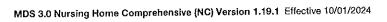
(	Section		nal Abilities			
	GG0100. Prior Functioning: Ever exacerbation, or injury Complete only if A0310B =		yday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness,  = 01			
	Enter Codes in Boxes	<ol> <li>Needed Some Help</li> <li>Dependent - A help</li> <li>Unknown.</li> <li>Not Applicable.</li> </ol>	dent completed all the activities by themself, with or without an assistive device, with no assistance from a helper.  - Resident needed partial assistance from another person to complete any activities.  - Resident needed partial assistance from another person to complete any activities.  - Resident needed partial assistance from another person to complete any activities.			
Į		exacerbation, or injury.				
***************************************		device such as cane, o	ulation): Code the resident's need for assistance with walking from room to room (with or without a crutch, or walker) prior to the current illness, exacerbation, or injury.			
		walker) prior to the cur	ent's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or rent illness, exacerbation, or injury.			
500		to take medication pri	Code the resident's need for assistance with planning regular tasks, such as shopping or remembering or to the current illness, exacerbation, or injury.			
Ţ	GG0110.	<ol> <li>Prior Device Use. Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury</li> <li>Complete only if A0310B = 01</li> </ol>				
	<b>\$</b>	Check all that apply				
Ì		A. Manual wheelchair				
ļ		B. Motorized wheelchai	r and/or scooter			
		C. Mechanical lift				
		D. Walker				
		E. Orthotics/Prosthetics	5			
		Z. None of the above				
	GG0115.	115. Functional Limitation in Range of Motion				
	Code for	limitation that interfered w	th daily functions or placed resident at risk of injury in the last 7 days			
	Codina:		♣ Enter Codes in Boxes			
(	0. No	impairment pairment on one side	A. Upper extremity (shoulder, elbow, wrist, hand)			
Defendation of the State of the		pairment on both sides	B. Lower extremity (hip, knee, ankle, foot)			
300-	GG0120.	Mobility Devices				
วุร	4	Check all that were norm	ally used in the last 7 days			
1		A. Cane/crutch				
		B. Walker				
		C. Wheelchair (manual c	r electric)			
From:		D. Limb prosthesis				
ja T		Z. None of the above w	ere used			
Reorder		-				



Section GG Functional Abilities - Admission			
Complete When A03	<b>column</b> 10B = 01,	are (Assessment period is the first 3 days of the stay)  1 when A0310A = 01 or when A0310B = 01.  the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.	
Code the re	esident's the stay	usual performance at the start of the stay (admission) for each activity using the 6-p (admission), code the reason.	point scale. If activity was not attempted at
06. Inde 05. Sett Help 04. Sup and, thro 03. Part	erformand ctivities me ependent up or clea er assists ervision of for contact ughout the ial/model	Quality of Performance - If helper assistance is required because resident's the is unsafe or of poor quality, score according to amount of assistance provided. The series of the completed with or without assistive devices.  - Resident completes the activity by themself with no assistance from a helper. The series only prior to or following the activity. The series of the serie	If activity was not attempted, code reason:  07. Resident refused  09. Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.  10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)  88. Not attempted due to medical condition or safety concerns
trun Od Den	k or limbs	and provides more than half the effort.  Helper does ALL of the effort. Resident does none of the effort to complete the activity.  Ince of 2 or more helpers is required for the resident to complete the activity.	Condition of Salety Condoms
Admission Performance Enter Codes In Boxes			
	plac	ng: The ability to use suitable utensils to bring food and/or liquid to the mouth and a ed before the resident. **5 🔞 🔞	
	and	I hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): T from the mouth, and manage denture soaking and rinsing with use of equipment.	
	C. Toil mar	eting hygiene: The ability to maintain perineal hygiene, adjust clothes before and al aging an ostomy, include wiping the opening but not managing equipment. 拳拳5, 6	fter voiding or having a bowel movement. If
	E. Sho	wer/bathe self: The ability to bathe self, including washing, rinsing, and drying self include transferring in/out of tub/shower. **5	(excludes washing of back and hair). Does
		per body dressing: The ability to dress and undress above the waist; including faste	
		ver body dressing: The ability to dress and undress below the waist, including faste	
	mot	ting on/taking off footwear: The ability to put on and take off socks and shoes or c oility; including fasteners, if applicable. **5	
	I. Per and	sonal hygiene: The ability to maintain personal hygiene, including combing hair, sha hands (excludes baths, showers, and oral hygiene). **5	aving, applying makeup, washing/drying face
	l		

### MDS Quality Measures (Long-Slay)

23 - Residents whose need for help with ADLs has increased

- Residents whose ability to walk independently worsened (Covariate)

Items in RED indicate potential triggers for CAAs.

\*\* = three or more items required to trigger

\* = six or more items required to trigger

- Activity of Daily Living (ADL) Functional/Rehabilitation Potential
   Urinary Incontinence and Indwelling Catheter

Resident Name

## Section GG Functional Abilities - Admission

GG0170. Mobility (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01 or when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

- Coding: Safety and Quality of Performance If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

  Activities may be completed with or without assistive devices.
  - 06. Independent Resident completes the activity by themself with no assistance from a helper.
  - 05. **Setup or clean-up assistance** Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
  - 04. Supervision or touching assistance Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
  - Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
  - Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
  - Dependent Helper does ALL of the effort. Resident does none of the effort to complete the activity.
     Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

#### If activity was not attempted, code reason:

- 07. Resident refused
- Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

		The state of the s
	1. Admission Performance	
	Enter Codes In Boxes	
		A. Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. **5, 16
		B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed. **5, 16 (25) (20)
		C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. **5, 16 ②
1		D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed. **5 (25) (26) (36)
3		E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair). **5
		F. Toilet transfer: The ability to get on and off a toilet or commode. **5, 6 (38)
		FF. Tub/shower transfer: The ability to get in and out of a tub/shower. **5
		G. Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt. **5
		I. Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.  If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170M, 1 step (curb) **5 ⑤ ⑥ ⑥
		J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns. **5
		K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space. **5

Items in RED indicate potential triggers for CAAs.

\*\* = two items required to trigger

\$\mathscr{J}\$ GG0170 continued on next page

\*\*\* = three or more items required to trigger

six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential

6 - Urinary Incontinence and Indwelling Catheter

16 - Pressure Ulcer/Injury

MDS Quality Measures (Long-Stay)

Residents with pressure ulcers (Covariate)

- Residents with new or worsened bowel or bladder incontinence (Covariate)

- Residents whose need for help with ADLs has increased

- Residents whose ability to walk independently worsened

- Residents whose ability to walk independently worsened (Covariate)

# Section GG Functional Abilities - Admission

GG0170. Mobility (Assessment period is the first 3 days of the stay)

Complete column 1 when A0310A = 01 or when A0310B = 01.

When A0310B = 01, the stay begins on A2400B. When A0310B = 99, the stay begins on A1600.

Code the resident's usual performance at the start of the stay (admission) for each activity using the 6-point scale. If activity was not attempted at the start of the stay (admission), code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent Resident completes the activity by themself with no assistance from a helper.
- 05. Setup or clean-up assistance Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. Supervision or touching assistance Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- Dependent Helper does ALL of the effort. Resident does none of the effort to complete the activity.
   Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

## If activity was not attempted, code reason:

- 07. Resident refused
- Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

1. Admission Performance	
Enter Codes in Boxes	
	L. Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel. **5
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If admission performance is coded 07, 09, 10, or 88 → Skip to GG0170P, Picking up object. **5
	N. 4 steps: The ability to go up and down four steps with or without a rail.  If admission performance is coded 07, 09, 10, or 88 Skip to GG0170P, Picking up object. **5
	O. 12 steps: The ability to go up and down 12 steps with or without a rail. **5
	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.  **5
	Q1. Does the resident use a wheelchair and/or scooter?  0. No  Skip to GG0130, Self Care (Discharge)  1. Yes  Continue to GG0170R, Wheel 50 feet with two turns
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. **5 (25)
	RR1. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space. **5
	SS1. Indicate the type of wheelchair or scooter used.  1. Manual 2. Motorized

## MDS Quality Measures (Long-Stay)

- Residents with new or worsened bowel or bladder incontinence (Covariate)

Items in RED indicate potential triggers for CAAs.

\*\* = two items required to trigger

\*\*\* = three or more items required to trigger

six or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential

#### Section GG Functional Abilities - Discharge

GG0130. Self-Care (Assessment period is the last 3 days of the stay)

Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices.

- 06. Independent Resident completes the activity by themself with no assistance from a helper.
- 05. Setup or clean-up assistance Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. Supervision or touching assistance Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 02. Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. Dependent Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- 09. Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

	•
3. Discharge Performance	
Enter Codes in Boxes	
	A. Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.  (1) (2) (3) (3)
	B. Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment.
	C. Toileting hygiene: The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.
	E. Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair).  Does not include transferring in/out of tub/shower.
	F. Upper body dressing: The ability to dress and undress above the waist; including fasteners, if applicable.
	G. Lower body dressing: The ability to dress and undress below the waist, including fasteners; does not include footwear.
	H. Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.
	I. Personal hygiene: The ability to maintain personal hygiene, including combing hair, shaving, applying makeup, washing/drying face and hands (excludes baths, showers, and oral hygiene).

## MDS Quality Measures (Long-Stay)

23 - Residents whose need for help with ADLs has increased

- Residents whose ability to walk independently worsened (Covariate)

#### SNF QRP Quality Measures

Discharge self-care score for medical rehabilitation patients

- Discharge function score

# Section GG Functional Abilities - Discharge

GG0170. Mobility (Assessment period is the last 3 days of the stay)

Complete column 3 when A0310F = 10 or 11 or when A0310H = 1.

When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000.

Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason.

Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

- 06. Independent Resident completes the activity by themself with no assistance from a helper.
- 05. Setup or clean-up assistance Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 04. Supervision or touching assistance Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 03. Partial/moderate assistance Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- Substantial/maximal assistance Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 01. **Dependent** Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

3. Discharge Performance			
Enter Codes in Boxes			
	A.	Roll left and right: The ability to roll from lying on back to left and right side, and return to lying on back on the bed. 60	
	В.	Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	
	C.	Lying to sitting on side of bed: The ability to move from lying on the back to sitting on the side of the bed and with no back support. (3) (2)	
	D.	Sit to stand: The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.	<u>s</u> )
	E.	Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or wheelchair).	
	F.	Toilet transfer: The ability to get on and off a toilet or commode. 60 20 39	
	FF	Tub/shower transfer: The ability to get in and out of a tub/shower.	
	G.	Car transfer: The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.	
	1.	Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.   ⑤ ⑤ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥	
	J.	Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and make two turns.	
	K.	Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or similar space.	

# GG0170 continued on next page

#### MDS Quality Measures (Long-Stay)

- Residents with pressure ulcers (Covariate)
- 3 Residents with new or worsened bowel or bladder incontinence (Covariate)
- Residents whose need for help with ADLs has increased
- Residents whose ability to walk independently worsened
- Residents whose ability to walk independently worsened (Covariate)

#### SNF QRP Quality Measures

- Discharge mobility score for medical rehabilitation patients
- Discharge function score

## Resident Name Section GG Functional Abilities - Discharge GG0170. Mobility (Assessment period is the last 3 days of the stay) Complete column 3 when A0310F = 10 or 11 or when A0310H = 1. When A0310H = 1 and A2400C minus A2400B is greater than 2 and A2105 is not = 04, the stay ends on A2400C. For all other Discharge assessments, the stay ends on A2000. Code the resident's usual performance at the end of the stay for each activity using the 6-point scale. If an activity was not attempted at the end of the stay, code the reason. Coding: Safety and Quality of Performance - If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Activities may be completed with or without assistive devices. 06. Independent - Resident completes the activity by themself with no assistance from a helper. 05. Setup or clean-up assistance - Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity. 04. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently. 03. Partial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort. Substantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity.

Or, the assistance of 2 or more helpers is required for the resident to complete the activity.

If activity was not attempted, code reason:

- 07. Resident refused
- 09. Not applicable Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
- 88. Not attempted due to medical condition or safety concerns

3. Discharge Performance	
Enter Codes in Boxes	
	<ul> <li>Walking 10 feet on uneven surfaces: The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.</li> </ul>
	M. 1 step (curb): The ability to go up and down a curb and/or up and down one step. If discharge performance is coded 07, 09, 10, or 88  Skip to GG0170P, Picking up object
	<ul> <li>N. 4 steps: The ability to go up and down four steps with or without a rail.</li> <li>If discharge performance is coded 07, 09, 10, or 88 -&gt; Skip to GG0170P, Picking up object</li> </ul>
	O. 12 steps: The ability to go up and down 12 steps with or without a rail.
	P. Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.
WHI.	Q3. Does the resident use a wheelchair and/or scooter?  0. No Skip to H0100, Appliances 1. Yes Continue to GG0170R, Wheel 50 feet with two turns
	R. Wheel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make two turns. (5) (25)
	RR3. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized
	S. Wheel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.
	SS3. Indicate the type of wheelchair or scooter used.  1. Manual 2. Motorized

MDS Quality Measures (Long-Stay)

25 - Residents with new or worsened bowel or bladder incontinence (Covariate)

SNF QRP Quality Measures

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- Discharge mobility score for medical rehabilitation patients
- Discharge function score

341		GG Functional Abilities - OBRA/Interim		
Complet	. O C	Self-Care (Assessment period is the ARD plus 2 previous calendar days) olumn 5 when A0310A = 02 - 06 and A0310B = 99.		
Code the	res	ident's usual performance for each activity using the 6-point scale. If an activity was not	attempted	I. code the reason
06. Inc 05. Se He 04. Su an thr 03. Pa	peri Acti dep tup iper per d/or oug	ety and Quality of Performance - If helper assistance is required because resident's formance is unsafe or of poor quality, score according to amount of assistance provided.  ivities may be completed with or without assistive devices. endent - Resident completes the activity by themself with no assistance from a helper. or clean-up assistance - Helper sets up or cleans up; resident completes activity. assists only prior to or following the activity. vision or touching assistance - Helper provides verbal cues and/or touching/steadying contact guard assistance as resident completes activity. Assistance may be provided hout the activity or intermittently.  /moderate assistance - Helper does LESS THAN HALE the effort blacket in the content of the provided half assistance - Helper does LESS THAN HALE the effort blacket in the content of th	If activ 07. 09.	n, code the reason.  ity was not attempted, code reason:  Resident refused  Not applicable - Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.  Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
02. <b>Su</b> trui 01. <b>D</b> e	bsta nk o pen	ts trunk or limbs, but provides less than half the effort.  Initial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds or limbs and provides more than half the effort.  dent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. assistance of 2 or more helpers is required for the resident to complete the activity.	88.	Not attempted due to medical condition or safety concerns
5. DBRA/Interim Performance Enter Codes In Boxes	100 miles			
	A.	Eating: The ability to use suitable utensils to bring food and/or liquid to the mouth and splaced before the resident. **5 🔞 🔞	swallow fo	ood and/or liquid once the meal is
	В.	Oral hygiene: The ability to use suitable items to clean teeth. Dentures (if applicable): The and from the mouth, and manage denture soaking and rinsing with use of equipment.	he ability t	to insert and remove dentures into
	C.	<b>Toileting hygiene:</b> The ability to maintain perineal hygiene, adjust clothes before and affirmanaging an ostomy, include wiping the opening but not managing equipment. ** $5$ , 6		or having a bowel movement. If
	E.	Shower/bathe self: The ability to bathe self, including washing, rinsing, and drying self (not include transferring in/out of tub/shower. **5		washing of back and hair). Does
	F.	Upper body dressing: The ability to dress and undress above the waist; including faster	ners, if app	plicable. **5
	G.	Lower body dressing: The ability to dress and undress below the waist, including faster	ners; does	not include footwear. **5
	H.	Putting on/taking off footwear: The ability to put on and take off socks and shoes or of mobility; including fasteners, if applicable. **5	ther footw	ear that is appropriate for safe
	I.	Personal hygiene: The ability to maintain personal hygiene, including combing hair, sha and hands (excludes baths, showers, and oral hygiene). **5	ving, appl	ying makeup, washing/drying face

MDS Quality Measures (Long-Stay)

 $\ensuremath{\overline{\omega}}$  - Residents whose need for help with ADLs has increased

Residents whose ability to walk independently worsened (Covariate)

 $\bf 5$  - Activity of Daily Living (ADL) Functional/Rehabilitation Potential  $\bf 6$  - Urinary Incontinence and Indwelling Catheter

Section	GG Functional Abilities - OBRA/Interim	
GG0170.	Mobility (Assessment period is the ARD plus 2 previous calendar days) olumn 5 when A0310A = 02 - 06 and A0310B = 99.	
Code the re	sident's usual performance for each activity using the 6-point scale. If an activity was not	attempted, code the reason.
. be	fety and Quality of Performance - If helper assistance is required because resident's formance is unsafe or of poor quality, score according to amount of assistance provided.	If activity was not attempted, code reason: 07. Resident refused
Δ.	tivities may be completed with or without assistive devices.	09. Not applicable - Not attempted and
06. Inde	pendent - Resident completes the activity by themself with no assistance from a helper.  p or clean-up assistance - Helper sets up or cleans up; resident completes activity.	the resident did not perform this activity prior to the current illness,
Haln	er assists only prior to or tollowing the activity.	exacerbation, or injury.
04. Sup	privision or touching assistance - Helper provides verbal cues and/or touching/steadying or contact guard assistance as resident completes activity. Assistance may be provided uphout the activity or intermittently.	Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
03. Part	ial/moderate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or orts trunk or limbs, but provides less than half the effort.	88. Not attempted due to medical condition or safety concerns
trin!	stantial/maximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds to r limbs and provides more than half the effort.	
04 13 ***	endent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. he assistance of 2 or more helpers is required for the resident to complete the activity.	
Or, t	he assistance of 2 or more neipers is required for the resident to complete the downly.	
5. OBRA/Interim	이 마른 발표가 있는 모임을 	
Performance		
Enter Codes in Boxes	A STATE OF THE STA	
	A. Roll left and right: The ability to roll from lying on back to left and right side, and ret	urn to lying on back on the bed. **5, 16
	B. Sit to lying: The ability to move from sitting on side of bed to lying flat on the bed.	
	C. Lying to sitting on side of bed: The ability to move from lying on the back to sitting support. **5, 16 (21)	on the side of the bed and with no back
	D. Sit to stand: The ability to come to a standing position from sitting in a chair, wheel	chair, or on the side of the bed. 幸考 ② ② ③
	E. Chair/bed-to-chair transfer: The ability to transfer to and from a bed to a chair (or	wheelchair). **5
	F. Toilet transfer: The ability to get on and off a toilet or commode. **5, 6 (36)	
	FF. Tub/shower transfer: The ability to get in and out of a tub/shower. 本等5	
	<ol> <li>Walk 10 feet: Once standing, the ability to walk at least 10 feet in a room, corridor, if performance in the last 7 days is coded 07, 09, 10, or 88 Skip to GG0170Q5,</li> </ol>	or similar space. **5 (3) (3) Does the resident use a wheelchair or scooter?
	J. Walk 50 feet with two turns: Once standing, the ability to walk at least 50 feet and	
	K. Walk 150 feet: Once standing, the ability to walk at least 150 feet in a corridor or si	milar space. **5

GG0170 continued on next page

MDS Quality Measures (Long-Stay)

1)

- Residents with pressure ulcers (Covariate)

- Residents with new or worsened bowel or bladder incontinence (Covariate)
- 28 Residents whose need for help with ADLs has increased
- Residents whose ability to walk independently worsened
- Residents whose ability to walk independently worsened Covariate

Items in RED indicate potential triggers for CAAs.

- \*\* = two items required to trigger \*\*\* = three or more items required to trigger \* = six or more items required to trigger
- 5 Activity of Daily Living (ADL) Functional/Rehabilitation Potential
   6 Urinary Incontinence and Indwelling Catheter
- 16 Pressure Ulcer/Injury

11

Section G		
Complete colun	illity (Assessment period is the ARD plus 2 previous calendar days) in 5 when A0310A = 02 - 06 and A0310B = 99.	
Code the residen	t's usual performance for each activity using the 6-point scale. If an activity was not	attempted, code the reason.
Coding: Safety a	and <b>Quality of Performance</b> - If helper assistance is required because resident's ance is unsafe or of poor quality, score according to amount of assistance provided.	If activity was not attempted, code reason:
Activitie	s may be completed with or without assistive devices.	07. Resident refused
	ent - Resident completes the activity by themself with no assistance from a helper.	09. Not applicable - Not attempted and
05. <b>Setup or o</b> Helper ass	lean-up assistance - Helper sets up or cleans up; resident completes activity.  sts only prior to or following the activity.	the resident did not perform this activity prior to the current illness, exacerbation, or injury.
throughout	n or touching assistance - Helper provides verbal cues and/or touching/steadying tact guard assistance as resident completes activity. Assistance may be provided the activity or intermittently.	Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)
ຈາກັກດູເຂ ແມ	derate assistance - Helper does LESS THAN HALF the effort. Helper lifts, holds, or unk or limbs, but provides less than half the effort.	88. Not attempted due to medical condition or safety concerns
HOUR OF HITE	Mmaximal assistance - Helper does MORE THAN HALF the effort. Helper lifts or holds be and provides more than half the effort.	conduon or salety concerns
01. <b>Dependent</b> Or, the assi	<ul> <li>Helper does ALL of the effort. Resident does none of the effort to complete the activity.</li> <li>stance of 2 or more helpers is required for the resident to complete the activity.</li> </ul>	
5. BRA/Interim Performance Enter Codes in Boxes		
	Q5. Does the resident use a wheelchair and/or scooter?  0. No Skip to H0100, Appliances  1. Yes Continue to GG0170R, Wheel 50 feet with two turns	
R. W	heel 50 feet with two turns: Once seated in wheelchair/scooter, the ability to whee	l at least 50 feet and make two turns. **5 25
	RR5. Indicate the type of wheelchair or scooter used. 1. Manual 2. Motorized	
S. w	heel 150 feet: Once seated in wheelchair/scooter, the ability to wheel at least 150 fe	eet in a corridor or similar space. **5
	SS5. Indicate the type of wheelchair or scooter used.  1. Manual	

MDS Quality Measures (Long-Stay)

Residents with new or worsened bowel or bladder incontinence (Covariate)

Items in RED indicate potential triggers for CAAs.

\*\* = two items required to trigger

\*\*\* = three or more items required to trigger

\* is or more items required to trigger

5 - Activity of Daily Living (ADL) Functional/Rehabilitation Potential