfere with the Resident's Participation in Activities or Social Interactions* as **1. Yes**.
   b. This behavior interfered with his ability to participate in the activity.



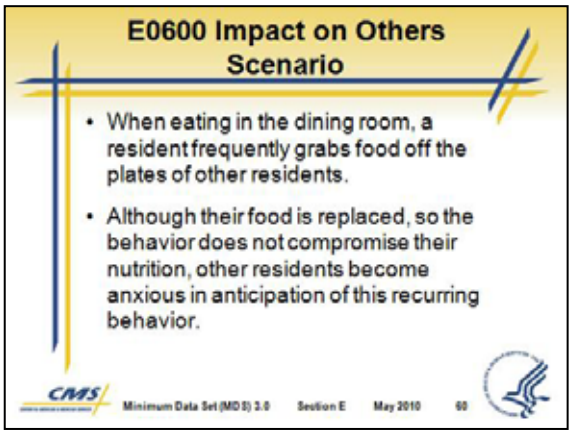

Slide 59

K. E0600 Impact on Others Coding Instructions

1. The focus of E0600 is the impact of the behavior on others.
2. Code a **0. No** or **1. Yes** response for each item in E0600 (A -- C).
3. E0600A Did any of the identified symptom(s) put the resident at significant risk for physical illness or injury?
   a. Code based on whether the behavior placed others at significant risk for physical injury.
4. E0600B Did any of the identified symptom(s) significantly intrude on the privacy or activity of others?
   a. If any of the identified behavioral symptom(s) kept other residents from enjoying privacy or engaging in informal activities (not organized or run by staff).
   b. Includes coming in uninvited or invading or forcing oneself on others' private activities.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|

5. E0600C Did any of the identified symptom(s) significantly disrupt care or the living environment?
    a. If any of the identified behavioral symptom(s) created a climate of excessive noise or interfered with the receipt of care or participation in organized activities by other residents.

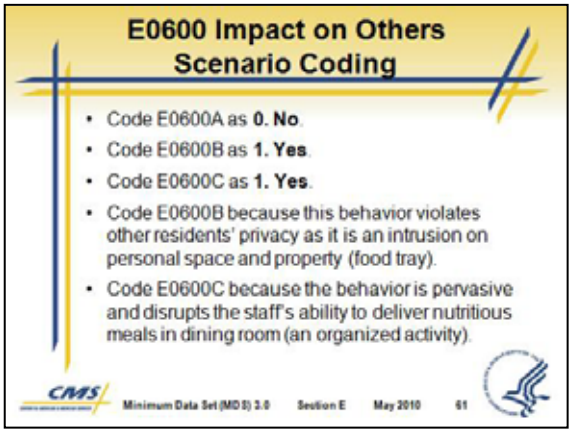


Slide 60

L. E0600 Impact on Others Scenario

1. When eating in the dining room, a resident frequently grabs food off the plates of other residents.
2. Although their food is replaced, so the behavior does not compromise their nutrition, other residents become anxious in anticipation of this recurring behavior.

*How should E0600 be coded?*

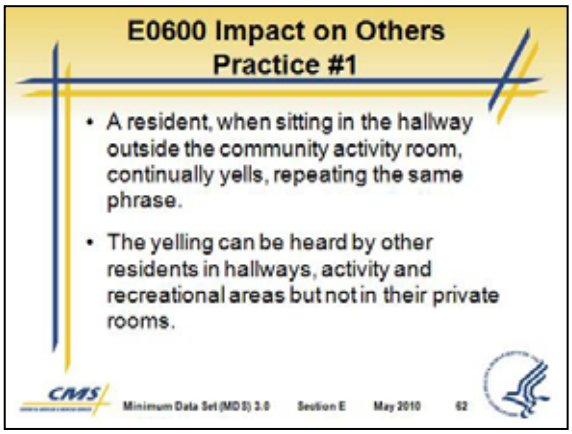


Slide 61

3. E0600 Impact on Others Scenario Coding
    a. Code E0600A as **0. No**.
    b. Code E0600B as **1. Yes**.
    c. Code E0600C as **1. Yes**.
    d. Code E0600B *Significantly Intrude on the Privacy or Activity of Others* as **1. Yes.**
    e. This behavior violates other residents' privacy as it is an intrusion on their personal space and property (food tray).
    f. Code E0600C *Significantly Disrupt Care or the Living Environment* as **1. Yes**.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|

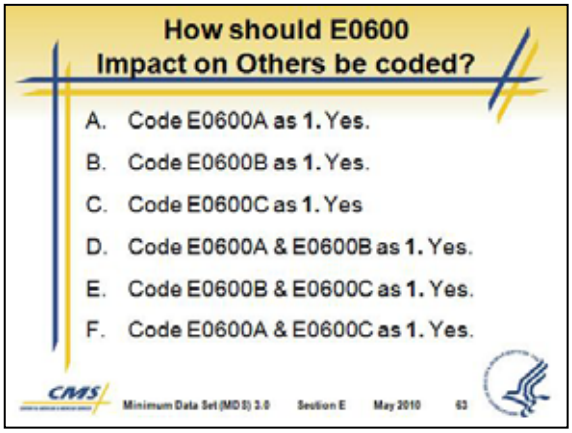
g. The behavior is pervasive and disrupts the staff's ability to deliver nutritious meals in dining room (an organized activity).



Slide 62

M. E0600 Impact on Others Practice #1

1. A resident, when sitting in the hallway outside the community activity room, continually yells, repeating the same phrase.
2. The yelling can be heard by other residents in hallways and activity and recreational areas but not in their private rooms.



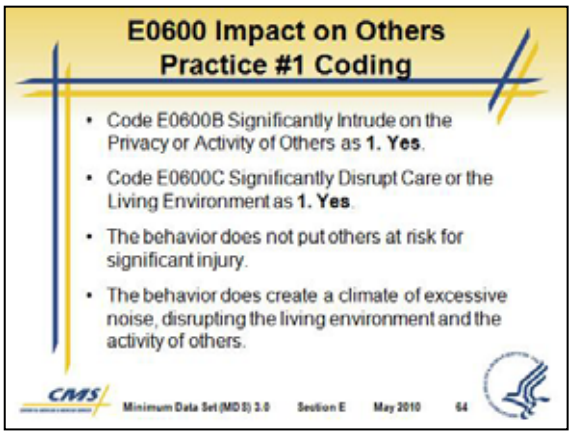
Slide 63

3. How should E0600 Impact on Others be coded?

   *Direct participants to refer to item E0600 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is E. Code E0600B & E0600C as **1. Yes**.



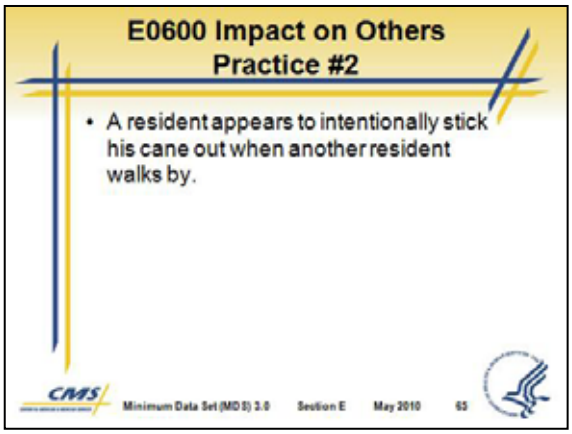
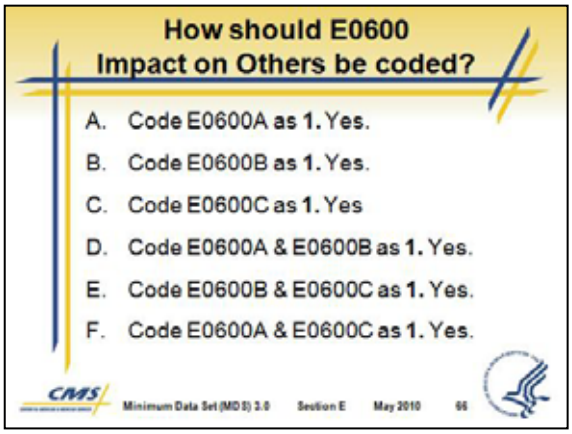
Slide 64

4. E0600 Impact on Others Practice #1 Coding

   *Direct participants to refer to item E0600 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Code E0600B *Significantly Intrude on the Privacy or Activity of Others* as **1. Yes**.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|
| | b. Code E0600C *Significantly Disrupt Care or the Living Environment* as **1. Yes**.<br>c. The behavior does not put others at risk for significant injury.<br>d. The behavior does create a climate of excessive noise, disrupting the living environment and the activity of others. |
|  <br>Slide 65 | N. E0600 Impact on Others Practice #2<br>1. A resident appears to intentionally stick his cane out when another resident walks by. |
|  <br>Slide 66 | 2. How should E0600 Impact on Others be coded?<br>*Direct participants to refer to item E0600 in the MDS instrument in the Training Packet to assist with coding.*<br>*Give participants time to answer the question.*<br>a. Correct answer is A. Code E0600A as **1.** Yes. |

| SLIDES | INSTRUCTIONAL GUIDANCE |
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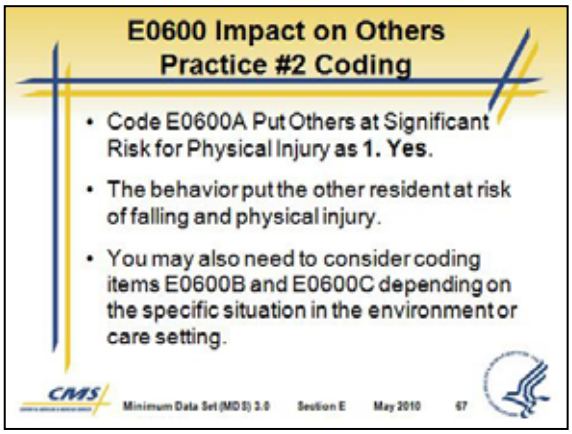
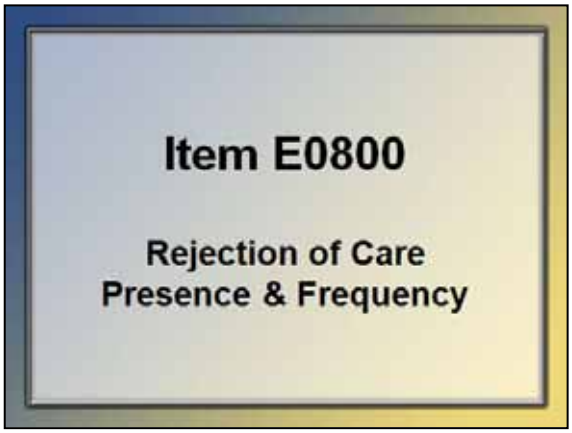


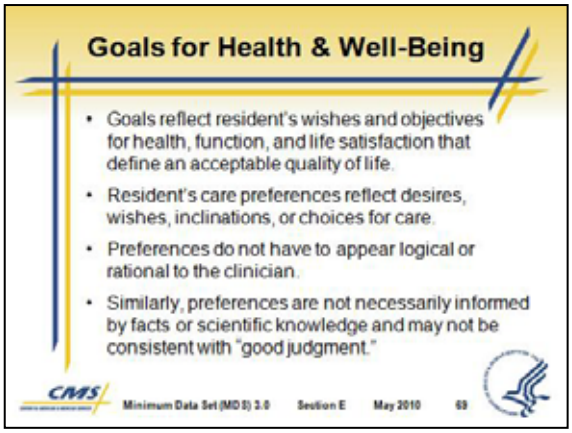

Slide 67

3. E0600 Impact on Others Practice #2 Coding
   a. Code E0600A *Put Others at Significant Risk for Physical Injury* as **1. Yes**.
   b. The behavior put the other resident at risk of falling and physical injury.
   c. You may also need to consider coding items E0600B and E0600C depending on the specific situation in the environment or care setting.




Slide 68

## VI. E0800: Rejection of Care—Presence and Frequency




Slide 69

A. Goals for Health and Well-Being
   1. Goals for health and well-being reflect the resident's wishes and objectives for health, function, and life satisfaction that define an acceptable quality of life for that individual.
   2. The resident's care preferences reflect desires, wishes, inclinations, or choices for care.
   3. Preferences do not have to appear logical or rational to the clinician.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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4. Similarly, preferences are not necessarily informed by facts or scientific knowledge and may not be consistent with "good judgment."


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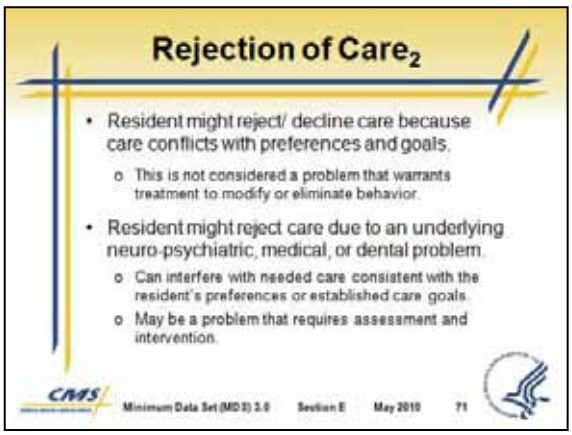
B. E0800 Rejection of Care

1. Rejection of care may be manifested by:
   a. Verbally declining or statements of refusal
   b. Physical behaviors that convey aversion to, result in avoidance of, or interfere with the receipt of care
2. This type of behavior interrupts or interferes with the delivery or receipt of care.
   a. Disrupts the usual routines or processes by which care is given.
   b. Exceeds the level or intensity of resources that are usually available for the provision of care.

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3. A resident might reject/ decline care because the care conflicts with his or her preferences and goals.
4. In such cases, care rejection is not considered a problem that warrants treatment to modify or eliminate behavior.
5. A resident's rejection of care might be due to an underlying neuro-psychiatric, medical, or dental problem.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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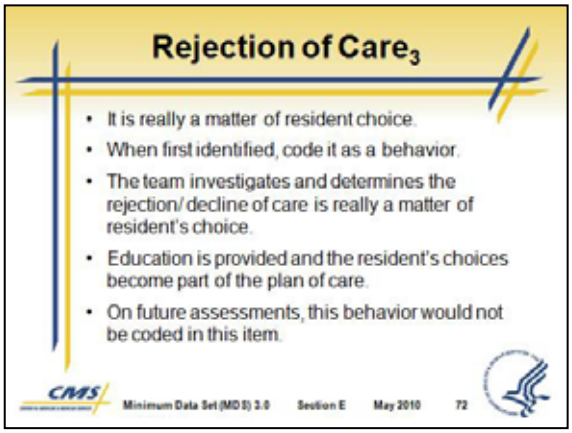
a. This can interfere with needed care that is consistent with the resident's preferences or established care goals.

b. In such cases, care rejection behavior may be a problem that requires assessment and intervention.

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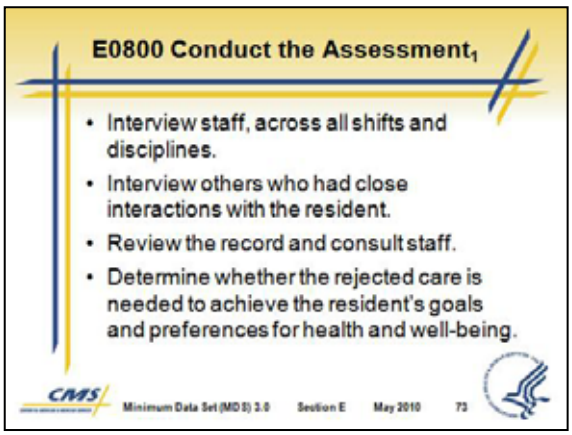
6. It is really a matter of resident choice.
7. When rejection/ decline of care is first identified, code it as a behavior.
8. The team investigates and determines the rejection/ decline of care is really a matter of resident's choice.
9. Education is provided and the resident's choices become part of the plan of care.
10. On future assessments, this behavior would not be coded in this item.




Slide 73

C. E0800 Conduct the Assessment

1. Interview staff, across all shifts and disciplines.
2. Interview others who had close interactions with the resident.
3. Review the record and consult staff.
4. Determine whether the rejected care is needed to achieve the resident's goals and preferences for health and well-being.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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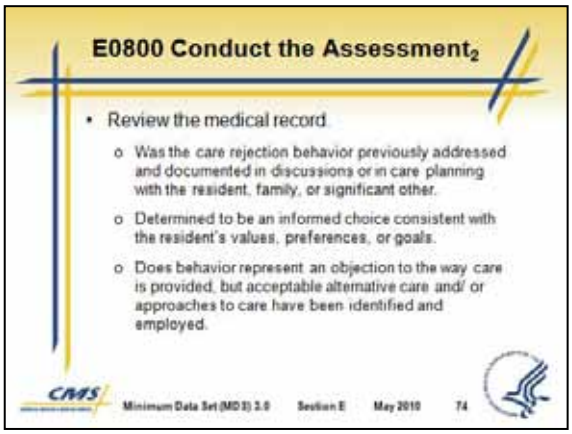


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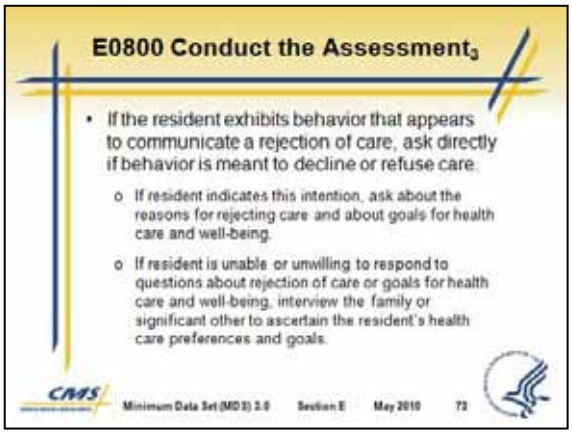
5. Review the medical record.
   a. Was the care rejection behavior previously addressed and documented in discussions or in care planning with the resident, family, or significant other.
   b. Determined to be an informed choice consistent with the resident's values, preferences, or goals.
   c. Does behavior represent an objection to the way care is provided, but acceptable alternative care and/ or approaches to care have been identified and employed.

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6. If the resident exhibits behavior that appears to communicate a rejection of care, ask directly if behavior is meant to decline (not right now) or refuse (do not want) care.
   a. If resident indicates this intention, ask about the reasons for rejecting care and about goals for health care and well-being.
   b. If resident is unable or unwilling to respond to questions about rejection of care or goals for health care and well-being, interview the family or significant other to ascertain the resident's health care preferences and goals.

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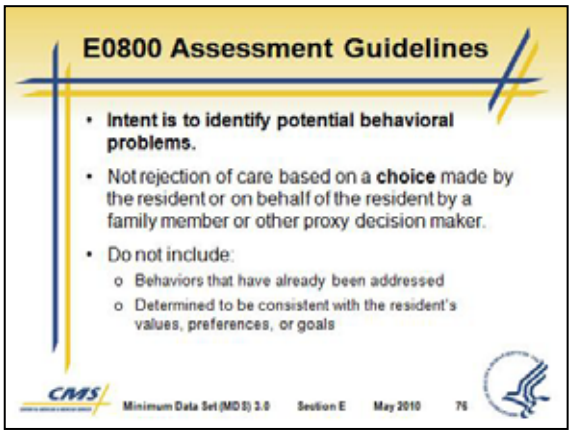
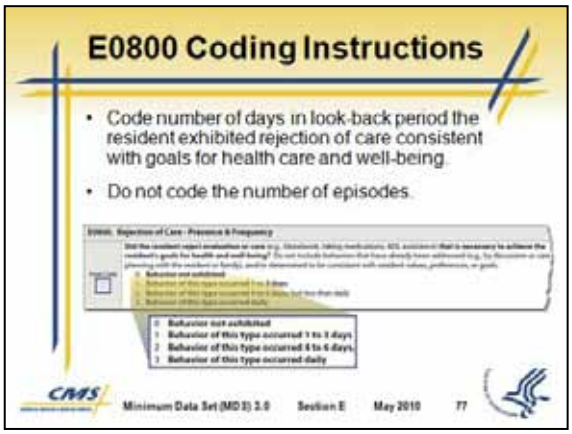



Slide 76

D. E0800 Assessment Guidelines

1. **The intent is to identify potential behavioral problems**.
2. Not situations in which care has been rejected based on a **choice** made by the resident or made on behalf of the resident by a family member or other proxy decision make.
3. Do not include behaviors that have already been addressed and/or determined to be consistent with the resident's values, preferences, or goals.




Slide 77

E. E0800 Coding Instructions

1. Code the number of days in the look-back period that the resident exhibited rejection of care consistent with goals for health care and well-being.
2. Do not code the number of episodes of rejection of care.

- **Code 0. Behavior not exhibited**

  If rejection of care consistent with goals was not exhibited in the past 7 days

- **Code 1. Behavior of this type occurred 1to 3 days**

  If the resident rejected care consistent with goals 1 - 3 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days

| SLIDES | INSTRUCTIONAL GUIDANCE |
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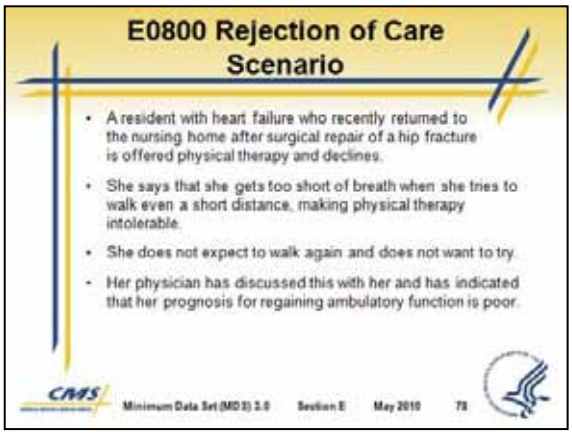
- **Code 2. Behavior of this type occurred 4 to 6 days,** but less than daily

  If the resident rejected care consistent with goals 4-6 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days

- **Code 3. Behavior of this type occurred daily**

  If the resident rejected care consistent with goals daily in the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days



Slide 78

F. E0800 Rejection of Care Scenario

1. A resident with heart failure who recently returned to the nursing home after surgical repair of a hip fracture is offered physical therapy and declines.
2. She says that she gets too short of breath when she tries to walk even a short distance, making physical therapy intolerable.
3. She does not expect to walk again and does not want to try.
4. Her physician has discussed this with her and has indicated that her prognosis for regaining ambulatory function is poor.

*How should E0800 be coded?*

| SLIDES | INSTRUCTIONAL GUIDANCE |
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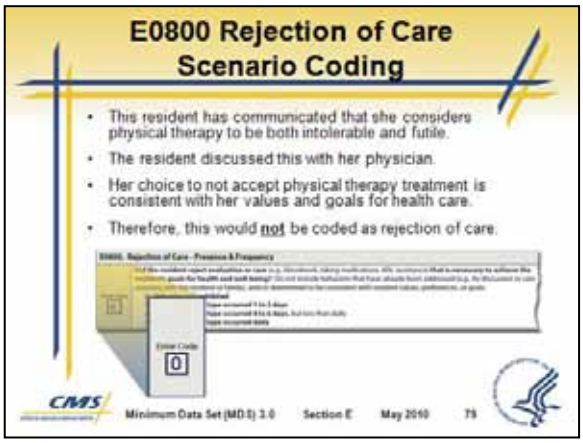



Slide 79

5. E0800 Rejection of Care Scenario Coding

   a. Code E0800 as **0.** Behavior not exhibited.

*Point out coding in graphic.*

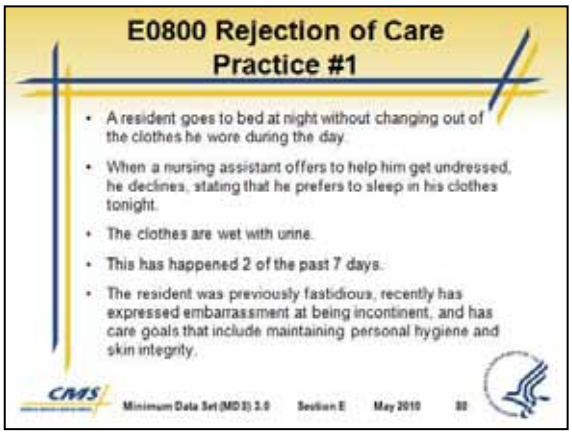
   b. This resident has communicated that she considers physical therapy to be both intolerable and futile.

   c. The resident discussed this with her physician.

   d. Her choice to not accept physical therapy treatment is consistent with her values and goals for health care.

   e. Therefore, this would **not** be coded as rejection of care.

*Emphasize the element of resident choice in this situation.*




Slide 80

G. E0800 Rejection of Care Practice #1

1. A resident goes to bed at night without changing out of the clothes he wore during the day.
2. When a nursing assistant offers to help him get undressed, he declines, stating that he prefers to sleep in his clothes tonight.
3. The clothes are wet with urine.
4. This has happened 2 of the past 7 days.
5. The resident was previously fastidious, recently has expressed embarrassment at being incontinent, and has care goals that include maintaining personal hygiene and skin integrity.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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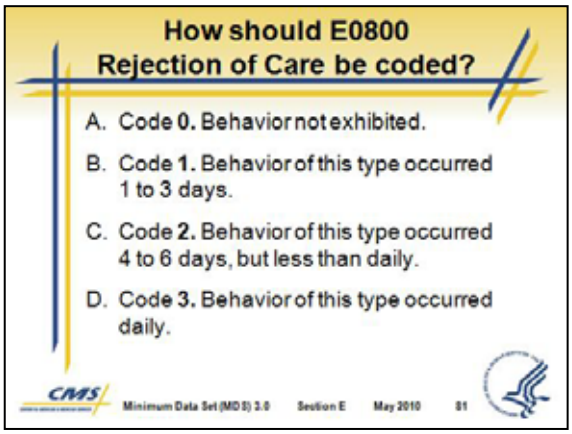


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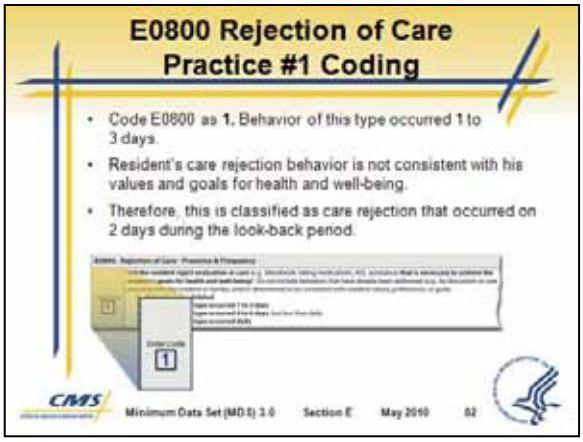


Slide 82

6. How should E0800 Rejection of Care be coded?

   *Direct participants to refer to item E0800 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is B. Code **1.** Behavior of this type occurred 1 to 3 days.

7. E0800 Rejection of Care Practice #1 Coding

   a. Code E0800 as **1.** Behavior of this type occurred 1 to 3 days.

   b. The resident's care rejection behavior is not consistent with his values and goals for health and well-being.

   c. Therefore, this is classified as care rejection that occurred on two days during the look-back period.

*The key to this coding is that the resident has care goals that include maintaining personal hygiene and skin integrity.*

*The resident is going against a previously documented choice; therefore, this is an indicator of a possible behavior or cognitive issue.*

| SLIDES | INSTRUCTIONAL GUIDANCE |
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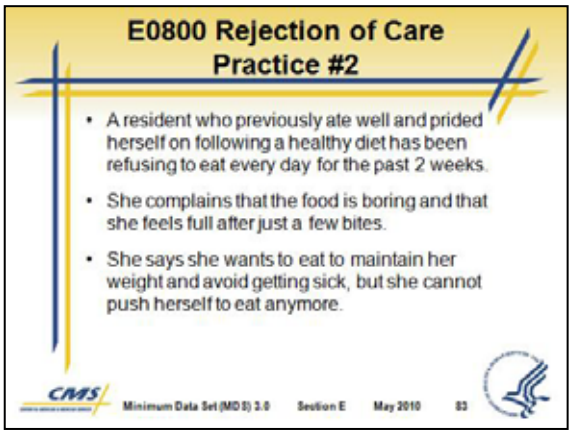
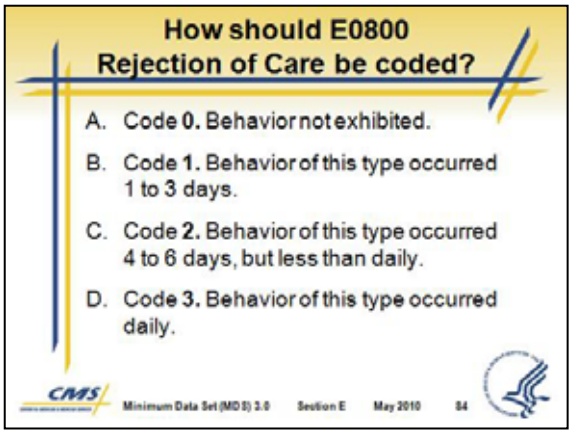



Slide 83

H. E0800 Rejection of Care Practice #2

1. A resident who previously ate well and prided herself on following a healthy diet has been refusing to eat every day for the past 2 weeks.
2. She complains that the food is boring and that she feels full after just a few bites.
3. She says she wants to eat to maintain her weight and avoid getting sick, but she cannot push herself to eat anymore.



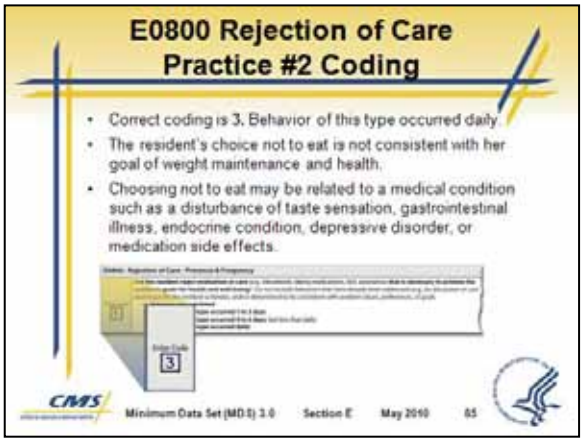

Slide 84

4. How should E0800 Rejection of Care be coded?

   *Direct participants to refer to item E0800 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is D. Code **3.** Behavior of this type occurred daily.




Slide 85

5. E0800 Rejection of Care Practice #2 Coding

   a. Correct coding is **3.** Behavior of this type occurred daily.

   b. The resident's choice not to eat is not consistent with her goal of weight maintenance and health.

   c. Choosing not to eat may be related to a medical condition such as a disturbance of taste sensation, gastrointestinal illness, endocrine condition, depressive disorder, or medication side effects.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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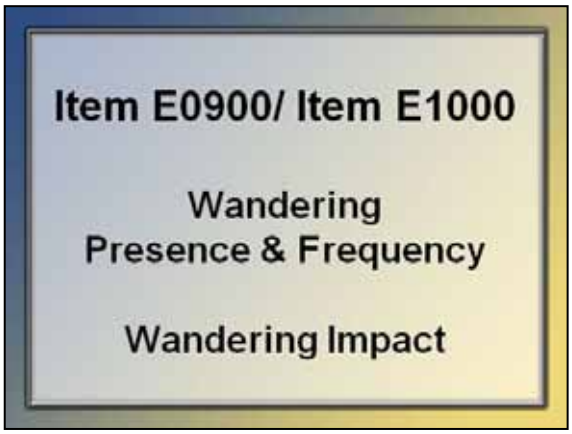


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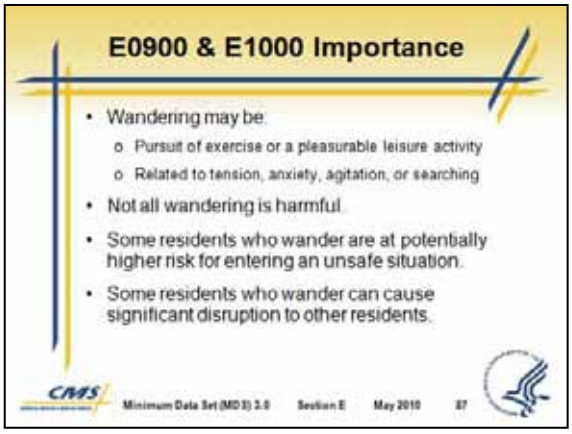
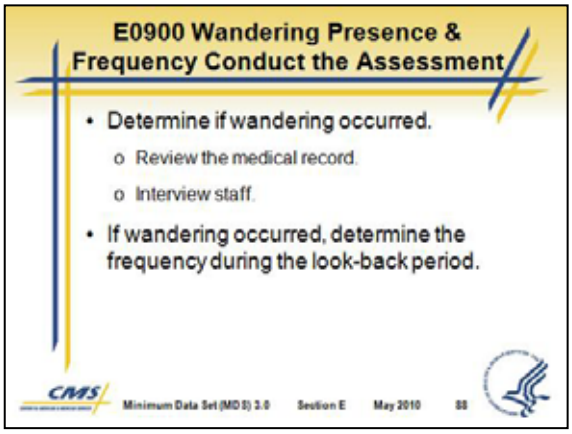
## VII. E0900 and E1000 Wandering Frequency and Impact




Slide 87

A. E0900 & E1000 Importance

1. Wandering may be:
   a. Pursuit of exercise or a pleasurable leisure activity
   b. May be related to tension, anxiety, agitation, or searching
2. Not all wandering is harmful.
3. Some residents who wander are at potentially higher risk for entering an unsafe situation.
4. Some residents who wander can cause significant disruption to other residents.

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B. E0900 Wandering Presence & Frequency Conduct the Assessment

1. Determine if wandering occurred:
   a. Review the medical record.
   b. Interview staff.
2. If wandering occurred, determine the frequency during the look-back period.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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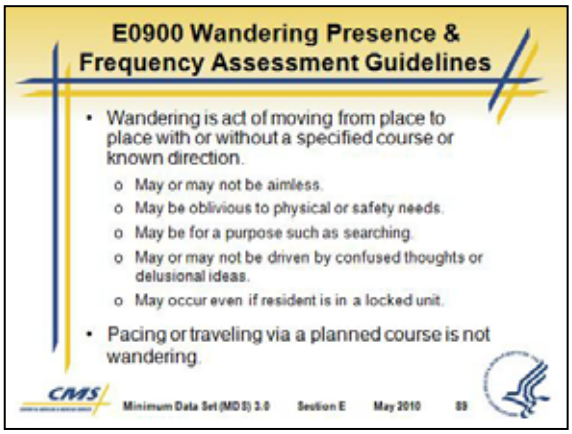


Slide 89

C. E0900 Wandering Presence & Frequency Assessment Guidelines

1. "Wandering" is the act of moving (walking or locomotion in a wheelchair) from place to place with or without a specified course or known direction.
   a. Wandering may or may not be aimless.
   b. The wandering resident may be oblivious to his or her physical or safety needs.
   c. The resident may have a purpose such as searching to find something, but he or she persists without knowing the exact direction or location of the object, person or place.
   d. The behavior may or may not be driven by confused thoughts or delusional ideas (e.g., when a resident believes she must find her mother, who staff knows is deceased).
   e. Wandering may occur even if the resident is in a locked unit.
2. Pacing (repetitive walking with a driven/ pressured quality) within a constrained space is not included in wandering.
3. Traveling via a planned course to another specific place (such as going to the dining room to eat a meal or to an activity) is not considered wandering.

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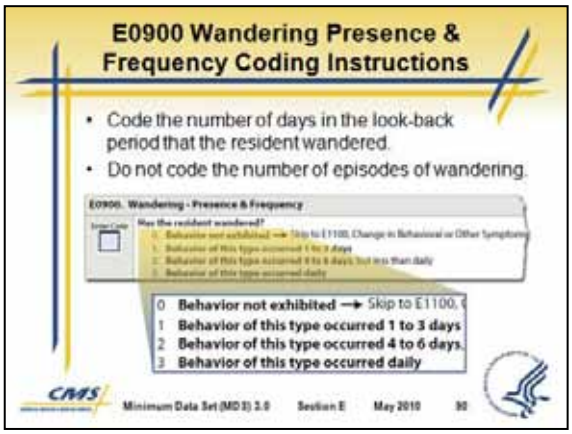



Slide 90

D. E0900 Coding Instructions

1. Code the number of days in the look-back period that the resident wandered.
2. Do not code the number of episodes of wandering.

- **Code 0. Behavior not exhibited**

  If wandering was not exhibited in the 7-day look-back period

  Skip to E1100 Change in other Behavioral Symptoms.

*Emphasize skip pattern here.*

- **Code 1. Behavior of this type occurred 1 to 3 days**

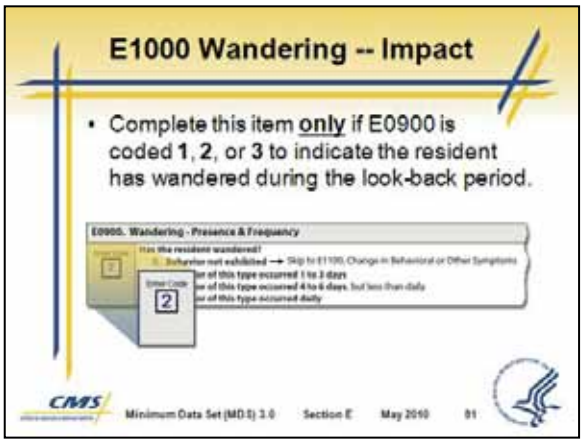
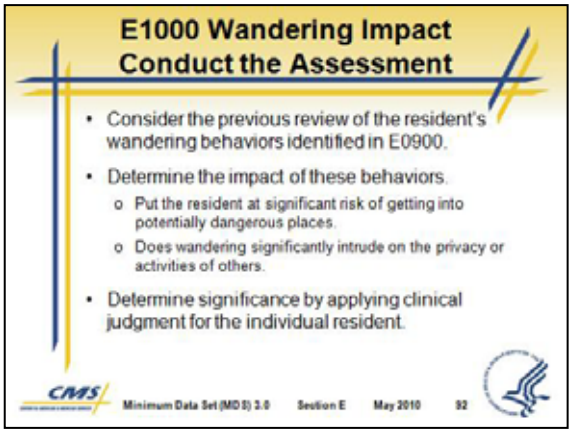
  If the resident wandered on 1 to 3 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days

  Proceed to answer E1000 Wandering-Impact.

- **Code 2. Behavior of this type occurred 4 to 6 days, but less than daily**

  If the resident wandered on 4 to 6 days during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days

  Proceed to answer **E1000** Wandering- Impact.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|
| | · **Code 3. Behavior of this type occurred daily.**<br>If the resident wandered daily during the 7-day look-back period, regardless of the number of episodes that occurred on any one of those days<br>Proceed to answer **E1000** Wandering-Impact. |
|  <br>Slide 91 | E. E1000 Wandering -- Impact<br>1. Complete this item **only** if E0900 Wandering Presence and Frequency is coded **1**, **2**, or **3** to indicate that the resident has wandered during the look-back period.<br>*Point out example in the graphic.* |
|  <br>Slide 92 | F. E1000 Wandering Impact Conduct the Assessment<br>1. Consider the previous review of the resident's wandering behaviors identified in E0900 for the 7-day look-back period.<br>2. Determine the impact of these behaviors.<br>a. Whether those behaviors put the resident at significant risk of getting into potentially dangerous places<br>b. Whether wandering significantly intrudes on the privacy or activities of others<br>3. Determine significance by applying clinical judgment for the individual resident. |

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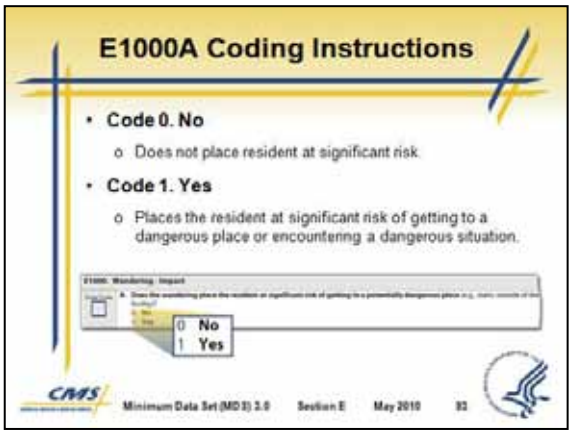



Slide 93

G. E1000A Coding Instructions

**E1000A**: Does the wandering place the resident at significant risk of getting to a potentially dangerous place.

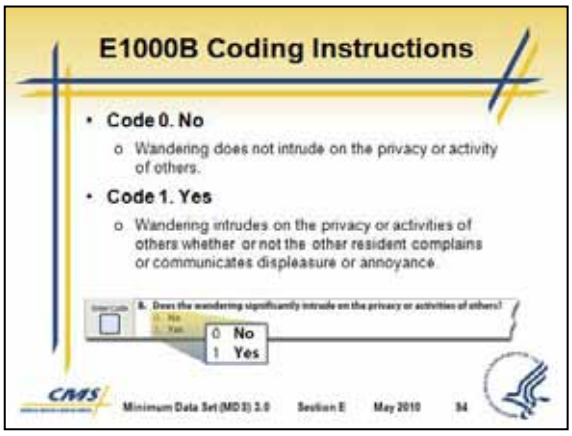
- **Code 0. No**

  If wandering does not place the resident at significant risk

- **Code 1. Yes**

  If the wandering places the resident at significant risk of getting into a dangerous place (e.g. wandering outside the facility where there is heavy traffic) or encountering a dangerous situation

  For example, wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders.

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H. E1000B Coding Instructions

**E1000B**: Does the wandering significantly intrude on the privacy or activity of others?

- **Code 0. No**

  If the wandering does not intrude on the privacy or activity of others

- **Code 1. Yes**

  If the wandering intrudes on the privacy or activities of others

| SLIDES | INSTRUCTIONAL GUIDANCE |
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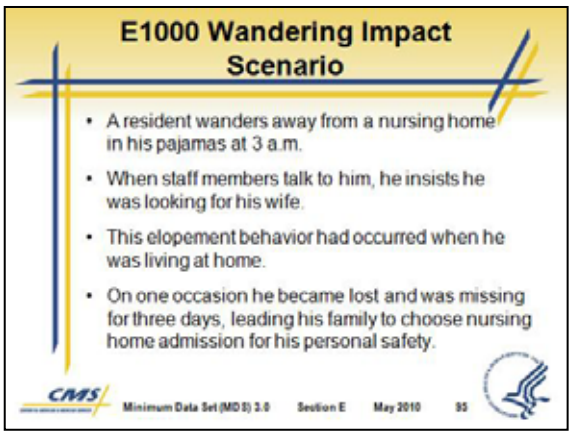
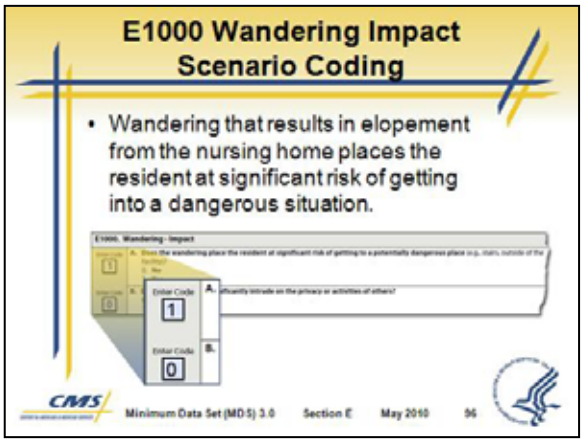
| | If the wandering violates other resident's privacy or interrupts other residents' performance of activities of daily living or limits engagement in enjoyment of social or recreational activities<br><br>Whether or not the other resident complains or communicates displeasure or annoyance |
|  <br>Slide 95 | I. E1000 Wandering Impact Scenario<br>1. A resident wanders away from a nursing home in his pajamas at 3 a.m.<br>2. When staff members talk to him, he insists he was looking for his wife.<br>3. This elopement behavior had occurred when he was living at home.<br>4. On one occasion he became lost and was missing for three days, leading his family to choose nursing home admission for his personal safety. |
|  <br>Slide 96 | J. E1000 Wandering Impact Scenario Coding<br>1. Code E1000A as **1. Yes.**<br>2. Code E100B as **0. No**.<br>*Point out coding in graphic.*<br>3. Wandering that results in elopement from the nursing home places the resident at significant risk of getting into a dangerous situation. |

| SLIDES | INSTRUCTIONAL GUIDANCE |
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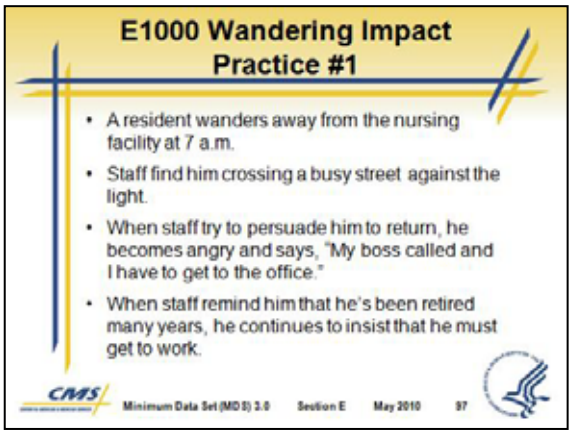
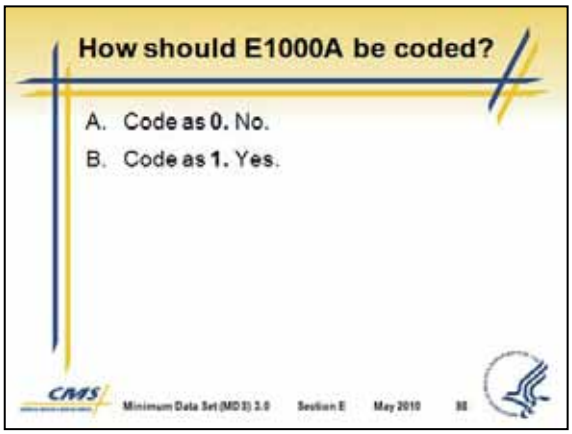



Slide 97

K. E1000 Wandering Impact Practice #1

1. A resident wanders away from the nursing facility at 7 a.m.
2. Staff find him crossing a busy street against the light.
3. When staff try to persuade him to return, he becomes angry and says, "My boss called and I have to get to the office."
4. When staff reminds him that he's been retired many years, he continues to insist that he must get to work.



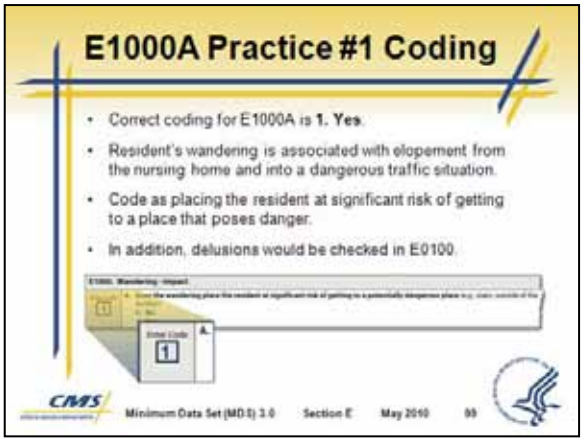

Slide 98

5. How should E1000A be coded?

   *Direct participants to refer to item E1000 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is B. Code as **1. Yes**.




Slide 99

6. E1000A Practice #1 Coding

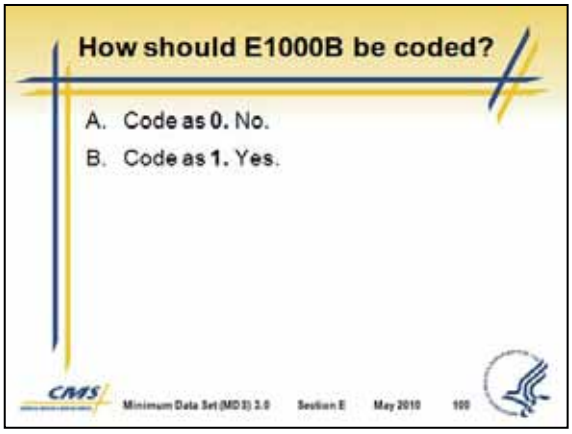
   a. Correct coding for E1000A *Does the wandering place the resident at significant risk of getting to a potentially dangerous place?* is **1. Yes**.

   b. This resident's wandering is associated with elopement from the nursing home and into a dangerous traffic situation.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|

c. Therefore, this is coded as placing the resident at significant risk of getting to a place that poses danger.

d. In addition, delusions would be checked in item E0100.



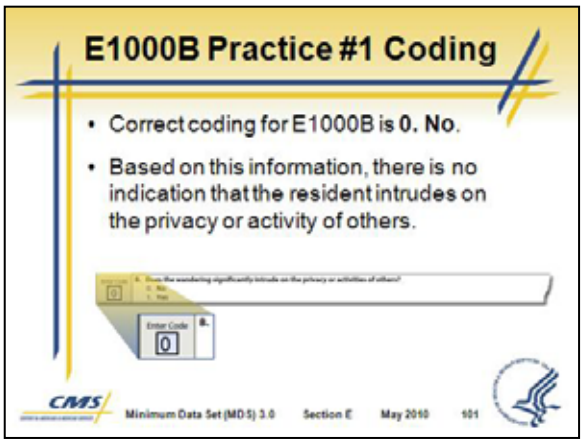

Slide 100

7. How should E1000B be coded?

   *Direct participants to refer to item E1000 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is A. Code as **0. No**.




Slide 101

8. E1000B Practice #1 Coding

   a. Correct coding for E1000B *Does the Wandering Significantly Intrude on the Privacy or Activities of Others?* is **0. No**.

   b. Based on this information, there is no indication that the resident intrudes on the privacy or activity of others.


Slide 102

L. E1000 Wandering Impact Practice #2

1. A resident propels himself in his wheelchair into the room of another resident, blocking the door to the other resident's bathroom.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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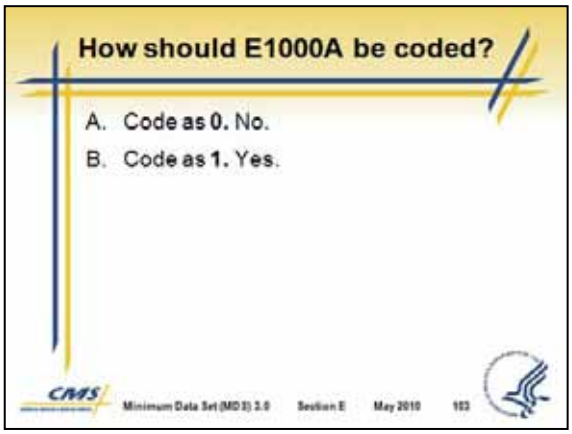


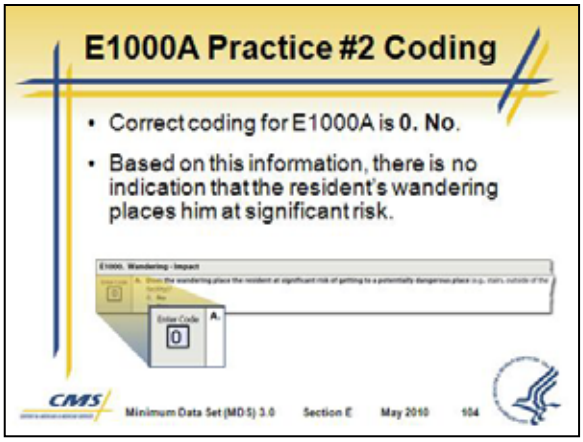

Slide 103

2. How should E1000A be coded?

   *Direct participants to refer to item E1000 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is A. Code as **0. No**.

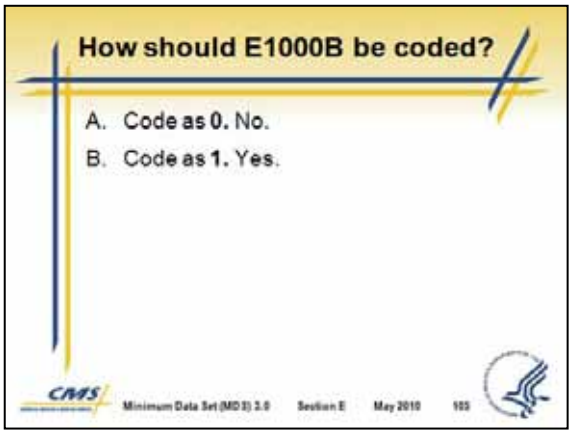



Slide 104

3. E1000A Practice #2 Coding

   a. Correct coding for E1000A *Does the wandering place the resident at significant risk of getting to a potentially dangerous place?* is **0. No**.

   b. Based on this information, there is no indication that the resident's wandering places him at significant risk.




Slide 105

4. How should E1000B be coded?

   *Direct participants to refer to item E1000 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is B. code as **1. Yes**.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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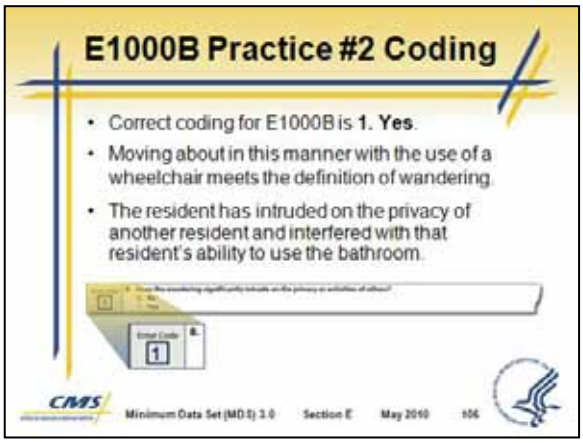
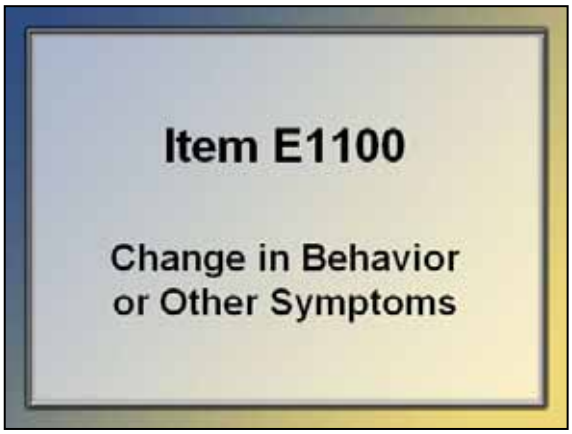



Slide 106

5. E1000B Practice #2 Coding
   a. Correct coding for E1000B *Does the Wandering Significantly Intrude on the Privacy or Activities of Others?* is **1. Yes**.
   b. Moving about in this manner with the use of a wheelchair meets the definition of wandering.
   c. The resident has intruded on the privacy of another resident and interfered with that resident's ability to use the bathroom.

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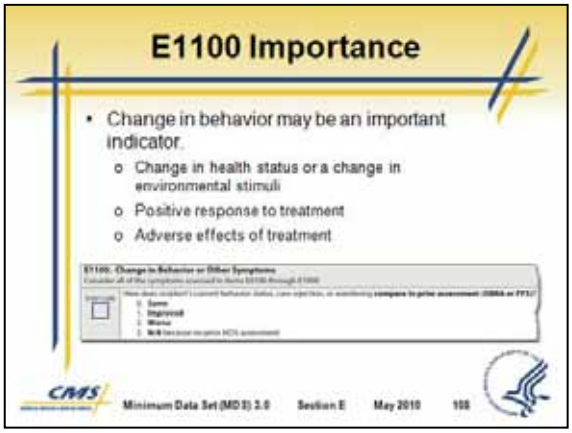
## VIII. E1100 Change in Behavior or Other Symptoms




Slide 108

A. E1100 Importance
   1. Change in behavior may be an important indicator:
      a. Change in health status or a change in environmental stimuli
      b. Positive response to treatment
      c. Adverse effects of treatment

| SLIDES | INSTRUCTIONAL GUIDANCE |
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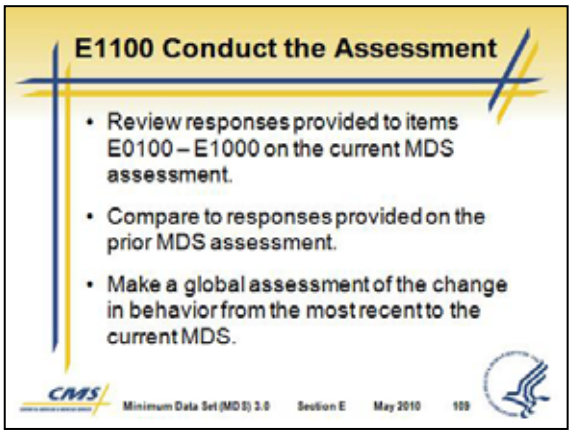
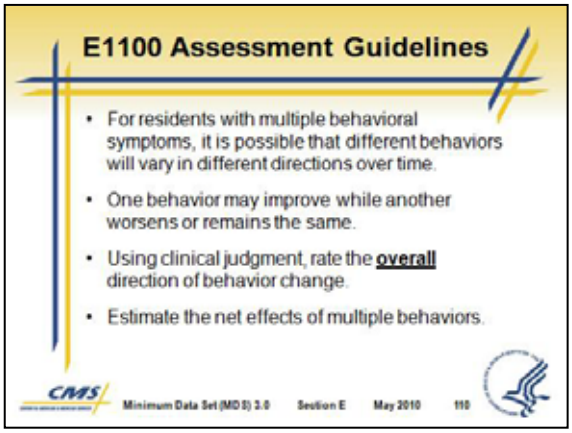



Slide 109

B. E1100 Conduct the Assessment

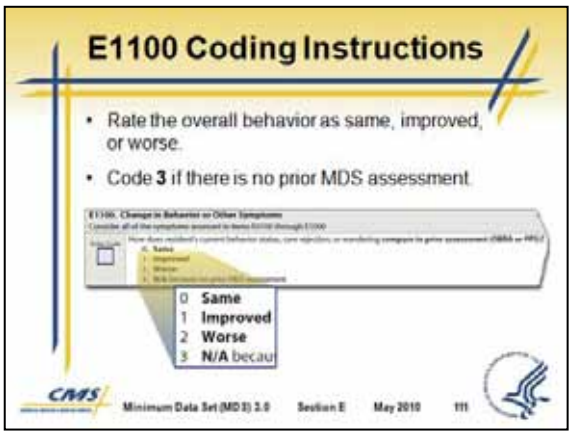
1. Review responses provided to items E0100-E1000 on the current MDS assessment.
2. Compare with responses provided on a prior MDS assessment (either OBRA or PPS).
3. Taking all of these MDS items into consideration, make a global assessment of the change in behavior from the most recent to the current MDS.




Slide 110

C. E1100 Assessment Guidelines

1. For residents with multiple behavioral symptoms, it is possible that different behaviors will vary in different directions over time.
2. One behavior may improve while another worsens or remains the same.
3. Using clinical judgment, this item should be rated to reflect the **overall** direction of behavior change.
4. Estimate the net effects of multiple behaviors.

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D. E1100 Coding Instructions

- **Code 0. Same**

  If overall behavior is the same (unchanged)

- **Code 1. Improved**

  If overall behavior is improved

- **Code 2. Worse**

  If overall behavior is worse

- **Code 3. N/A**

  If there was no prior MDS assessment for this resident

| SLIDES | INSTRUCTIONAL GUIDANCE |
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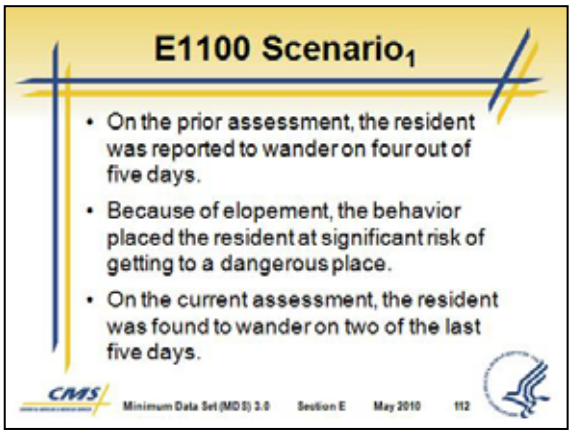
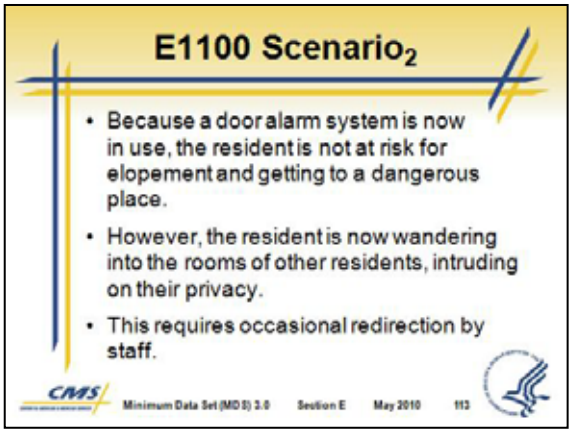



Slide 112

E. E1100 Scenario

1. On the prior assessment, the resident was reported to wander on four out of five days.
2. Because of elopement, the behavior placed the resident at significant risk of getting to a dangerous place.
3. On the current assessment, the resident was found to wander on two of the last five days.

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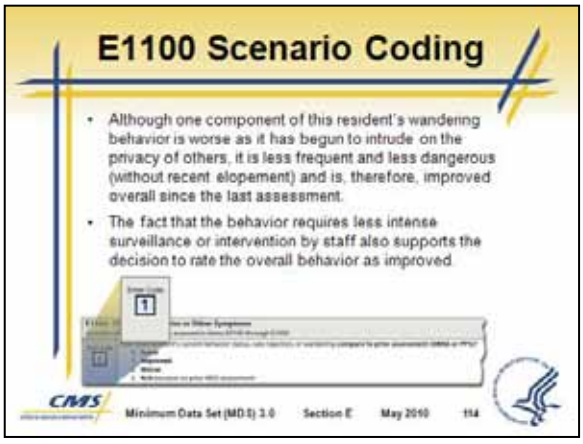
4. Because a door alarm system is now in use, the resident is not at risk for elopement and getting to a dangerous place.
5. However, the resident is now wandering into the rooms of other residents, intruding on their privacy.
6. This requires occasional redirection by staff.




Slide 114

F. E1100 Scenario Coding

1. Code E1100 as **1.** Improved.

*Point out coding in graphic.*

2. Although one component of this resident's wandering behavior is worse as it has begun to intrude on the privacy of others, it is less frequent and less dangerous (without recent elopement) and is, therefore, improved overall since the last assessment.
3. The fact that the behavior requires less intense surveillance or intervention by staff also supports the decision to rate the overall behavior as improved.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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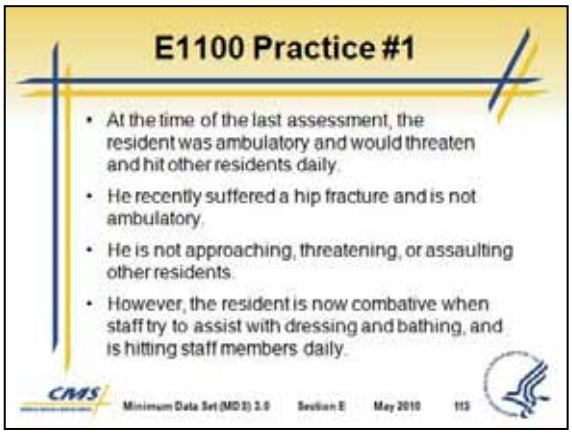


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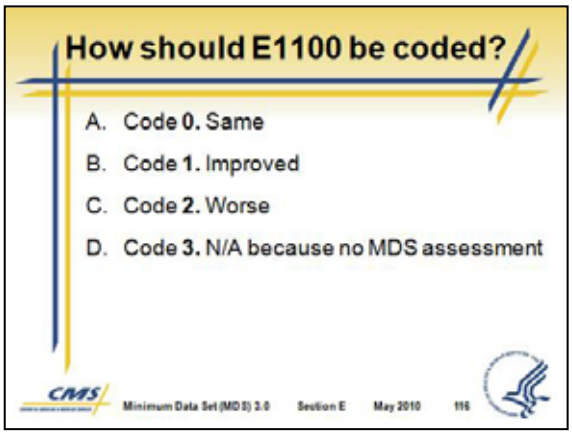
G. E1100 Practice #1

1. At the time of the last assessment, the resident was ambulatory and would threaten and hit other residents daily.
2. He recently suffered a hip fracture and is not ambulatory.
3. He is not approaching, threatening, or assaulting other residents.
4. However, the resident is now combative when staff try to assist with dressing and bathing, and is hitting staff members daily.



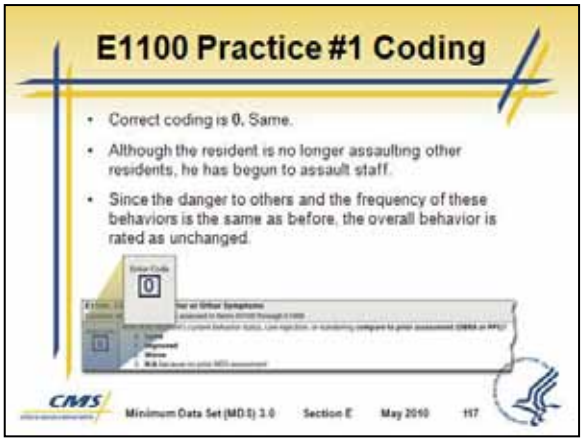

Slide 116

5. How should E1100 be coded?

   *Direct participants to refer to item E1100 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

   a. Correct answer is A. Code **0.** Same.




Slide 117

6. E1100 Practice #1 Coding

   a. The correct coding is **0.** Same.

   b. Although the resident is no longer assaulting other residents, he has begun to assault staff.

   c. Since the danger to others and the frequency of these behaviors is the same as before, the overall behavior is rated as unchanged.

| SLIDES | INSTRUCTIONAL GUIDANCE |
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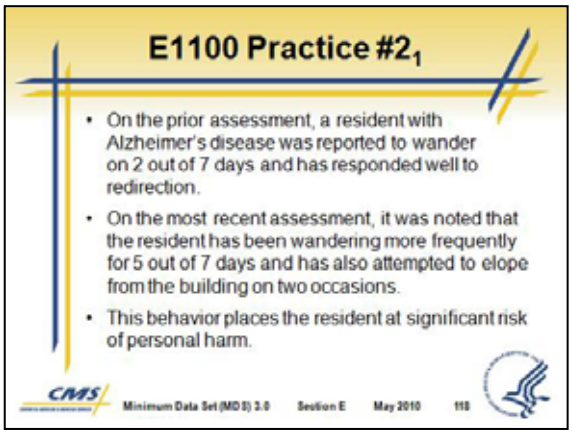


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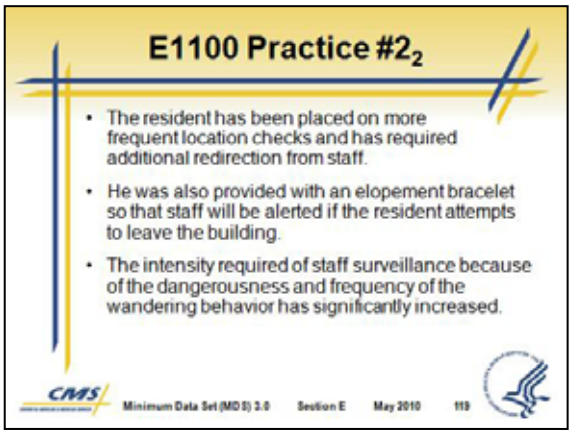
H. E1100 Practice #2

1. On the prior assessment, a resident with Alzheimer's disease was reported to wander on 2 out of 7 days and has responded well to redirection.
2. On the most recent assessment, it was noted that the resident has been wandering more frequently for 5 out of 7 days and has also attempted to elope from the building on two occasions.
3. This behavior places the resident at significant risk of personal harm.

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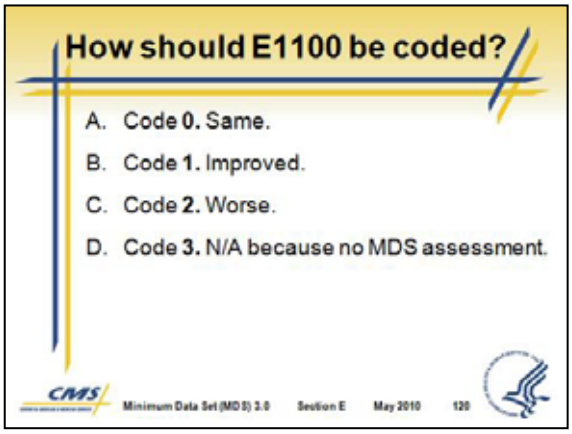
4. The resident has been placed on more frequent location checks and has required additional redirection from staff.
5. He was also provided with an elopement bracelet so that staff will be alerted if the resident attempts to leave the building.
6. The intensity required of staff surveillance because of the dangerousness and frequency of the wandering behavior has significantly increased.




Slide 120

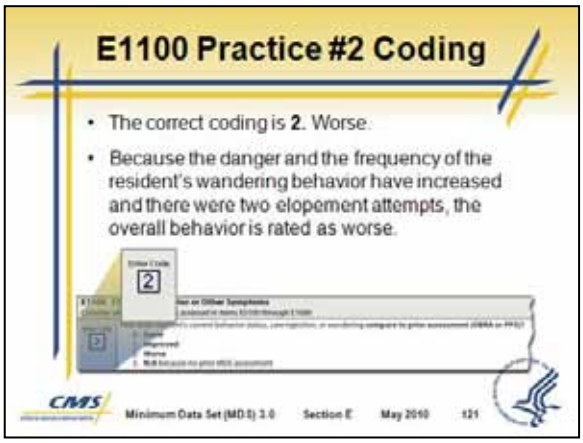
7. How should E1100 be coded?

   *Direct participants to refer to item E1100 in the MDS instrument in the Training Packet to assist with coding.*

   *Give participants time to answer the question.*

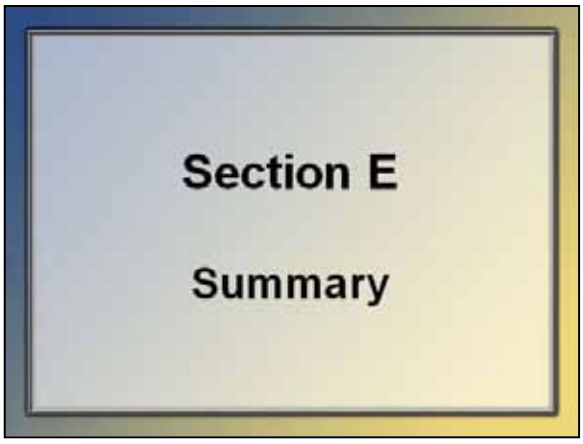
   a. Correct answer is C. Code **2.** Worse.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|




Slide 121

8. E1100 Practice #2 Coding
   a. The correct coding is **2.** Worse.
   b. Because the danger and the frequency of the resident's wandering behavior have increased and there were two elopement attempts, the overall behavior is rated as worse.

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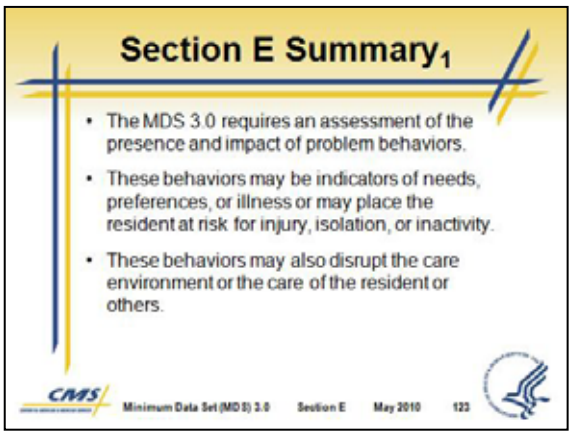
## IX. Section E Summary

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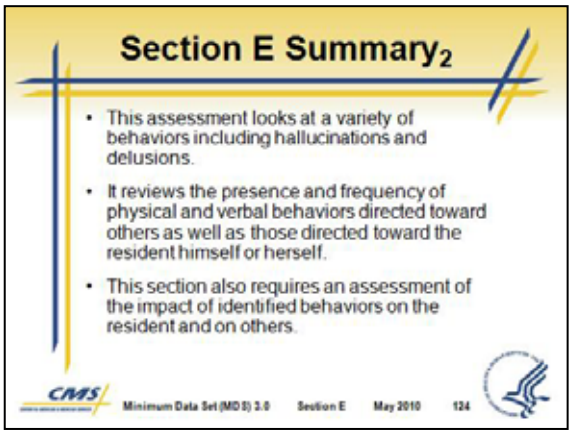
A. The MDS 3.0 requires an assessment of the presence and impact of problem behaviors.
B. These behaviors may be indicators of needs, preferences, or illness or may place the resident at risk for injury, isolation, or inactivity.
C. These behaviors may also disrupt the care environment or the care of the resident or others.

| SLIDES | INSTRUCTIONAL GUIDANCE |
|---|---|

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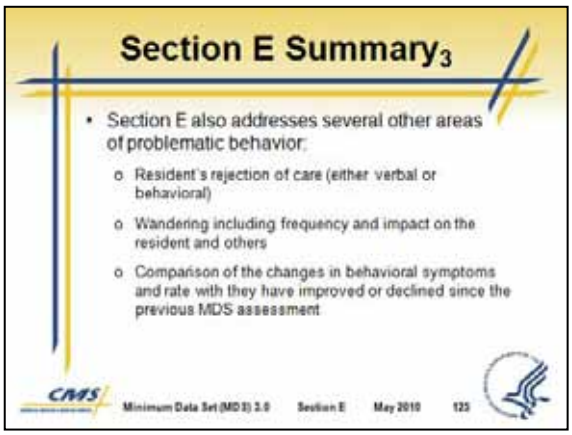
D. This assessment looks at a variety of behaviors including hallucinations and delusions.

E. It reviews the presence and frequency of physical and verbal behaviors directed toward others as well as those directed toward the resident himself or herself.

F. This section also requires an assessment of the impact of identified behaviors on the resident and on others.

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G. Section E also addresses several other areas of problematic behavior:

1. Resident's rejection of care (either verbal or behavioral)
2. Wandering including frequency and impact on the resident and others
3. Comparison of the changes in behavioral symptoms and rate with they have improved or declined since the previous MDS assessment