

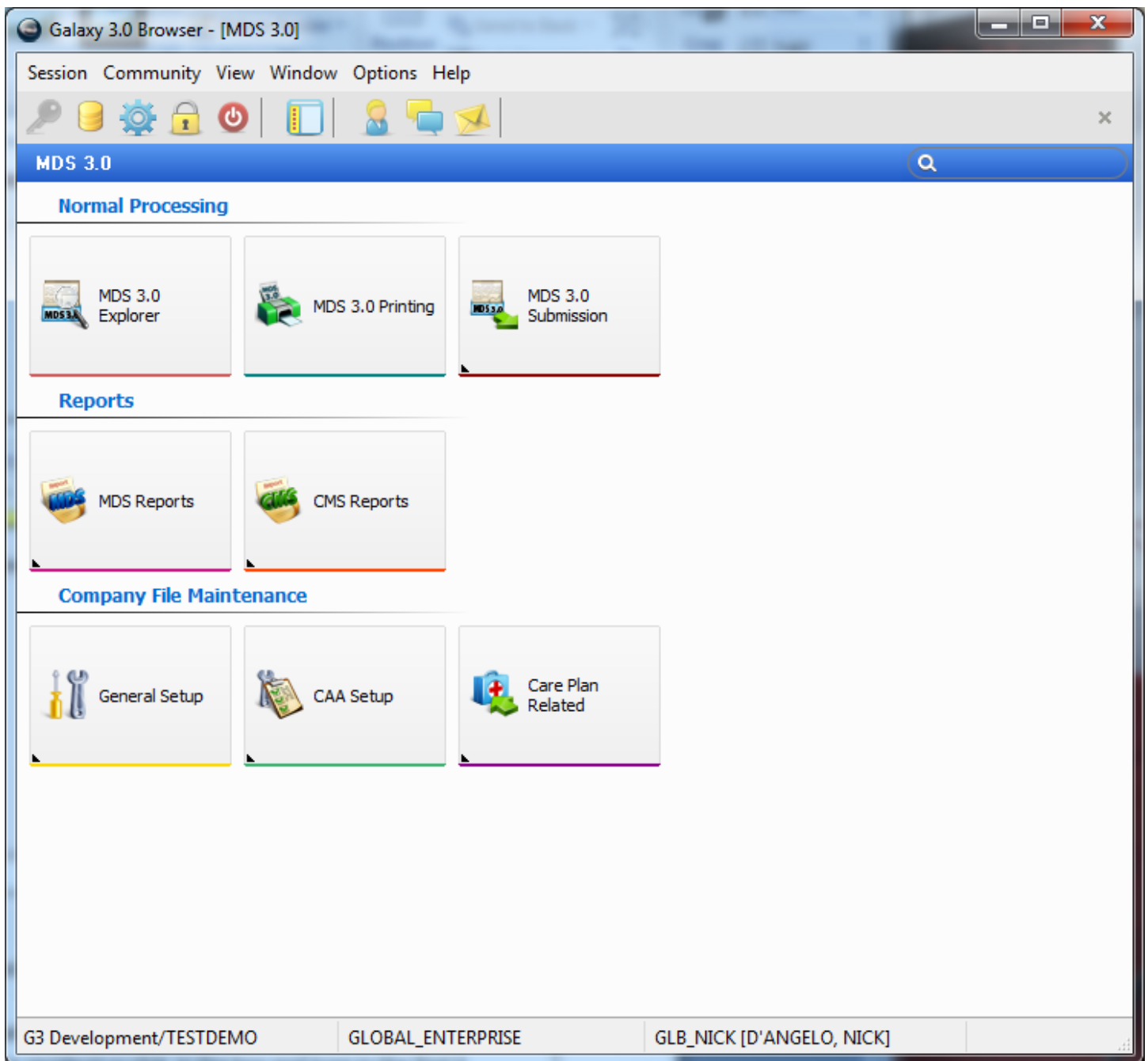
Galaxy Hosted Software

MDS 3.0 Users Guide

Nick M. D'Angelo, Sr.



August
2012



Double click on MDS 3.0 Explorer

The Facility Resident Selector dialog box contains the following fields and controls:

- Facility:** A text box containing "[Nick] 'Nicks Place'" with a search icon.
- Status:** A dropdown menu showing "ADM" with a search icon.
- Search By:** Radio buttons for "Name" (selected), "Resident ID", and "Medical ID".
- Resident:** An empty text box with a search icon.
- Buttons:** "OK" and "Cancel" buttons at the bottom.

The Facility Resident Selector

- **Facility-** Click the drop down to select a facility. If you only have one facility that facility name should default.
- **Status-** Click the Drop down to select a status. It will default to ADM.
- **Resident-** Click the drop down to select the resident or click in the box and type in the first 3 characters of the Residents Last Name and hit the Enter key on the Keyboard.

After choosing your facility, you will get a pop-up box that that will list any and all assessments that need immediate attention.

These are the assessments that are due now or past due.

The box is divided into tabs to show you exactly where in the process the assessment is due. For example, does the assessment need completed, does section V need completed or does it need to be submitted.

The Assessments needing Immediate Attention window displays a table with the following data:

Resident Name	ISC	A0310A	A0310B	A0310F	A2300	Z0500B	Due days
Palin, Sarah L	NP	99	02	99	11/12/1996	11/25/1996	5724
Sizemore, Grady	NC	01	01	99	05/06/2011	05/07/2011	448
Thornton, Joseph E	NP	99	02	99	05/12/2011	05/12/2011	443
Wilson, Clay	NP	99	02	99	05/12/2011	05/12/2011	443
Laporta, Matthew V	NP	99	02	99	05/15/2011	05/15/2011	440
Minogue, Kylie A	NP	99	02	99	05/15/2011	05/15/2011	440
Sizemore, Grady	NP	99	02	99	05/15/2011	05/15/2011	440
Brantley, Michael C	NP	99	03	99	05/30/2011	06/12/2011	412
Adams, Mike	NC	01	99	99	04/02/2012	04/15/2012	104
Vincent, Mark S	NQ	02	99	99	05/12/2012	05/15/2012	74
Mathers, Marshall B	NP	99	02	99	05/08/2012	05/18/2012	71
Walsh, Stella	NQ	02	99	99	06/17/2012	06/30/2012	28
Wayne, Bruce	ND	99	99	10	06/30/2012	07/01/2012	27
White, Snow	ND	99	99	11	07/01/2012	07/01/2012	27
Fitzgerald, Ella J	NQ	02	99	99	06/22/2012	07/05/2012	23
Ronstadt, Linda	NP	99	02	99	06/28/2012	07/11/2012	17
Palin, Sarah L	NC	01	01	99	07/07/2012	07/20/2012	8
Dawson, Phil D	NP	99	02	99	07/14/2012	07/27/2012	1
Bear, Yogi	NQ	02	99	99	07/21/2012	08/03/2012	-6
Bickell, Bryan	NQ	02	99	99	07/21/2012	08/03/2012	-6
Butkus, Richard M	NQ	02	99	99	07/21/2012	08/03/2012	-6
Caron, Jordan	NQ	02	99	99	07/21/2012	08/03/2012	-6
Cribbs, Joshua	NQ	02	99	99	07/21/2012	08/03/2012	-6
Demers, Jason	NQ	02	99	99	07/21/2012	08/03/2012	-6
Elway, John A	NQ	02	99	99	07/21/2012	08/03/2012	-6
Green, Michael A	NQ	02	99	99	07/21/2012	08/03/2012	-6
Gretzky, Wayne D	NQ	02	99	99	07/21/2012	08/03/2012	-6
Hillis, Peyton	NQ	02	99	99	07/21/2012	08/03/2012	-6

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NQ; ARD date: 08/16/2012; PCD date: 08/29/2012; Status: Active.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007998

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [02] Quarterly review assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NQ] Nursing home: quarterly asmt

Start date: 06/28/2012 2:00:34 PM

Assessment reference date: 08/16/2012

Last Modified: by Schaefer, Melissa M., at 06/28/2012 2:00:34 PM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mig Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

It will automatically default the MDS Explorer Screen to the current (active) assessment.

Assessment system ID is informational data only...this does not get transmitted

The edit button here allows you to actually reopen the create assessment screen and make changes to what type of assessment this is and/or the ARD, Medicare or completion dates.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list **Other assessments** COT Reviews ES

PCD ARD **Other assessment for resident [01-327] "Aikman, Troy K"**

Start date	ISC	Status	ARD	A0310A	A0310B	A0310C
06/28/2012 2:00:34 PM	[NQ] Nursing home: quarterly asmt	Active	08/16/2012		02	99
02/03/2012 3:20:20 PM	[NC] Nursing home: comprehensive asmt	Completed	05/17/2012		03	99
02/03/2012 3:19:04 PM	[NQ] Nursing home: quarterly asmt	Completed	01/21/2012		02	99
08/15/2011 3:47:46 PM	[NQ] Nursing home: quarterly asmt	Completed	10/22/2011		02	99
08/15/2011 3:42:01 PM	[NQ] Nursing home: quarterly asmt	Completed	07/26/2011		02	05
08/15/2011 3:22:29 PM	[NP] Nursing home: PPS asmt	Completed	06/26/2011		99	04
08/15/2011 3:16:45 PM	[NP] Nursing home: PPS asmt	Completed	05/27/2011		99	03
05/02/2011 2:54:11 PM	[NP] Nursing home: PPS asmt	Completed	05/12/2011		99	02
05/02/2011 2:54:11 PM	[NC] Nursing home: comprehensive asmt	Accepted	05/03/2011		01	01
05/02/2011 2:44:03 PM	[NT] Nursing home: tracking (entry/expired)	Submitted	04/29/2011		99	99

Clicking on the "other assessments for resident" button will show you all assessments in the system for this resident as well as their status.

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Completed.

Main Page Sections

View Enter Review All Care Plan

Section	Description	Last modified	Reviewed by
CMS	Auxiliary Data		
A	Identification Information	06/28/2012 1:59:55 PM	Schaefer, Meliss...
B	Hearing, Speech, and Vision	03/14/2012 2:06:18 PM	D'Angelo, Nick,
C	Cognitive Patterns	03/14/2012 2:06:24 PM	D'Angelo, Nick,
D	Mood	03/14/2012 2:06:32 PM	D'Angelo, Nick,
E	Behavior	03/14/2012 2:06:38 PM	D'Angelo, Nick,
F	Preferences for Customary Routine and Activities	03/14/2012 2:06:45 PM	D'Angelo, Nick,
G	Functional Status	03/14/2012 2:06:56 PM	D'Angelo, Nick,
H	Bladder and Bowel	03/14/2012 2:07:02 PM	D'Angelo, Nick,
I	Active Disease Diagnosis	03/14/2012 2:07:24 PM	D'Angelo, Nick,
J	Health Conditions	03/14/2012 2:07:33 PM	D'Angelo, Nick,
K	Swallowing/Nutritional Status	03/14/2012 2:07:38 PM	D'Angelo, Nick,
L	Oral/Dental Status	03/14/2012 2:07:43 PM	D'Angelo, Nick,
M	Skin Conditions	03/14/2012 2:07:52 PM	D'Angelo, Nick,
N	Medications	03/14/2012 2:07:57 PM	D'Angelo, Nick,
O	Special Treatments and Procedures	03/14/2012 2:08:16 PM	D'Angelo, Nick,
P	Restraints	03/14/2012 2:08:20 PM	D'Angelo, Nick,
Q	Participation in Assessment and Goal Setting	03/14/2012 2:08:25 PM	D'Angelo, Nick,
S	Ohio	03/14/2012 2:09:07 PM	D'Angelo, Nick,
V	Care Area Assessment (CAA) Summary	06/28/2012 4:51:55 PM	Schaefer, Meliss...
X	Correction Request	06/28/2012 2:00:23 PM	Schaefer, Meliss...
Z	Assessment Administration	03/14/2012 2:11:30 PM	D'Angelo, Nick,

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Clicking on Sections tab will show you which sections need to be completed for this assessment.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Completed.

Main Page Sections

View Enter Review All Care Plan

Section	Description	Last modified	Reviewed by
CMS	Auxiliary Data		
A	Identification Information	06/28/2012 1:59:55 PM	Schaefer, Meliss...
B	Hearing, Speech, and Vision	03/14/2012 2:06:18 PM	D'Angelo, Nick...
C	Cognitive Patterns		
D	Mood		
E	Behavior		
F	Preferences for Customary Routine and Activities		
G	Functional Status		
H	Bladder and Bowel		
I	Active Disease Diagnosis		
J	Health Conditions		
K	Swallowing/Nutritional Status		
L	Oral/Dental Status		
M	Skin Conditions		
N	Medications		
O	Special Treatments and Procedures		
P	Restraints		
Q	Participation in Assessment and Goal Setting		
S	Ohio		
V	Care Area Assessment (CAA) Summary		
X	Correction Request		
Z	Assessment Administration		

You have three (3) options for the MDS.

- View – will only allow you to view the data
- Enter – will allow you to enter data but not OK the section. You will not see any other data entered by others.
- Review – allows you to view any entered data, enter data yourself and/or OK the section. (This is our recommended setting)

You also have an "ALL" button which will automatically take you from one section to the next after each OK. This helps speed up your data entry/review.

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Galaxy 3.0 Browser - [MDS 3.0 Section A]

Session Community View Window Options Help

MDS 3.0 Section A [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

Section A Identification Information

A0050. Type of Record

Enter Code

1. Add new record → Continue to A0100, Facility Provider Numbers
2. Modify existing record → Continue to A0100, Facility Provider Numbers
3. Inactivate existing record → Skip to X0150, Type of Provider

A0100. Facility Provider Numbers

A. National Provider Identifier (NPI): QI, QM

B. CMS Certification Number (CCN): QI, QM

C. State Provider Number: QI

A0200. Type of Provider

Enter Code

Type of Provider

1. Nursing home (SNF/NF)
2. Swing Bed

A0310. Type of Assessment

Enter Code

A. Federal OBRA Reason for Assessment

01. Admission assessment (required by day 14).
02. Quarterly review assessment.
03. Annual assessment.
04. Significant change in status assessment.
05. Significant correction to prior comprehensive assessment.
06. Significant correction to prior quarterly assessment.
99. None of the above.

Enter Code

B. PPS Assessments

PPS Scheduled Assessments for a Medicare Part A Stay.

01. 5-day scheduled assessment.
02. 14-day scheduled assessment.
03. 30-day scheduled assessment.
04. 60-day scheduled assessment.
05. 90-day scheduled assessment.
06. Readmission/return assessment.

PPS Unscheduled Assessments for a Medicare Part A Stay.

07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment).

Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

The R in the red circle is a direct link to the Resident information in ADT. Clicking on it opens the residents ADT in a new window.

Galaxy 3.0 Browser - [MDS 3.0 Section A]

Session Community View Window Options Help

MDS 3.0 Section A [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

A0500. Legal Name of Resident

A. First Name: B. Middle Initial:
 C. Last Name: D. Suffix:

A0600. Social Security and Medicare Numbers

A. Social Security Number:
 B. Medicare number (or comparable railroad insurance number):

A0700. Medicaid Number – Enter "+" if pending, "N" if not a Medicaid recipient

A1300. Optional Resident Items

A. Medical Record Number:
 B. Room number:
 C. Name by which resident prefers to be addressed:
 D. Lifetime occupation(s) – put "F" between two occupations:

A2300. Assessment Reference Date

Observation end date:
month - day - year

A2400. Medicare Stay

Enter Code
 A. Has the resident had a Medicare-covered stay since the most recent entry?
 0. No. → Skip to B0100, Comatose
 1. Yes. → Continue to A2400B, Start date of most recent Medicare stay

B. Start date of most recent Medicare stay: RUG
month - day - year

C. End date of most recent Medicare stay – Enter dashes if stay is ongoing: RUG
month - day - year

Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

The system will bring in data from ADT as well as previous MDS assessments that were done in our system.

It will also use logic to default many items to help save you time and trouble.

At the top of the screen is an option to show/hide the questions property. This will show what each question affects, such as QI, QM, CATs or RUGS.

Galaxy 3.0 Browser - [MDS 3.0 Section B]

Session Community View Window Options Help

MDS 3.0 Section B [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

Look back period for all items is 7 days unless another time frame is indicated.

Section B Hearing, Speech, and Vision

B0100. Comatose	Enter Code: <input type="text" value="0"/> Persistent vegetative state/no discernible consciousness 0. No → Continue to B0200, Hearing 1. Yes → Skip to G0110, Activities of Daily Living (ADL) Assistance	QI, QM, RUG
B0200. Hearing	Enter Code: <input type="text" value="1"/> Ability to hear (with hearing aid or hearing appliances if normally used) 0. Adequate – no difficulty in normal conversation, social interaction, listening to TV 1. Minimal difficulty – difficulty in some environments (e.g. when person speaks softly or setting is noisy) 2. Moderate difficulty – speaker has to increase volume and speak distinctly 3. Highly impaired – absence of useful hearing	QM, CATs
B0300. Hearing Aid	Enter Code: <input type="text" value="0"/> Hearing aid or other hearing appliance used in completing B0200, Hearing 0. No 1. Yes	QM
B0600. Speech Clarity	Enter Code: <input type="text" value="1"/> Select best description of speech pattern 0. Clear speech – distinct intelligible words 1. Unclear speech – slurred or mumbled words 2. No speech – absence of spoken words	QM
B0700. Makes Self Understood	Enter Code: <input type="text" value="0"/> Ability to express ideas and wants, consider both verbal and non-verbal expression 0. Understood 1. Usually understood – difficulty communicating some words or finishing thoughts but is able if prompted or given time 2. Sometimes understood – ability is limited to making concrete requests 3. Rarely/never understood	QM, CATs, RUG
B0800. Ability To Understand Others	Enter Code: <input type="text" value="0"/> Understanding verbal content, however able (with hearing aid or device if used) 0. Understands – clear comprehension 1. Usually understands – misses some part/intent of message but comprehends most conversation 2. Sometimes understands – responds adequately to simple, direct communication only 3. Rarely/never understands	QM, CATs
B1000. Vision		

Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Section C

Cognitive Patterns

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?

Attempt to conduct interview with all residents

- Enter Code
- 0. **No** (resident is rarely/never understood). → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
 - 1. **Yes**. → Continue to C0200, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C0200. Repetition of Three Words

Enter Code

Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed**. Now tell me the three words." QM, CATs, RUG

Number of words repeated after first attempt

- 0. **None**
- 1. **One**
- 2. **Two**
- 3. **Three**

After the resident's first attempt, repeat the words using cues ("sock, something to wear; blue, a color; bed, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, and day)

Enter Code

Ask resident: "Please tell me what year it is right now." QM, CATs, RUG

A. Able to report correct year

- 0. **Missed by > 5 years** or no answer
- 1. **Missed by 2-5 years**
- 2. **Missed by 1 year**
- 3. **Correct**

Enter Code

Ask resident: "What month are we in right now?"

B. Able to report correct month

- 0. **Missed by > 1 month** or no answer
- 1. **Missed by 6 days to 1 month**
- 2. **Accurate within 5 days**

Enter Code

Ask resident: "What day of the week is today?"

C. Able to report correct day of the week

- 0. **Incorrect** or no answer
- 1. **Correct**

C0400. Recall

Enter Code

Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?"
If unable to remember a word, give cue (something to wear, a color, a piece of furniture) for that word.

A. Able to recall "sock"

- 0. **No** – could not recall
- 1. **Yes**

The system is aware of many skip patterns within MDS 3.0 (sections where you answer one group of question OR another group, but not both.

In these instances, the system will automatically skip the opposite group than the one you chose to answer.

C0800. Long-term Memory OK

Enter

Seems or appears to recall long past. QM, CATs

- 0. **Memory OK**
- 1. **Memory problem**

C0900. Memory/Recall Ability

↓ Check all that the resident was normally able to recall

- A. Current season** QM
- B. Location of own room** QM
- C. Staff names and faces** QM
- D. That he or she is in a nursing home** QM
- Z. None of the above** were recalled

C1000. Cognitive Skills for Daily Decision Making

Enter

Made decisions regarding tasks of daily life. QM, CATs, RUG

- 0. **Independent** – decisions consistent/reasonable
- 1. **Modified independence** – some difficulty in new situations only
- 2. **Moderately impaired** – decisions poor; cues/supervision required
- 3. **Severely impaired** – never/rarely made decisions

Delirium

C1300. Signs and Symptoms of Delirium (from CAM©)

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

Coding:

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

↓ Enter Codes in Boxes

- A. Inattention** – Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)? QM, CATs
- B. Disorganized thinking** – Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)? QM, CATs
- C. Altered level of consciousness** – Did the resident have altered level of consciousness? (e.g., **vigilant** – startled easily to any sound or touch; **lethargic** – repeatedly dozed off when being asked questions, but responded to voice or touch; **stuporous** – very difficult to arouse and keep aroused for the interview; **comatose** – could not be aroused) QM, CATs
- D. Psychomotor retardation** – Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly? QM, CATs

C1600. Acute Onset Mental Status Change

Enter Code

Is there evidence of an acute change in mental status from the resident's baseline? QM, CATs

- 0. **No**
- 1. **Yes**

E. <i>Poor appetite or overeating</i>	1	2
F. <i>Feeling bad about yourself – or that you are a failure or have let yourself or your family down</i>	0	0
G. <i>Trouble concentrating on things, such as reading the newspaper or watching television</i>	0	0
H. <i>Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual</i>	0	0
I. <i>Thoughts that you would be better off dead, or of hurting yourself in some way</i>	0	0
D0300. Total Severity Score		
Enter Score: <input type="text" value="06"/>	Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27. Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more items).	

D0350. Follow-Up to D02001 – Complete only if D02001 = 1 indicating possibility of resident self harm	
Enter Code: <input type="text" value=""/>	Was responsible staff or provider informed that there is a potential for resident self harm? 0. No 1. Yes

The software will add the score for you based on your answers to the appropriate questions. No need for you to manually calculate these scores!

Section E Behavior

E0100. Psychosis	
↓ Check all that apply	
<input type="checkbox"/>	A. Hallucinations (perceptual experiences in the absence of real external sensory stimuli)
<input type="checkbox"/>	B. Delusions (misconceptions or beliefs that are firmly held, contrary to reality).
<input checked="" type="checkbox"/>	Z. None of the above

Some questions may have a “none of the above” choice as your answer.

Behavioral Symptoms	
E0200. Behavioral Symptom – Presence & Frequency	
Note presence of symptoms and their frequency	
Coding: 0. Behavior not exhibited. 1. Behavior of this type occurred 1 to 3 days. 2. Behavior of this type occurred 4 to 6 days, but less than daily. 3. Behavior of this type occurred daily.	↓ Enter Codes in Boxes <input type="text" value="0"/> A. Physical behavioral symptoms directed toward others (kicking, pushing, scratching, grabbing, abusing others) <input type="text" value="0"/> B. Verbal behavioral symptoms directed toward others (screaming at others, cursing at others) <input type="text" value="0"/> C. Other behavioral symptoms not directed toward others (symptoms such as hitting or scratching self, pacing, sexual acts, disrobing in public, throwing or smearing wastes, or verbal/vocal symptoms like screaming, disorientation)

In these instances, the system will uncheck any checked items once you select the “none of the above”. It will also uncheck the “none of the above” if you check an item after choosing none of the above.

E0800. Rejection of Care – Presence & Frequency	
Enter Code: <input type="text" value="0"/>	Did the resident reject evaluation or care (e.g., bloodwork, taking medications, ADL assistance) that is necessary to achieve the resident’s goals for health and well-being? Do not include behaviors that have already been addressed (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences, or goals. 0. Behavior not exhibited 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily

E0900. Wandering – Presence & Frequency	
Enter Code: <input type="text" value="0"/>	Has the resident wandered? 0. Behavior not exhibited → Skip to E1100, Change in Behavioral or Other Symptoms 1. Behavior of this type occurred 1 to 3 days 2. Behavior of this type occurred 4 to 6 days, but less than daily 3. Behavior of this type occurred daily

Section G Functional Status

Hide element(s):
G0900B
G0900A

G0110. Activities of Daily Living (ADL) Assistance.
Refer to the ADL flow chart in the RAI manual to facilitate accurate coding.

Instructions for Rule of 3

- When an activity occurs three times at any one given level, code that level.
- When an activity occurs three times at multiple levels, code the most dependent, exceptions are total dependence (4), activity must require full assist every time, and activity did not occur (8), activity must not have occurred at all. Example, three times extensive assistance (3) and three times limited assistance (2), code extensive assistance (3).
- When an activity occurs at various levels, but not three times at any given level, apply the following:
 - When there is a combination of full staff performance, and extensive assistance, code extensive assistance.
 - When there is a combination of full staff performance, weight bearing assistance and/or non-weight bearing assistance code limited assistance (2).

If none of the above are met, code supervision.

1. ADL Self-Performance.

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

Coding:

Activity Occurred 3 or More Times

- Independent** - no help or staff oversight at any time
- Supervision** - oversight, encouragement or cueing
- Limited assistance** - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance
- Extensive assistance** - resident involved in activity, staff provide weight-bearing support.
- Total dependence** - full staff performance every time during entire 7-day period

Activity Occurred 2 or Fewer Times

- Activity occurred only once or twice** - activity did occur but only once or twice
- Activity did not occur** - activity (or any part of the ADL) was not performed by resident or staff at all over the entire 7-day period

2. ADL Support Provided

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

Coding:

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

1. Self-Performance	2. Support
↓ Enter Codes in Boxes ↓	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- A. Bed mobility** - how resident moves to and from lying position, turns side to side, and positions body while in bed or alternate sleep furniture
- B. Transfer** - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position (**excludes** to/from bath/toilet)
- C. Walk in room** - how resident walks between locations in his/her room
- D. Walk in corridor** - how resident walks in corridor on unit
- E. Locomotion on unit** - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair
- F. Locomotion off unit** - how resident moves to and returns from off-unit locations (e.g., areas set aside for dining, activities or treatments). If facility has only one floor, how resident moves to and from distant areas on the floor. If in wheelchair, self-sufficiency once in chair
- G. Dressing** - how resident puts on, fastens and takes off all items of clothing, including

Since not all assessments require the full collection of questions for a section, our program will "HIDE" any questions that are not REQUIRED.

You can choose to "show all elements" if you wish to answer these extra questions for care planning or reporting purposes.

These answers will NOT be submitted with your assessment but are for internal use only.

You can choose to re-hide the additional questions as well.

Galaxy 3.0 Browser - [MDS 3.0 Section I]

Session Community View Window Options Help

MDS 3.0 Section I [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

Section I Active Disease Diagnosis

Active Diagnoses in the last 7 days - Check all that apply.
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists.

Category	ICD-9 Code	Description	Flags
Heart/Circulation	<input type="checkbox"/>	I0200. Anemia (includes aplastic, iron deficiency pernicious, and sickle cell)	QM
	<input checked="" type="checkbox"/>	I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)	
	<input checked="" type="checkbox"/>	I0700. Hypertension	
	<input type="checkbox"/>	I0800. Orthostatic Hypotension	
	<input type="checkbox"/>	I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)	
Genitourinary	<input type="checkbox"/>	I1550. Neurogenic Bladder	
	<input type="checkbox"/>	I1650. Obstructive Uropathy	
Infections	<input type="checkbox"/>	I1700. Multidrug-Resistant C	QM, CATs
	<input type="checkbox"/>	I2000. Pneumonia	CATs, RUG
	<input type="checkbox"/>	I2100. Septicemia	CATs, RUG
	<input type="checkbox"/>	I2200. Tuberculosis	QM, CATs
	<input type="checkbox"/>	I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS)	QI, QM, CATs
	<input type="checkbox"/>	I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E)	CATs
	<input type="checkbox"/>	I2500. Wound Infection (other than foot).	QM, CATs
Metabolic	<input checked="" type="checkbox"/>	I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy)	QM, RUG
	<input type="checkbox"/>	I3100. Hyponatremia	QM
	<input type="checkbox"/>	I3200. Hyperkalemia	QM
	<input checked="" type="checkbox"/>	I3300. Hyperlipidemia (e.g., hypercholesterolemia)	QM
Musculoskeletal	<input type="checkbox"/>	I3900. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)	
	<input type="checkbox"/>	I4000. Other Fracture	QI, QM
Neurological	<input type="checkbox"/>	I4200. Alzheimer's Disease	CATs

Confirm

This action will erase previously entered data, and automatically recalculate checks according to resident diagnosis. Proceed?

OK Cancel

Resident diagnosis Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You can choose to use the auto fill function to fill in this data based on the ICD-9's that have been entered into the system.

Galaxy 3.0 Browser - [MDS 3.0 Section I]

Session Community View Window Options Help

MDS 3.0 Section I [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

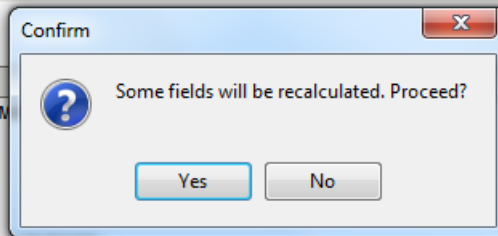
Section I Active Disease Diagnosis

Active Diagnoses in the last 7 days - Check all that apply.
Diagnoses listed in parentheses are provided as examples and should not be considered as all-inclusive lists.

Heart/Circulation	Genitourinary	Infections	Metabolic	Musculoskeletal	Neurological
<input type="checkbox"/> I0200. Anemia (includes aplastic, iron deficiency pernicious, and sickle cell) QM	<input type="checkbox"/> I1550. Neurogenic Bladder	<input type="checkbox"/> I1700. Multidrug-Resistant Organism (M) QM, CATs	<input type="checkbox"/> I2900. Diabetes Mellitus (DM) (e.g., diabetic retinopathy, nephropathy, and neuropathy) QM, RUG	<input type="checkbox"/> I3900. Hip Fracture - any hip fracture that has a relationship to current status, treatments, monitoring (e.g., sub-capital fractures, and fractures of the trochanter and femoral neck)	<input type="checkbox"/> I4200. Alzheimer's Disease CATs
<input type="checkbox"/> I0600. Heart Failure (e.g., congestive heart failure (CHF) and pulmonary edema)	<input type="checkbox"/> I1650. Obstructive Uropathy	<input type="checkbox"/> I2000. Pneumonia QM, CATs, RUG	<input type="checkbox"/> I3100. Hyponatremia QM	<input type="checkbox"/> I4000. Other Fracture QI, QM	
<input type="checkbox"/> I0700. Hypertension		<input type="checkbox"/> I2100. Septicemia QM, CATs, RUG	<input type="checkbox"/> I3200. Hyperkalemia QM		
<input type="checkbox"/> I0800. Orthostatic Hypotension		<input type="checkbox"/> I2200. Tuberculosis QM, CATs	<input type="checkbox"/> I3300. Hyperlipidemia (e.g., hypercholesterolemia) QM		
<input type="checkbox"/> I0900. Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD)		<input type="checkbox"/> I2300. Urinary Tract Infection (UTI) (LAST 30 DAYS) QI, QM, CATs			
		<input type="checkbox"/> I2400. Viral Hepatitis (e.g., Hepatitis A, B, C, D, and E) CATs			
		<input type="checkbox"/> I2500. Wound Infection (other than foot). QM, CATs			

Resident diagnosis Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GUB_NICK [D'ANGELO, NICK]



The system always gives you a warning before overwriting or recalculating the data in our program.

Galaxy 3.0 Browser - [MDS 3.0 Section I]

Session Community View Window Options Help

MDS 3.0 Section I [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

<input type="checkbox"/>	I5800. Depression (other than bipolar)	QI, QM
<input type="checkbox"/>	I5900. Manic Depression (bipolar disease)	QI, QM
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)	QI, QM
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders).	QI, QM
<input type="checkbox"/>	I6100. Post Traumatic Stress Disorder (PTSD)	
Pulmonary		
<input checked="" type="checkbox"/>	I6200. Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g., chronic bronchitis and restrictive lung diseases such as asbestosis)	QI, QM, RUG
<input type="checkbox"/>	I6300. Respiratory Failure	QM, RUG
Vision		
<input type="checkbox"/>	I6500. Cataracts, Glaucoma, or Macular Degeneration	CATs
None of Above		
<input type="checkbox"/>	I7900. None of the above active diagnoses within the last 7 days	
Other		
I8000. Additional active Diagnoses Enter diagnosis on line and ICD code in boxes. Include the decimal for the code in the appropriate box.		
A.	Diabetic cataract	366.41
B.	Muscskel sympt limb NEC	729.89
C.	Syncope and collapse	780.2
D.	Rehabilitation proc NEC	V57.89
E.	Status cardiac pacemaker	V45.01
F.	Musc disuse atrophy NEC	728.2
G.	Infect/parasite dis NOS	136.9
H.	Atrial fibrillation	427.31
I.	ACUTE MYELOID LEUKEMIA*	205.0
J.	Abnormality of gait	781.2

Resident diagnosis Auto Fill

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

The program will check any of the items the ICD-9 codes would have triggered.

Additional ICD-9 codes the resident has will print as well.

[STAR1] "STAR STRUCK HAVEN" [06-0717] "Burnett, Carol C"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

<input type="checkbox"/>	I5300. Parkinson's Disease		QM, RUG
<input type="checkbox"/>	I5400. Seizure Disorder or Epilepsy		
<input type="checkbox"/>	I5500. Traumatic Brain Injury (TBI)		QM
Nutritional			
<input type="checkbox"/>	I5600. Malnutrition (protein or calorie) or at risk for malnutrition		QM
Psychiatric/Mood Disorder			
<input type="checkbox"/>	I5700. Anxiety Disorder		QI, QM
<input checked="" type="checkbox"/>	I5800. Depression (other than bipolar)		QI, QM
<input type="checkbox"/>	I5900. Manic Depression (bipolar disease)		QI, QM
<input type="checkbox"/>	I5950. Psychotic Disorder (other than schizophrenia)		QI, QM
<input type="checkbox"/>	I6000. Schizophrenia (e.g., schizoaffective and schizophreniform disorders).		QI, QM
<input type="checkbox"/>	I6100. Post Traumatic Stress Disorder (PTSD)	I8000F	
Pulmonary			
<input checked="" type="checkbox"/>	I6200. Asthma, Chronic Obstructive Pulmonary Disease, and restrictive lung diseases such as asbestosis)	272.4 . Hyperlipidemia NEC/NOS 276.1 . Hyposmolality	chitis QI, QM, RUG
<input type="checkbox"/>	I6300. Respiratory Failure	294.10. Dementia w/o behav dist 311. . Depressive disorder NEC	QM, RUG
Other			
<input type="checkbox"/>	I8000. Additional active Diagnoses Enter diagnosis on line and ICD code in boxes. Include the de	401.9 . Hypertension NOS 414.9 . Chr ischemic hrt dis NOS 427.31. Atrial fibrillation 428.0 . CHF NOS 486. . Pneumonia, organism NOS 493.22. Ch obst asth w (ac) exac 496. . Chr airway obstruct NEC 598.8 . Urethral stricture NEC 600.01. BPH w urinary obs/LUTS 790.22. Impaired oral glucose tol 818.0 . Fx arm mult/NOS-closed V45.01. Status cardiac pacemaker V66.7 . Encountr palliative care	
	A. <u>Idio periph neuropthy NOS</u>		356.9
	B. <u>Lumbago</u>		724.2
	C. <u>Sleep related leg cramps</u>		327.52
	D. <u>B-complex defic NEC</u>		266.2
	E. <u>Urin tract infection NOS</u>		599.0
	F. <u>Esophageal reflux</u>		530.81
	G. <u>Muscle weakness-general</u>		728.87
	H. <u>Hx of colonic malignancy</u>		V10.05
	I. <u>Neurohypophysis dis NEC</u>		253.6
	J. <u>Aortic atresia/stenosis</u>		747.22

Resident diagnosis Auto Fill

If you find the resident is missing an ICD-9 or they have one that they no longer should, you would click on the Resident Diagnosis button.

You can choose to have any ICD-9 the resident has print in I8000 by right clicking in the code box.

This brings up the entire list of this residents ICD-9 codes for you to choose from.

Galaxy 3.0 Browser - [Resident ICD9]

Session Community View Window Options Help

Resident ICD9 [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Master Detail

ICD9	Pri	Adm	Gluc	Inj	PT	OT	ST	Description	Start Date	End Date	Doctor Diagnosis	Sequence
250.91								DMI unspfd nt st unctrlid	07/01/2011			1
729.89								Musckel sympt limb NEC	05/01/2011			2
780.2								Syncope and collapse	05/01/2011			3
250.13			◆					DMI ketoacd uncontrold	08/11/2011			4
V57.89				◆				Rehabilitation proc NEC	05/01/2011			5
V45.01								Status cardiac pacemaker	05/01/2011			6
728.2								Musc disuse atrophy NEC	05/01/2011			7
272.4								Hyperlipidemia NEC/NOS	05/01/2011			8
136.9								Infect/parasite dis NOS	05/01/2011			9
401.9	◆							Hypertension NOS	05/01/2011			10
427.31								Atrial fibrillation	05/01/2011			11
205.0								ACUTE MYELOID LEUKEMIA*	05/01/2011			12
501.								Asbestosis	05/04/2011			13
781.2								Abnormality of gait	05/01/2011			14
300.00								Anxiety state NOS	05/01/2011			15
513.0								Abscess of lun				16
428.0								CHF NOS				18
366.41				◆				Diabetic catar				0

New Edit Delete Print Close

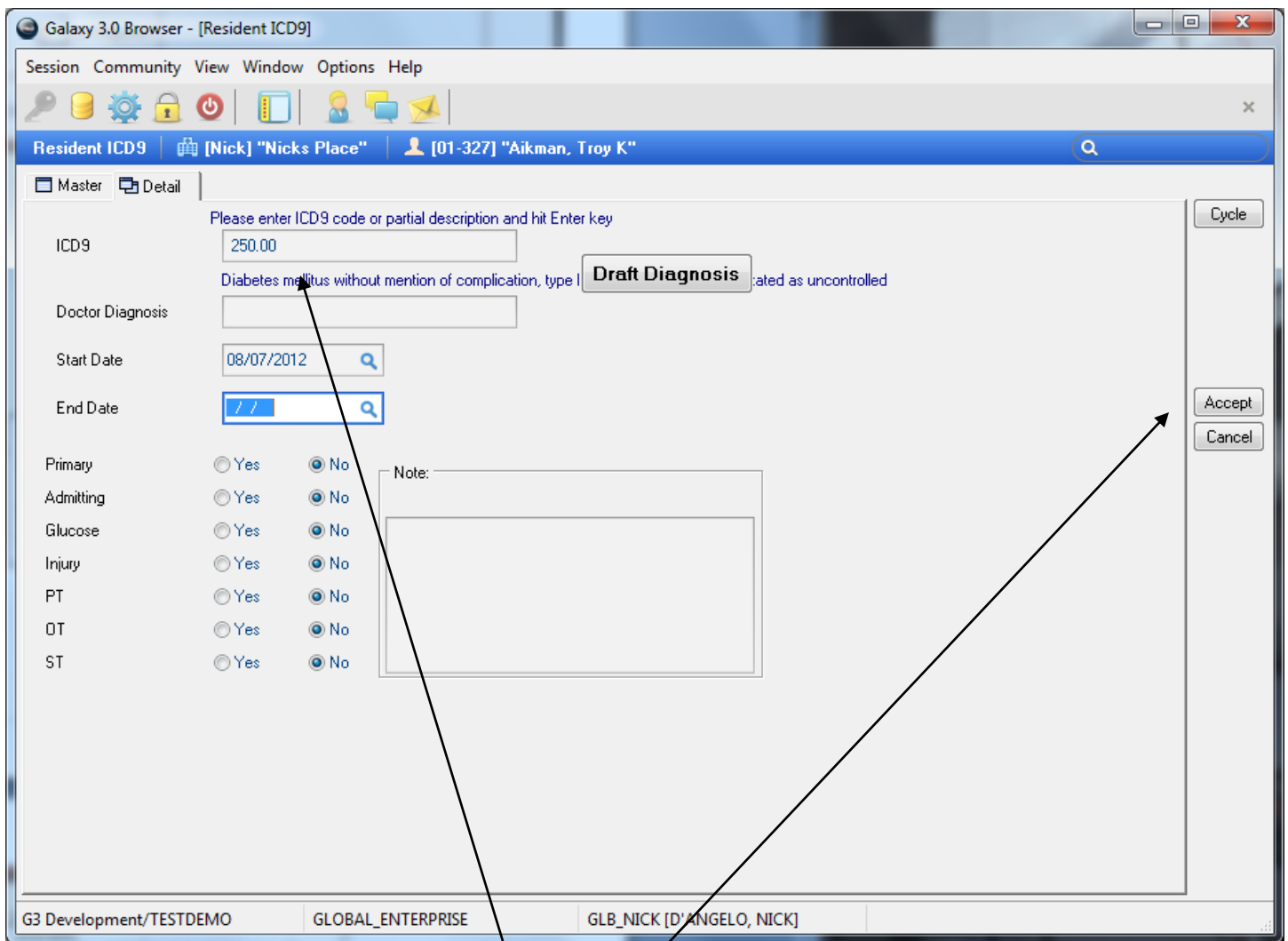
This brings up the residents ICD-9 screen from ADT. Here you can choose to edit (put an end date) or new to add another.

Filter And Refresh Master Data

Field [None] Relates >= Adv Fit Sort Diagnoses

Value Apply Simple Filter Refresh

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]



Type in a few letters or the beginning of the code and then choose from list

Put in the start date for new codes and accept (or cycle if you have more to add for this resident)

Galaxy 3.0 Browser - [Resident ICD9]

Session Community View Window Options Help

Resident ICD9 [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Master Detail

ICD9	Pri	Adm	Gluc	Inj	PT	OT	ST	Description	Start Date	End Date	Doctor Diagnosis	Sequence
250.91								DMI unspf nt st uncntrld	07/01/2011			1
729.89								Muscskel sympt limb NEC	05/01/2011			2
780.2								Syncope and collapse	05/01/2011			3
250.13			♦					DMI ketoacd uncontrold	08/11/2011			4
V57.89					♦			Rehabilitation proc NEC	05/01/2011			5
V45.01								Status cardiac pacemaker	05/01/2011			6
728.2								Musc disuse atrophy NEC	05/01/2011			7
272.4								Hyperlipidemia NEC/NOS				
136.9								Infect/parasite dis NOS				
401.9		♦						Hypertension NOS				
427.31								Atrial fibrillation				
205.0								ACUTE MYELOID LEU				
501.								Asbestosis				
781.2								Abnormality of gait				
300.00								Anxiety state NOS				
513.0								Abscess of lung				
428.0								CHF NOS				
250.00								DMII wo cmp nt st uncntr				
366.41								Diabetic cataract				

Sort Resident Diagnosis

#	ICD9	Description	Start Date	End Date
1	250.91	DMI unspf nt st uncntrld	07/01/2011	
2	729.89	Muscskel sympt limb NEC	05/01/2011	
3	780.2	Syncope and collapse	05/01/2011	
4	250.13	DMI ketoacd uncontrold	08/11/2011	
5	V57.89	Rehabilitation proc NEC	05/01/2011	
6	V45.01	Status cardiac pacemaker	05/01/2011	
7	728.2	Musc disuse atrophy NEC	05/01/2011	
8	272.4	Hyperlipidemia NEC/NOS	05/01/2011	
9	136.9	Infect/parasite dis NOS	05/01/2011	
10	401.9	Hypertension NOS	05/01/2011	
11	427.31	Atrial fibrillation	05/01/2011	
12	205.0	ACUTE MYELOID LEUKEMIA*	05/01/2011	
13	501.	Asbestosis	05/04/2011	
14	781.2	Abnormality of gait	05/01/2011	
15	300.00	Anxiety state NOS	05/01/2011	
16	513.0	Abscess of lung	01/09/2012	
17	428.0	CHF NOS	01/22/2012	
18	250.00	DMII wo cmp nt st uncntr	05/07/2012	
19	366.41	Diabetic cataract	01/17/2012	

Hint: You can also drag-drop diagnoses right in the list to change their sequences

Filter And Refresh Master Data

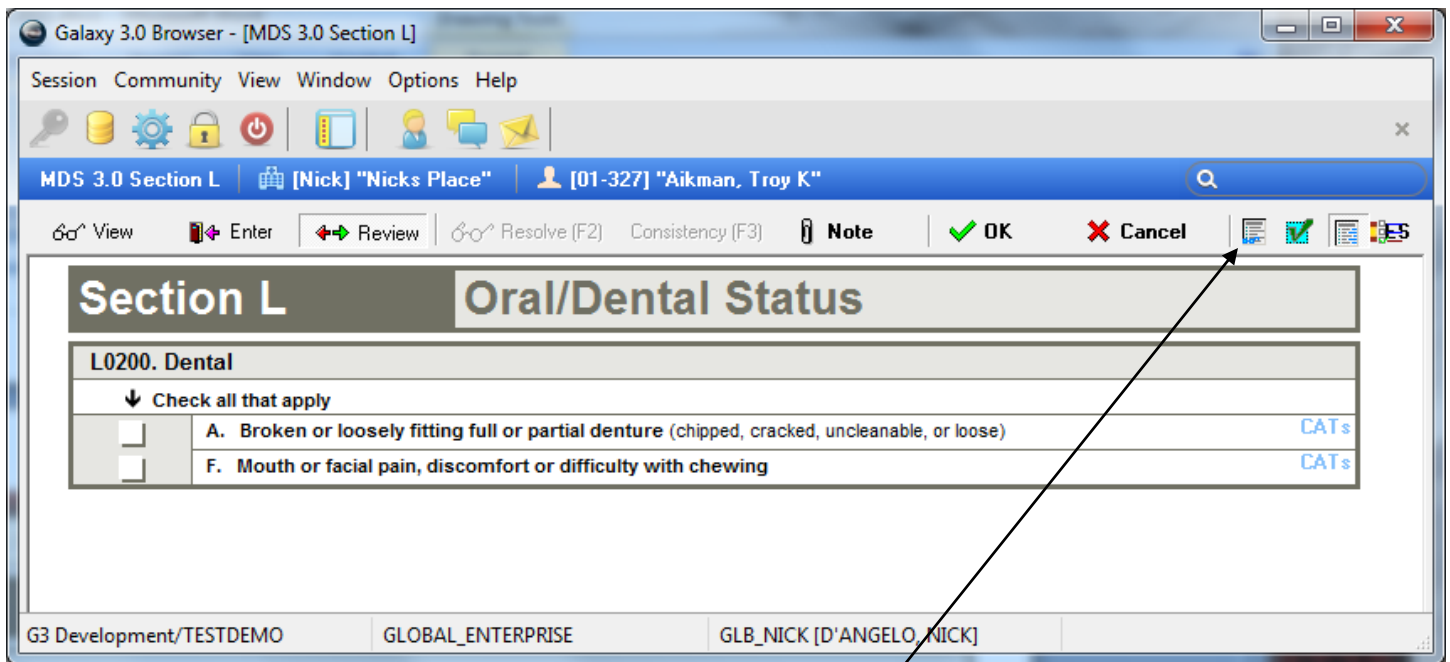
Field [None] Relates >= Adv Flt

Value Apply Simple Filter Refresh

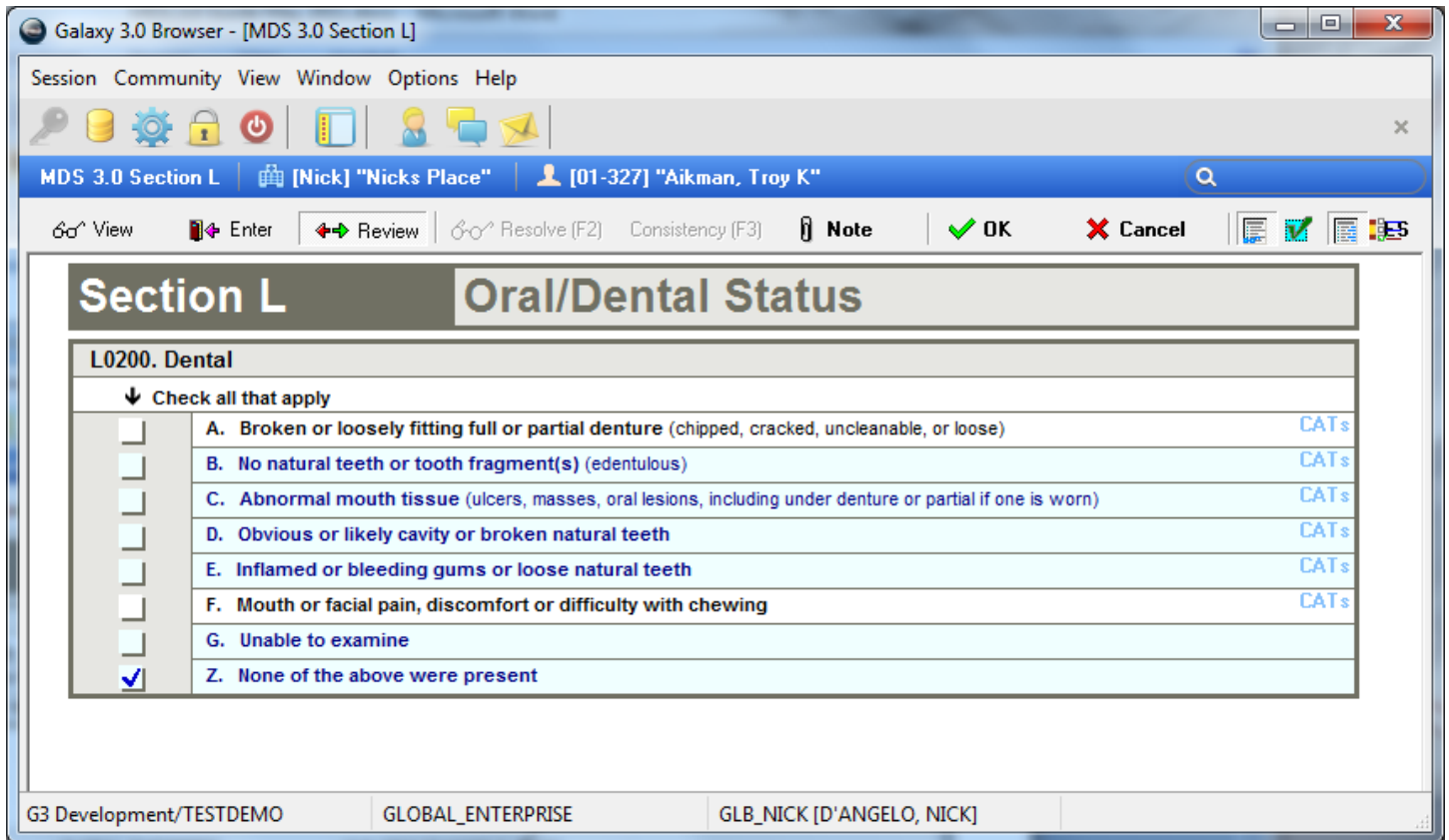
Sort Diagnoses

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

When you are done, click the "Sort Diagnosis" button. Here you can either resort the diagnosis codes or simply OK the new one(s).



Here is an example of additional options that are hidden because they are not required for this particular assessment. You can choose to unhide and answer these for your documentation if you wish. These items WILL NOT get sent to CMS.



Galaxy 3.0 Browser - [MDS 3.0 Section O]

Session Community View Window Options Help

MDS 3.0 Section O [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Go View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

Enter Number of Minutes <input type="text" value="0000"/>	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days RUG
Enter Number of Minutes <input type="text" value="0000"/>	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days RUG
Enter Number of Minutes <input type="text" value="0000"/>	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days RUG
Enter Number of Days <input type="text" value=""/>	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400A5, Therapy start date RUG
	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days RUG
	5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started RUG <input type="text" value="-- -- --"/> month - day - year
	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing RUG <input type="text" value="-- -- --"/> month - day - year
B. Occupational Therapy.	
Enter Number of Minutes <input type="text" value="0310"/>	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days RUG
Enter Number of Minutes <input type="text" value="0000"/>	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days RUG
Enter Number of Minutes <input type="text" value="0060"/>	3. Group minutes - record the total number of minutes this therapy was administered to the resident as part of a group of residents in the last 7 days RUG
Enter Number of Days <input type="text" value="6"/>	If the sum of individual, concurrent, and group minutes is zero, → skip to O0400B5, Therapy start date RUG
	4. Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days RUG
	5. Therapy start date - record the date the most recent therapy regimen (since the most recent entry) started RUG <input type="text" value="05-01-2011"/> month - day - year
	6. Therapy end date - record the date the most recent therapy regimen (since the most recent entry) ended - enter dashes if therapy is ongoing RUG <input type="text" value="-----"/> month - day - year
C. Physical Therapy.	
Enter Number of Minutes <input type="text" value="0295"/>	1. Individual minutes - record the total number of minutes this therapy was administered to the resident individually in the last 7 days RUG
Enter Number of Minutes <input type="text" value="0000"/>	2. Concurrent minutes - record the total number of minutes this therapy was administered to the resident concurrently with one other resident in the last 7 days RUG
Enter Number of Minutes <input type="text" value=""/>	3. Group minutes - record the total number of minutes this therapy was administered to the resident as RUG

Auto Fill Get actual RUG value

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLE_NICK [D'ANGELO, NICK]

Our program will not require you to answer more than the minimum questions. It knows that based on your input to questions 1, 2 & 3 that questions 4, 5 & 6 can be auto-filled.

Section P

Restraints

P0100. Physical Restraints

Physical restraints are any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body

Coding:

- 0. Not used
- 1. Used less than daily
- 2. Used daily

↓ Enter Codes in Boxes:

Enter Code	Used in Bed	
<input type="text" value="0"/>	A. Bed rail	QI, QM, CATs
<input type="text" value="0"/>	B. Trunk restraint	QI, QM, CATs
<input type="text" value="0"/>	C. Limb restraint	QI, QM, CATs
<input type="text" value="0"/>	D. Other	QI, QM, CATs
Used in Chair or Out of Bed		
<input type="text" value="0"/>	E. Trunk restraint	QI, QM, CATs
<input type="text" value="0"/>	F. Limb restraint	QI, QM, CATs
<input type="text" value="0"/>	G. Chair prevents rising	QI, QM, CATs
<input type="text" value="0"/>	H. Other	QI, QM, CATs

Section Q

Participation in Assessment and Goal Setting

Q0100. Participation in Assessment

Enter Code <input type="text" value="1"/>	A. Resident participated in assessment 0. No 1. Yes
Enter Code <input type="text" value="0"/>	B. Family or significant other participated in assessment 0. No 1. Yes 9. No family or significant other
Enter Code <input type="text" value="0"/>	C. Guardian or legally authorized representative participated in assessment 0. No 1. Yes 9. No guardian or legally authorized representative

Q0300. Resident's Overall Expectation

Complete only if A0310E = 1

Enter Code <input type="text" value=""/>	A. Resident's overall goal established during assessment process 1. Expects to be discharged to the community 2. Expects to remain in this facility 3. Expects to be discharged to another facility/institution 9. Unknown or uncertain
Enter Code <input type="text" value=""/>	B. Indicate information source for Q0300A 1. Resident 2. If not resident, then family or significant other 3. If not resident, family, or significant other, then guardian or legally authorized representative 9. None of the above

Q0400. Discharge Plan

Enter Code <input type="text" value="0"/>	A. Is there an active discharge plan in place for the resident to return to the community? QM, CATs 0. No 1. Yes → Skip to Q0600, Referral
Enter Code <input type="text" value="2"/>	B. What determination was made by the resident and the care planning team regarding discharge to the community? QM, CATs 0. Determination not made 1. Discharge to community determined to be feasible → Skip to Q0600, Referral 2. Discharge to community determined to be not feasible → Skip to next active section (V or X)

Q0500. Return to Community

Enter Code <input type="text" value=""/>	A. Has the resident been asked about returning to the community? QM 0. No 1. Yes - previous response was "no" 2. Yes - previous response was "yes" → Skip to Q0600, Referral 3. Yes - previous response was "unknown"
Enter Code	B. Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the CATs?"

More skip patterns that the program will calculate to lower your data entry.

Section S Supplement-MDS 3.0 (New York State) (2010)

S0520. Specialty Unit / Facility Reimbursement	
Enter Code <input type="text" value="99"/>	01 Discrete AIDS Unit 02 Ventilator Dependent Unit 03 Traumatic Brain (TBI) Unit 04 Behavioral Intervention Unit 05 Behavioral Intervention Step-Down Unit 06 Pediatric Specialty Unit / Facility 99 None of the Above
S9060. Resident Eligible for Enhanced Reimbursement (Add-On) for the Following Conditions	
Enter Code <input type="text" value="9"/>	1 AIDS Scatter Beds 2 Traumatic Brain (TBI) Extended Care 9 None of the Above
S80. Primary Payor	
↓ Check only one	
S8010A3 <input type="checkbox"/>	Medicaid Payor
S8000A3 <input checked="" type="checkbox"/>	Medicare Payor
S8050A3 <input type="checkbox"/>	Other Payor
S8010I3 <input type="checkbox"/>	Medicaid Pending

State specified section S will appear whenever required.

Section S Illinois

S2010. Refused meds 3 days	
Enter Code <input type="text" value="0"/>	Medication Refusal: Resident refused to take some or all of prescribed medication in the last 3 days 0. No 1. Yes
S2011. Staff support for meds 3 days	
Enter Code <input type="text" value="0"/>	Medication Refusal: Resident required staff supporting/prompting 3 or more time to take medication in the last 3 days 0. No 1. Yes
S4000. Harm	
Enter Code <input type="text" value="0"/>	A. Harm to Self or Others : Self Injury Self-injurious attempt (Code for most recent instance) 0. Never 1. Attempt more than 1 year ago 2. Attempt in the last year 3. Attempt in the last 7 days 4. Attempt within last 3 days
Enter Code <input type="text" value="0"/>	B. Harm to Self or Others : Self Injury intent of any self-injurious attempt was to kill him/herself 0. No 1. Yes
Enter Code <input type="text" value="0"/>	C. Harm to Self or Others : Self Injury Considered performing a self-injurious act in the last 30 days 0. No 1. Yes
Enter Code <input type="text" value="0"/>	D. Harm to Self or Others : Self Injury Family/caregiver/friend/staff expresses concern that resident is at risk for self injury 0. No 1. Yes
S4010. Interval Observation	
Close or Constant Observation: Number of days of the following types of supervision in the last 3 days. If none, code "0"	
Enter Code <input type="text" value="0"/>	A. Hourly Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". A. Checked at hourly intervals
Enter Code <input type="text" value="0"/>	B. 15- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". B. Checked at 15-minute intervals
Enter Code <input type="text" value="0"/>	C. 5- Min. Interval Observation Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". C. Checked at 5-minute intervals
Enter Code <input type="text" value="0"/>	D. Constant Observation for < 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". D. Constant Observation for less than or equal to 1 hour
Enter Code <input type="text" value="0"/>	E. Constant Observation for > 1 hr Close or Constant Observation: Number of days of the following type of supervision in the last 3 days. If none, code "0". E. Constant Observation for more than 1 hour
S4500. Substance Abuse: Alcoholic Drinks	
Enter Code <input type="text" value="0"/>	Substance Abuse & Excessive Behaviors: Alcohol - code for the highest number of drinks in any single sitting episode in the last 14 days 0. None

Galaxy 3.0 Browser - [MDS 3.0 Section V]

Session Community View Window Options Help

MDS 3.0 Section V [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature <input type="text" value="D'Angelo, Nick"/>	2. Date <input type="text" value="05-30-2012"/>
---	--

Section V will show you what has triggered based upon your MDS answers. You will also check which triggered Care Areas you have addressed in your care plan. If you use our care Plan module, it will automatically check this for you.

Care Plan CAA Report

G3 Development/TESTDEMO GLOBAL_ENTERPRISE G3_B_NICK [D'ANGELO, NICK]

You can double click and choose the id of anyone who was given clinical signature YES in your personnel module.

Galaxy 3.0 Browser - [MDS 3.0 Section V]

Session Community View Window Options Help

MDS 3.0 Section V [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

V0200. CAAs and Care Planning

1. Check column A if Care Area is triggered.
2. For each triggered Care Area, indicate whether a new care plan, care plan revision, or continuation of current care plan is necessary to address the problem(s) identified in your assessment of the care area. The Care Planning Decision column must be completed within 7 days of completing the RAI (MDS and CAA(s)). Check column B if the triggered care area is addressed in the care plan.
3. Indicate in the Location and Date of CAA Documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Poter	<input type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwellin	<input type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

Care Plan Note for [01-327] "Aikman, Troy K". RAP: 02

Load... Save... Print... OK Cancel

This is my CAA note that I created by clicking the note icon in section V of my assessment. I can use this for any notes that I need to add to this residents assessment.

B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature	2. Date
D'Angelo, Nick	05-30-2012

Care Plan CAA Report

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You can add your notes to each individual CAA here in section V.

Galaxy 3.0 Browser - [MDS 3.0 Section V]

Session Community View Window Options Help

MDS 3.0 Section V [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

ES

Indicate in the Location and Date of CAA documentation column where information related to the CAA can be found. CAA documentation should include information on the complicating factors, risks, and any referrals for this resident for this care area.

A. CAA Results

Care Area	A. Care Area Triggered	B. Care Planning Decision	Location and Date of CAA documentation
	↓ Check all that apply ↓		
01. Delirium	<input type="checkbox"/>	<input type="checkbox"/>	
02. Cognitive Loss/Dementia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
03. Visual Function	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
04. Communication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
05. ADL Functional/Rehabilitation Potential	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
06. Urinary Incontinence and Indwelling Catheter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
07. Psychosocial Well-Being	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
08. Mood State	<input type="checkbox"/>	<input type="checkbox"/>	
09. Behavioral Symptoms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Activities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Falls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12. Nutritional Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. Feeding Tube	<input type="checkbox"/>	<input type="checkbox"/>	
14. Dehydration/Fluid Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
15. Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pressure Ulcer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Psychotropic Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	
18. Physical Restraints	<input type="checkbox"/>	<input type="checkbox"/>	
19. Pain	<input type="checkbox"/>	<input type="checkbox"/>	
20. Return to Community Referral	<input type="checkbox"/>	<input type="checkbox"/>	

B. Signature of RN Coordinator for CAA Process and Date Signed

1. Signature: D'Angelo, Nick 2. Date: 05-30-2012
month - day - year

C. Signature of Person Completing Care Plan Decision and Date Signed

1. Signature: D'Angelo, Ashley M 2. Date: 05-30-2012
month - day - year

Care Plan CAA Report

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Click on the CAA Report to create the report from Section V.

Galaxy 3.0 Browser - [MDS 3.0 CAA Report]

Session Community View Window Options Help

MDS 3.0 CAA Report [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Zoom 100% | Print | Print All | Setup.. | Exp

Here is your automatic CAA report.

It will list

- Triggers from MDS
- Indicators from CAA
- Medications from PO Module
- Diagnosis from ICD-9's (ADT)
- Decision from Sec. V
- Notes from Sec. V

CARE AREA ASSESSMENT for [01-327] "Aikman, Troy K"

Signed on 05/30/2012

02. Cognitive Loss/Dementia

Triggers
 BIMS res interview: summary score C0500 = "05"
 Wandering: presence and frequency E0900 = "1" (Behavior of this type occurred 1 to 3 days) ✗

Indicators of Cognitive Loss/Dementia +
 Troy appears to have difficulty learning new information ✗

Medications as Possible Factors of Cognitive Loss/Delirium +

ibuprofen - with possible side effects of depression ✗
 haloperidol - with possible side effects of agitation ✗
 LORazepam - with possible side effects of depression ✗
 insulin lispro - with possible side effects of anxiety ✗
 insulin lispro - with possible side effects of anxiety ✗
 insulin isophane-insulin regular - with possible side effects of anxiety and confusion ✗

Other Factors Possible Contributing to Cognitive Loss/Delirium +
 Press the blue plus button to select or create relevant statement/s ✗

Diagnoses As Possible Factors of Cognitive Loss/Dementia +

HYPERTENSION NOS ✗
 CHF NOS ✗
 ASBESTOSIS ✗

Decision: Not Addressed in Care Plan

03. Visual Function +

Triggers +
 Cataracts, glaucoma, or macular degeneration I6500 = "1" (Checked (Yes)) ✗

Diagnoses with Visual Implications +

ANXIETY STATE NOS ✗
 DIABETIC CATARACT ✗

Other Factors Possibly Contributing to Visual Difficulties +
 His anxiety seems to be a factor in his missing visual cues ✗

Indicators of Visual Problems +
 Press the blue plus button to select or create relevant statement/s ✗

Decision: Not Addressed in Care Plan

04. Communication +

Triggers

G3 Development/TESTDEMO | GLOBAL_ENTERPRISE | GLB_NICK [D'ANGELO, NICK]

Galaxy 3.0 Browser - [MDS 3.0 CAA Report]

Session Community View Window Options Help

MDS 3.0 CAA Report [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Zoom 100% 2 Print Print All Setup.. Export Recreate Update

insulin isopro - with possible side effects of anxiety, drowsiness and weakness
 insulin isophane-insulin regular - with possible side effects of anxiety, confusion, drowsiness and weakness
Decision: Not Addressed in Care Plan

05. ADL Functional/Rehabilitation Potential

Triggers
 BIMS res interview: summary score C0500 = "05"
 Cognitive skills for daily decision making C1000 = "A" (Blank (skip pattern))
 Bed mobility: self-performance G0110A1 = "1" (Supervision - oversight, encouragement or cueing)

Factors for ADL Restorative Program
 Press the blue plus button to select or create relevant statement/s

Add/Delete Items

Add/Delete heading "Factors for ADL Restorative Program" items

Statements Custom statements

- Direct care staff feel that \$Fnamehe\$ can develop \$his\$ ADL skills
- \$FnameHe\$ feels that \$he\$ can improve \$his\$ ADL self performance
- \$FnameHe\$ and direct care staff feel \$he\$ can do more in \$his\$ ADLs
- Neither \$Fnamehe\$ nor direct care staff feel there is benefit to restorative program at this time
- \$FnameHe\$ has good short term memory
- \$FnameHe\$ has good long term memory
- \$FnameHe\$ has both good long term and short term memory

Current caption:
 Direct care staff feel that \$Fnamehe\$ can develop \$his\$ ADL skills

OK Cancel

nd
 nd
 ness

He needs assistance for locomotion on the unit
 He has no impairment in ROM of his extremities
Diagnoses Which May Be Factors of His ADL Deficit
 ANXIETY STATE NOS
 MUSC DISUSE ATROPHY NEC
 MUSCSKEL SYMPT LIMB NEC
Decision: Not Addressed in Care Plan

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

If you click on any of the blue + signs, you can choose additional statements from the lists or add custom statement.

You can also change the wording or add to any item on the report.

MDS 3.0 CAA Report [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Zoom 100% | Print | Print All | Setup.. | Export | Recreate | Update

Signed on 05/30/2012

02. Cognitive Loss/Dementia

Triggers
 BIMS res interview: summary score C0500 = "05"
 Wandering: presence and frequency E0900 = "1" (Behavior of this type occurred 1 to 3 days)

Indicators of Cognitive Loss/Dementia
 Troy appears to have difficulty learning new information

Medications as Possible Factors of Cognitive Loss/Delirium
 ibuprofen - with possible side effects of depression
 haloperidol - with possible side effects of agitation
 LORazepam - with possible side effects of depression
 aMILoride - with possible side effects of confusion
 vitamin A - with possible side effects of confusion
 insulin lispro - with possible side effects of anxiety
 insulin lispro - with possible side effects of anxiety
 insulin isophane-insulin regular - with possible side effects of anxiety and confusion

Other Factors Possible Contributing to Cognitive Loss/Delirium
 Press the blue plus button to select or create relevant statement/s

Diagnoses As Possible Factors of Cognitive Loss/Dementia
 Hypertension NOS
 CHF NOS
 Asbestosis

Note
 This is my CAA note that I created by clicking the note icon in section V of my assessment. I can use this for any notes that I need to add to this residents assessment.
Decision: Not Addressed in Care Plan

03. Visual Function

Triggers
 Cataracts, glaucoma, or macular degeneration I6500 = "1" (Checked (Yes))

Diagnoses with Visual Impairment
 Anxiety state NOS
 Diabetic cataract

Other Factors Possibly Contributing to Visual Impairment
 His anxiety seems to be contributing to his visual impairment

Medications Having Potential for Visual Impairment
 vitamin A - with possible side effects of confusion

Indicators of Visual Impairment
 Press the blue plus button to select or create relevant statement/s

Decision: Not Addressed in Care Plan

04. Communication

New note for CAT 03. Visual Function

Set note text

OK Cancel

Your notes from section V print in the CAA report

You can edit those notes here in the CAA or even add brand new notes to CATs that did not have any notes in section V!

The CAA report can be "RECREATED" at any time.

This will delete ALL changes that have been made manually in the CAA and recreate it based on actual data once again.

Galaxy 3.0 Browser - [MDS 3.0 CAA Report]

Session Community View Window Options Help

MDS 3.0 CAA Report [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Zoom 100% | Print | Print All | Setup.. | Export | Recreate | Update

Signed on 05/30/2012

02. Cognitive Loss/Dementia

Triggers
BIMS res interview: summary score C0500 = "05"
Wandering: presence and frequency E0900 = "1" (Behavior of this type occurred 1 to 3 days)

Indicators of Cognitive Loss/Dementia
Troy appears to have difficulty learning new information

Medications as Possible Factors of Cognitive Loss/Delirium
ibuprofen - with possible side effects of depression
haloperidol - with possible side effects of agitation
LORazepam - with possible side effects of depression
aMILoride - with possible side effects of confusion
vitamin A - with possible side effects of confusion
insulin lispro - with possible side effects of anxiety
insulin lispro - with possible side effects of anxiety
insulin isophan

Other Factors Possibly Contributing to Cognitive Loss/Delirium
Press the blue

Diagnoses As Possible Factors of Cognitive Loss/Delirium
Hypertension N
CHF NOS
Asbestosis

Note
This is my CAA note that I created by clicking the note icon in section V of my assessment. I can use this for any notes that I need to add to this residents assessment.

Decision: Not Addressed in Care Plan

03. Visual Function

Triggers
Cataracts, glaucoma, or macular degeneration I6500 = "1" (Checked (Yes))

Diagnoses with Visual Implications
Anxiety state NOS
Diabetic cataract

Other Factors Possibly Contributing to Visual Difficulties
His anxiety seems to be a factor in his missing visual cues

Medications Having Potential to Affect Vision
vitamin A - with possible side effects of diplopia

Indicators of Visual Problems
Press the blue plus button to select or create relevant statement/s

Decision: Not Addressed in Care Plan

04. Communication

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

The CAA report can also be "UPDATED" at any time.

This will show you ALL changes that have been made to actual data in Galaxy and give you the option of adding these changes to the CAA or ignoring them.

The screenshot shows the Galaxy 3.0 Browser interface. The main window displays a "CARE AREA ASSESSMENT for [01-327] 'Aikman, Troy K'" signed on 05/30/2012. The section "02. Cognitive Loss/Dementia Triggers" is visible, with a sub-section "BIMS res interview: summary score C0500 = '05'".

An "Current CAA report actualization" dialog box is open, listing several changes to the report. Each entry includes a description of the change and buttons for "Update Triggers" or "Ignore".

Change Description	Action
Custom statement "BIMS res interview: summary score C0500 = '06' Signs of delirium: inattention C1300A = '2' (Behavior present, fluctuates (comes and goes, changes in severity)) Rejection of care: presence and frequency E0800 = '1' (Behavior of this type occurred 1 to 3 days) Wandering: presence and frequency E0900 = '1' (Behavior of this type occurred 1 to 3 days)" triggers list is changed	Update Triggers / Ignore
02. Cognitive Loss/Dementia Triggers BIMS res interview: summary score C0500 = '06' Signs of delirium: inattention C1300A = '2' (Behavior present, fluctuates (comes and goes, changes in severity)) Rejection of care: presence and frequency E0800 = '1' (Behavior of this type occurred 1 to 3 days) Wandering: presence and frequency E0900 = '1' (Behavior of this type occurred 1 to 3 days)	Update Triggers / Ignore
Custom statement "BIMS res interview: summary score C0500 = '06' Cognitive skills for daily decision making C1000 = '^' (Blank (skip pattern)) Bed mobility: self-performance G0110A1 = '1' (Supervision - oversight, encouragement or cueing)" triggers list is changed	Update Triggers / Ignore
05. ADL Functional/Rehabilitation Potential Triggers BIMS res interview: summary score C0500 = '06' Cognitive skills for daily decision making C1000 = '^' (Blank (skip pattern)) Bed mobility: self-performance G0110A1 = '1' (Supervision - oversight, encouragement or cueing)	Update Triggers / Ignore
Statement "\$His\$ sleep problems are possibly a factor of \$his\$ ADL level of dependence" was deleted or not triggered in previous create/recreate procedure	Add Statement / Ignore
05. ADL Functional/Rehabilitation Potential Other Factors Possibly Affecting \$his\$ ADL \$His\$ sleep problems are possibly a factor of \$his\$ ADL level of dependence	Add Statement / Ignore
Statement "With \$his\$ poor attention span, \$Fnamehe\$ has difficulty finishing tasks" was deleted or not triggered in previous create/recreate procedure	Add Statement / Ignore
05. ADL Functional/Rehabilitation Potential Other Factors Possibly Affecting \$his\$ ADL With \$his\$ poor attention span, \$Fnamehe\$ has difficulty finishing tasks	Add Statement / Ignore
Statement "Press the blue plus button to select or create relevant statement/s" is no longer actual	Delete Statement / Ignore
05. ADL Functional/Rehabilitation Potential Other Factors Possibly Affecting \$his\$ ADL Press the blue plus button to select or create relevant statement/s	Delete Statement / Ignore
Custom statement "Toilet use: self-performance G0110I1 = '2' (Limited assistance - resident highly involved in activity; staff provide guided maneuvering of limbs or other non-weight-bearing assistance) Urinary continence	Update Triggers

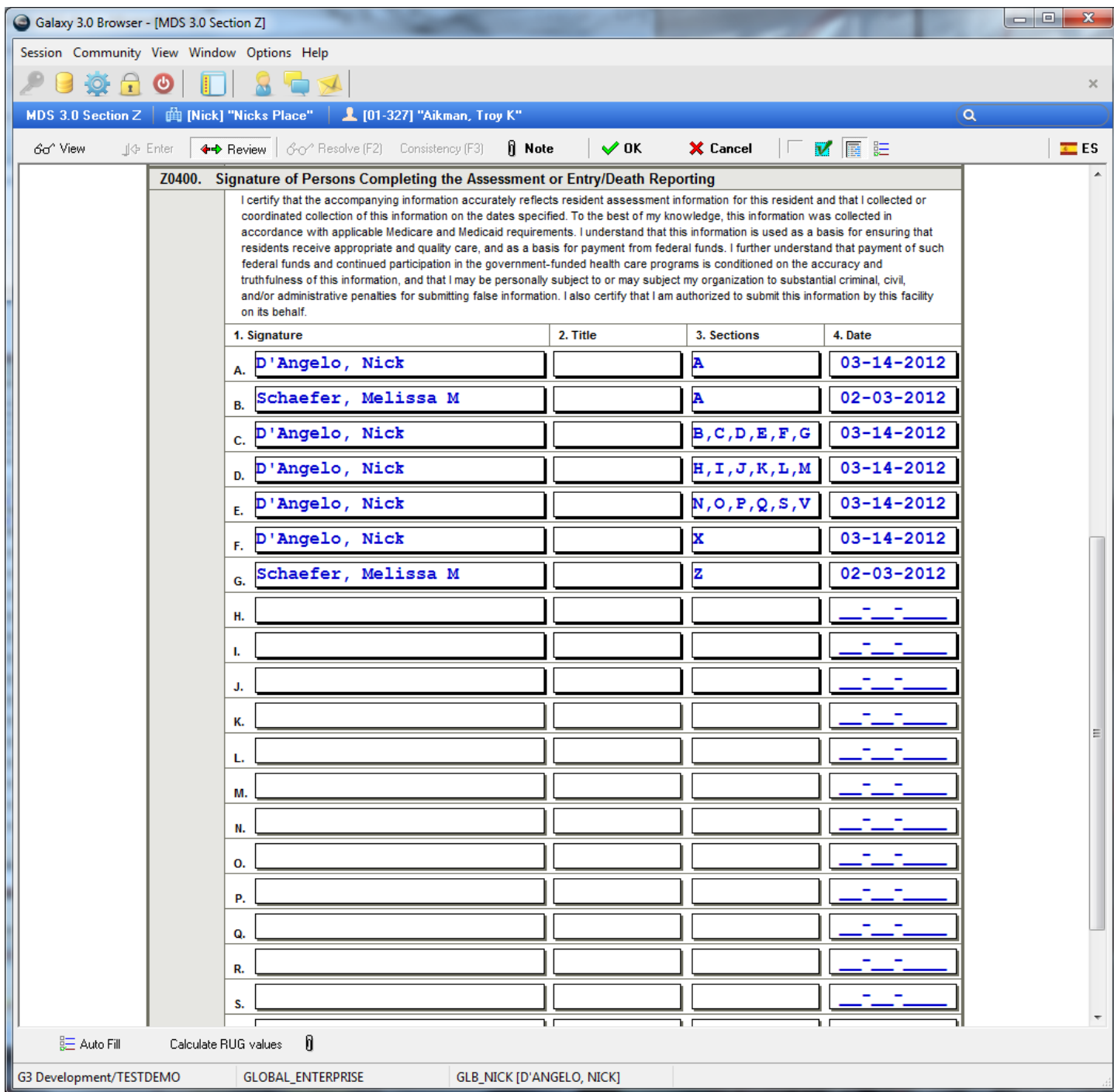
The dialog box also includes a "Close" button at the bottom right.

Galaxy will calculate whichever parameters are set up for your particular state and enter them into section Z.

The screenshot shows a web browser window titled "Galaxy 3.0 Browser - [MDS 3.0 Section Z]". The browser's address bar shows "MDS 3.0 Section Z" and the user is logged in as "[Nick] 'Nicks Place'" with the user ID "[01-327] 'Aikman, Troy K'". The browser's toolbar includes icons for search, home, and other functions. The main content area displays the "Section Z Assessment Administration" form. The form is organized into several sections, each with a title and a "RUG" label in the top right corner. The sections are: Z0100 Medicare Part A Billing, Z0150 Medicare Part A Non-Therapy Billing, Z0200 State Medicaid Billing (If required by the state), Z0250 Alternate State Medicaid Billing (if required by the state), Z0300 Insurance Billing, and Z0400 Signature of Persons Completing the Assessment or Entry/Death Reporting. Each section contains input fields for codes and version numbers. The Z0100 section has fields for Medicare Part A HIPPS code (RVA60), RUG version code (1.0266), and a checkbox for Medicare Short Stay assessment (0). The Z0150 section has fields for Medicare Part A non-therapy HIPPS code (BA160) and RUG version code (1.0266). The Z0200 section has fields for RUG Case Mix group (RUA) and RUG version code (07). The Z0250 section has fields for RUG Case Mix group and RUG version code. The Z0300 section has fields for RUG billing code and RUG billing version. The Z0400 section contains a signature block with a text area for the user to certify that the information accurately reflects resident assessment information. At the bottom of the form, there is a "Calculate RUG values" button. The browser's status bar at the bottom shows "G3 Development/TESTDEMO", "GLOBAL_ENTERPRISE", and "GLB_NICK [D'ANGELO, NICK]".

Section	Field	Value	Label
Z0100. Medicare Part A Billing	A. Medicare Part A HIPPS code (RUG group followed by assessment type indicator):	RVA60	RUG
	B. RUG version code:	1.0266	RUG
	C. Is this a Medicare Short Stay assessment?	0	RUG
Z0150. Medicare Part A Non-Therapy Billing	A. Medicare Part A non-therapy HIPPS code (RUG group followed by assessment type indicator):	BA160	RUG
	B. RUG version code:	1.0266	RUG
Z0200. State Medicaid Billing (If required by the state)	A. RUG Case Mix group:	RUA	
	B. RUG version code:	07	
Z0250. Alternate State Medicaid Billing (if required by the state)	A. RUG Case Mix group:		
	B. RUG version code:		
Z0300. Insurance Billing	A. RUG billing code:		RUG
	B. RUG billing version:		RUG
Z0400. Signature of Persons Completing the Assessment or Entry/Death Reporting	I certify that the accompanying information accurately reflects resident assessment information for this resident and that I collected or coordinated collection of this information on the dates specified. To the best of my knowledge, this information was collected in accordance with applicable Medicare and Medicaid requirements. I understand that this information is used as a basis for ensuring that residents receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such		

Section Z – Will automatically calculate each time you open the section. You can also click on the Calculate RUG values to run the RUGs calculation program



The program will show the name and sections completed for the users. It will combine where applicable (same clinical user on same date).

You are also able to double click in any empty row and add additional names from the personnel module that had Clinical Signature on them.

Choose auto fill to populate Z0400 with the names and dates of the users who OK'd each section of this MDS assessment and have clinical signature = YES in the personnel module.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Completed.

Main Page Sections

Go View Enter Review All Care Plan

Section	Description	Last modified	Reviewed by
CMS	Auxillary Data		
A	Identification Information	06/28/2012 1:59:55 PM	Schaefer, Melissa M.
B	Hearing, Speech, and Vision	03/14/2012 2:06:18 PM	D'Angelo, Nick,
C	Cognitive Patterns	08/07/2012 5:44:26 PM	D'Angelo, Nick,
D	Mood	08/07/2012 5:45:22 PM	D'Angelo, Nick,
E	Behavior	08/07/2012 5:45:59 PM	D'Angelo, Nick,
F	Preferences for Customary Routine and Activities	03/14/2012 2:06:45 PM	D'Angelo, Nick,
G	Functional Status	03/14/2012 2:06:56 PM	D'Angelo, Nick,
H	Bladder and Bowel	08/07/2012 5:46:41 PM	D'Angelo, Nick,
I	Active Disease Diagnosis	03/14/2012 2:07:24 PM	D'Angelo, Nick,
J	Health Conditions	03/14/2012 2:07:33 PM	D'Angelo, Nick,
K	Swallowing/Nutritional Status	03/14/2012 2:07:38 PM	D'Angelo, Nick,
L	Oral/Dental Status	03/14/2012 2:07:43 PM	D'Angelo, Nick,
M	Skin Conditions	03/14/2012 2:07:52 PM	D'Angelo, Nick,
N	Medications	03/14/2012 2:07:57 PM	D'Angelo, Nick,
O	Special Treatments and Procedures	03/14/2012 2:08:16 PM	D'Angelo, Nick,
P	Restraints	03/14/2012 2:08:20 PM	D'Angelo, Nick,
Q	Participation in Assessment and Goal Setting	03/14/2012 2:08:25 PM	D'Angelo, Nick,
S	Ohio	03/14/2012 2:09:07 PM	D'Angelo, Nick,
V	Care Area Assessment (CAA) Summary	08/07/2012 5:57:12 PM	D'Angelo, Nick,
X	Correction Request	06/28/2012 2:00:23 PM	Schaefer, Melissa M.
Z	Assessment Administration	08/07/2012 5:54:05 PM	D'Angelo, Nick,

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

All sections are now OK'd and you are ready to complete this assessment!

Section K Swallowing/Nutritional Status

K0100. Swallowing Disorder
 Signs and symptoms of possible swallowing disorder

↓ Check all that apply:

A. Loss of liquids/solids from mouth when eating or drinking

B. Holding food in mouth/cheeks or residual food in mouth after meals

C. Coughing or choking during meals or when swallowing medications

D. Complaints of difficulty or pain with swallowing

Z. None of the above

K0200. Height and Weight - While measuring, if the number is X.1 - X.4 round down X.5 or greater round up

Enter Code:
Inches

Enter Code:
Pounds

A. Height (in inches). Record most recent height measure since admission.

B. Weight (in pounds). Base weight on most recent measure in last 30 days; measure according to standard facility practice (e.g., in a.m. after voiding, before meal, with s

K0300. Weight Loss

Enter Code:

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. No or unknown

1. Yes, on physician-prescribed weight-loss regimen

2. Yes, not on physician-prescribed weight-loss regimen

K0500. Nutritional Approaches

↓ Check all that apply

A. Parenteral/IV feeding

B. Feeding-tube – nasogastric or abdominal (PEG)

C. Mechanically altered diet – require change in texture of food or liquids (e.g.,

D. Therapeutic diet (e.g., low salt, diabetic, low cholesterol)

Z. None of the above

K0700. Percent Intake by Artificial Route – Complete K0700 only if K0500A or

Enter Code:

A. Proportion of total calories the resident received through parenteral or tube feedings

1. 25% or less

2. 26–50%

3. 51% or more

Enter Code:

B. Average fluid intake per day by IV or tube feeding

1. 500 cc/day or less

2. 501 cc/day or more

Consistency:

MDS 3.0 CONSISTENCY WARNINGS

Constraint type: None of above

Severity: Fatal

Constraint text:
 If K0100Z="0", then at least one item from K0100A through K0100D must equal "1"

Worked values:
 K0100A (Checklist)=[0]
 K0100B (Checklist)=[0]
 K0100C (Checklist)=[0]
 K0100D (Checklist)=[0]
 K0100Z (Checklist)=[0]

Example of a simple error – question was skipped and requires at least one answer

Consistency:

MDS 3.0 CONSISTENCY WARNINGS
Constraint type: Consistency
Severity: Warning (Fatal error depends on other section)
Constraint text:

a) If A2300 (assessment reference date) minus A1600 (entry date) is greater than or equal to 14 days, then the following items in Column 1 must be equal to [empty]: 00100A1, 00100B1, 00100C1, 00100D1, 00100E1, 00100F1, 00100G1, 00100H1, 00100I1, 00100J1, 00100K1, 00100M1, 00100Z1.

b) If A2300 (assessment reference date) minus A1600 (entry date) is less than or equal to 13 days, then the following items in Column 1 must be equal to [0,1,-]: 00100A1, 00100B1, 00100C1, 00100D1, 00100E1, 00100F1, 00100G1, 00100H1, 00100I1, 00100J1, 00100K1, 00100M1, 00100Z1.

Worked values:
A1600 (Date)=[9/7/2010]
A2300 (Date)=[9/20/2010]
00100A1 (Checklist)=[empty]

A more complex error – this one showing that a required field is missing data.
Error messages give all specific rules directly from CMS. Afterwards, you will see simplified explanation of fields that caused error.

Ignore Warning and OK Section Cancel OK

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NQ; ARD date: 08/16/2012; PCD date: 08/29/2012; Status: Active.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007998.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [02] Quarterly review assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NQ] Nursing home: quarterly asmt

Start date: 06/28/2012 2:00:34 PM

Assessment reference date: 08/16/2012

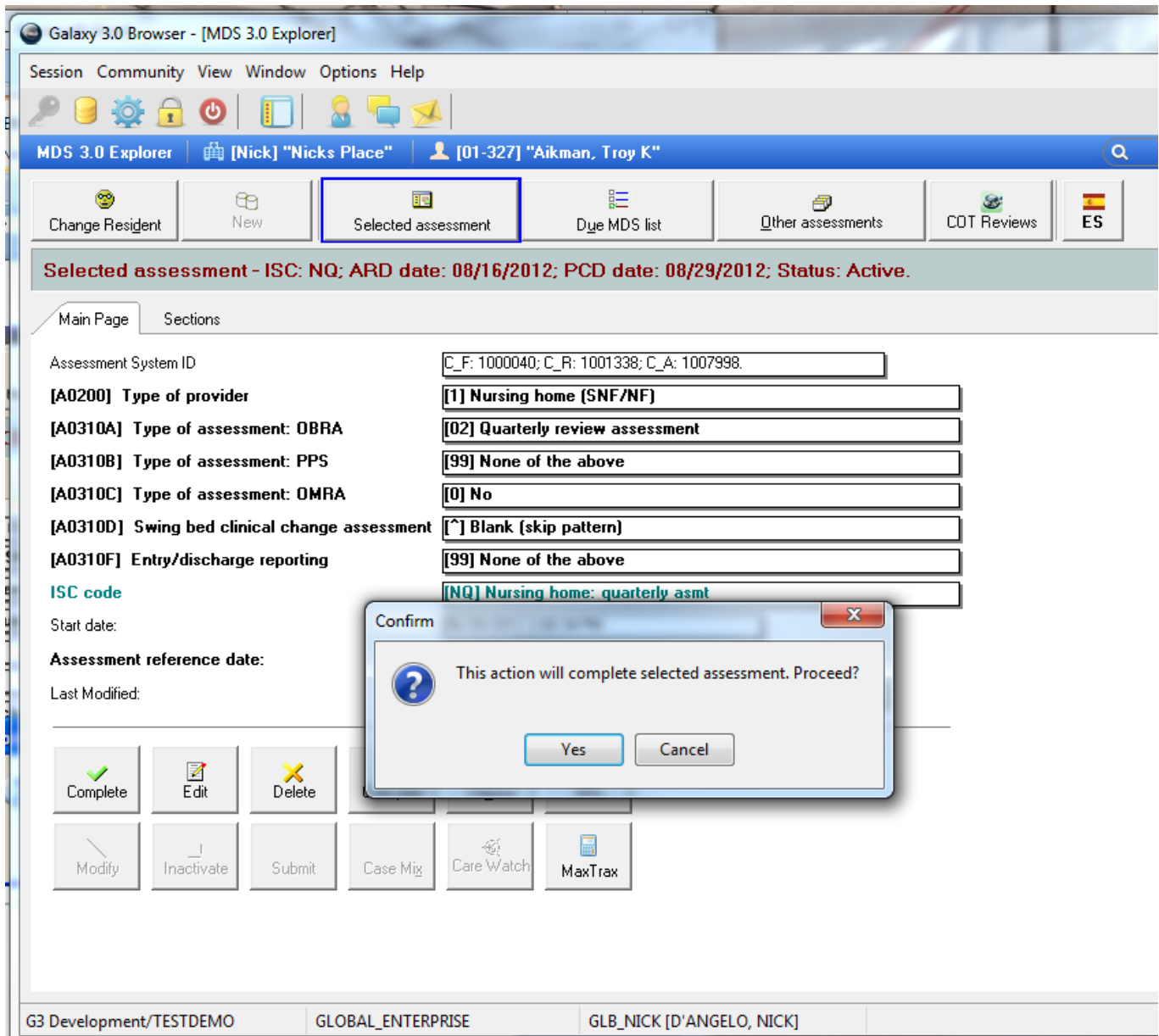
Last Modified: by D'Angelo, Nick, at 08/07/2012 6:04:58 PM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You can currently complete, edit or delete this assessment.



After choosing complete, you will get a pop-up verifying that is what you want to do.

Assessment Create/Edit [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

OK Cancel ES

A0200. Type of Provider	
Enter Code 1	Type of Provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0310. Type of Assessment	
Enter Code 02	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14) 02. Quarterly review assessment. 03. Annual assessment. 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code 99	B. PPS Assessments <u>PPS Scheduled Assessments for a Medicare Part A Stay.</u> 01. 5-day scheduled assessment. 02. 14-day scheduled assessment. 03. 30-day scheduled assessment. 04. 60-day scheduled assessment. 05. 90-day scheduled assessment. 06. Readmission/return assessment. <u>PPS Unscheduled Assessments for a Medicare Part A Stay.</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment). <u>Not PPS Assessment.</u> 99. None of the above
Enter Code 0	C. PPS Other Medicare Required Assessment – OMRA 0. No. 1. Start of therapy assessment. 2. End of therapy assessment. 3. Both Start and End of therapy assessment. 4. Change of therapy assessment.
Enter Code 1	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2. 0. No 1. Yes
Enter Code 99	F. Entry/discharge reporting 01. Entry record 10. Discharge assessment-return not anticipated 11. Discharge assessment-return anticipated 12. Death in facility tracking record 99. None of the above
A2300. Assessment Reference Date:	
	11-15-2012 month - day - year
Z0500B. Projected Completion Date:	
	11-28-2012 month - day - year
ISC code for this assessment is [NQ] Nursing home: quarterly asmt Resident Admission Date: 04-29-2011	
G3 Development/TESTDEMO	GLOBAL_ENTERPRISE
GLB_NICK [D'ANGELO, NICK]	

As soon as you complete one assessment, the system will automatically pop-up the next logical assessment due for this resident for you to create.

You may change any of the defaults including type or dates here before accepting. You may also make changes at a later date if so desired.

Remember, it is imperative that you accept this new assessment upon completion of the previous. This is used by the system for numerous calculations, including your due date report.

If the assessment is an Entry (NT), the system will create two (2) assessments upon completion. It will create your 5-day and 14-day.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews E

Selected assessment - ISC: NQ; ARD date: 08/16/2012; PCD date: 08/29/2012; Status: Completed.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007998.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [02] Quarterly review assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NQ] Nursing home: quarterly asmt

Start date: 06/28/2012 2:00:34 PM

Assessment reference date: 08/16/2012

Completed: by D'Angelo, Nick, at 08/07/2012 6:07:12 PM

Last Modified: by D'Angelo, Nick, at 08/07/2012 6:07:12 PM

Correct Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Now that this assessment has been marked as completed, the correct button is available.

You will NOT have access to the correct option if the assessment has been submitted until the feedback has been applied to the assessment stating it has been rejected.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NQ; ARD date: 08/16/2012; PCD date: 08/29/2012; Status: Corrected.

Main Page Sections

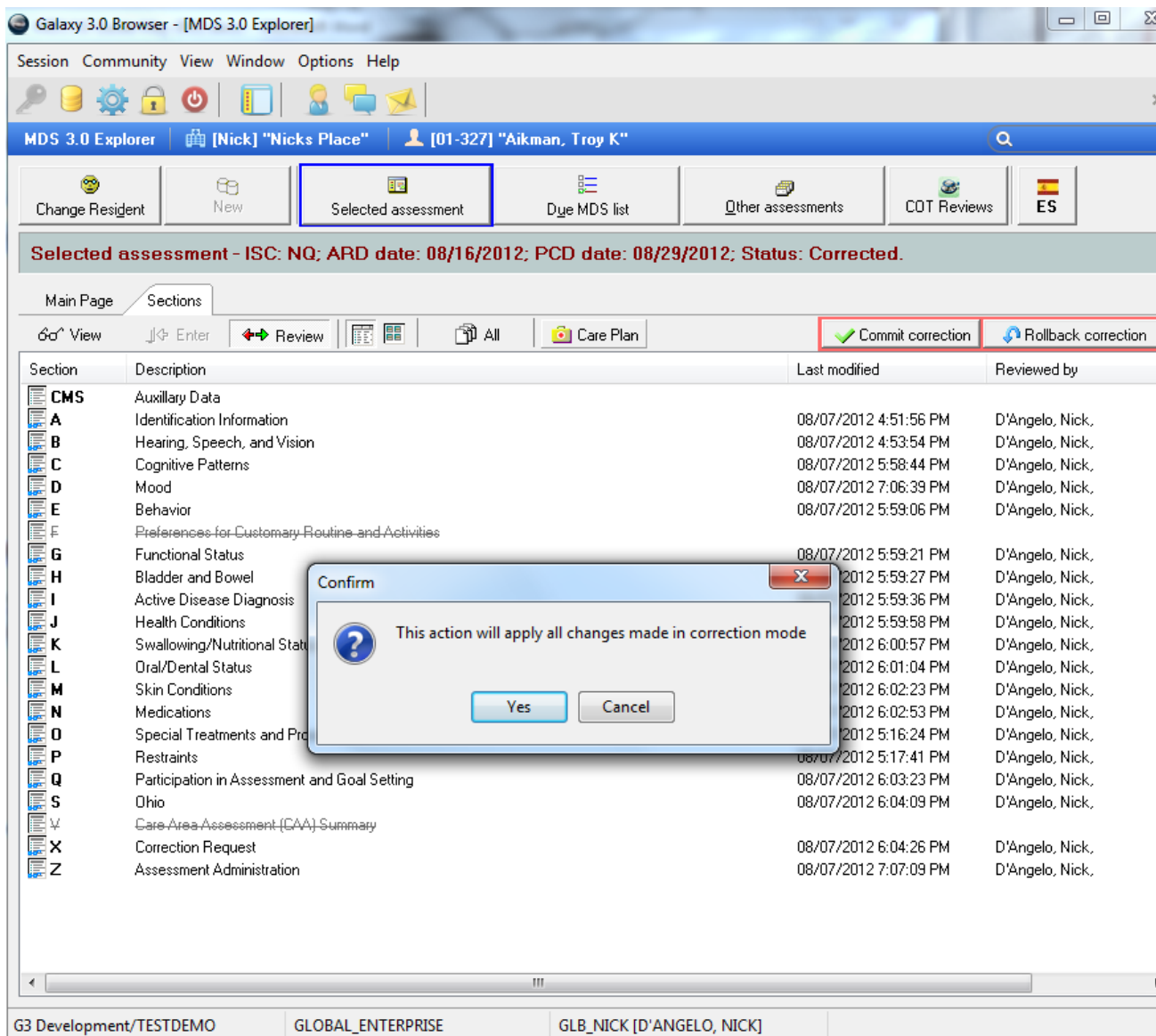
View Enter Review All Care Plan Commit correction Rollback correction

Section	Description	Last modified	Reviewed by
CMS	Auxiliary Data		
A	Identification Information	08/07/2012 4:51:56 PM	D'Angelo, Nick,
B	Hearing, Speech, and Vision	08/07/2012 4:53:54 PM	D'Angelo, Nick,
C	Cognitive Patterns	08/07/2012 5:58:44 PM	D'Angelo, Nick,
D	Mood	08/07/2012 5:58:59 PM	D'Angelo, Nick,
E	Behavior	08/07/2012 5:59:06 PM	D'Angelo, Nick,
F	Preferences for Customary Routine and Activities		
G	Functional Status	08/07/2012 5:59:21 PM	D'Angelo, Nick,
H	Bladder and Bowel	08/07/2012 5:59:27 PM	D'Angelo, Nick,
I	Active Disease Diagnosis	08/07/2012 5:59:36 PM	D'Angelo, Nick,
J	Health Conditions	08/07/2012 5:59:58 PM	D'Angelo, Nick,
K	Swallowing/Nutritional Status	08/07/2012 6:00:57 PM	D'Angelo, Nick,
L	Oral/Dental Status	08/07/2012 6:01:04 PM	D'Angelo, Nick,
M	Skin Conditions	08/07/2012 6:02:23 PM	D'Angelo, Nick,
N	Medications	08/07/2012 6:02:53 PM	D'Angelo, Nick,
O	Special Treatments and Procedures	08/07/2012 5:16:24 PM	D'Angelo, Nick,
P	Restraints	08/07/2012 5:17:41 PM	D'Angelo, Nick,
Q	Participation in Assessment and Goal Setting	08/07/2012 6:03:23 PM	D'Angelo, Nick,
S	Ohio	08/07/2012 6:04:09 PM	D'Angelo, Nick,
V	Care Area Assessment (CAA) Summary		
X	Correction Request	08/07/2012 6:04:26 PM	D'Angelo, Nick,
Z	Assessment Administration	08/07/2012 6:04:58 PM	D'Angelo, Nick,

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

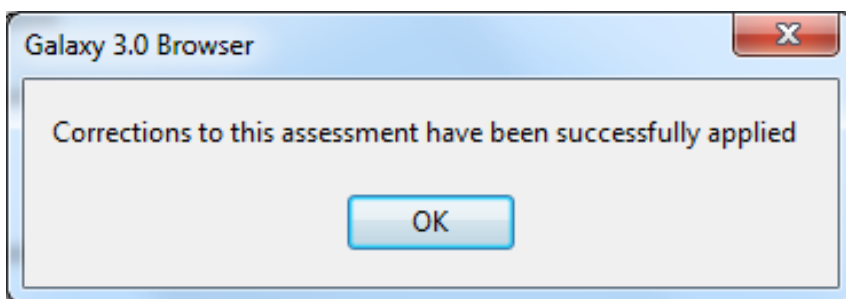
You may now go to the section/sections that require corrections and make the changes.

When you are done, you MUST choose to either commit the corrections or rollback the corrections.

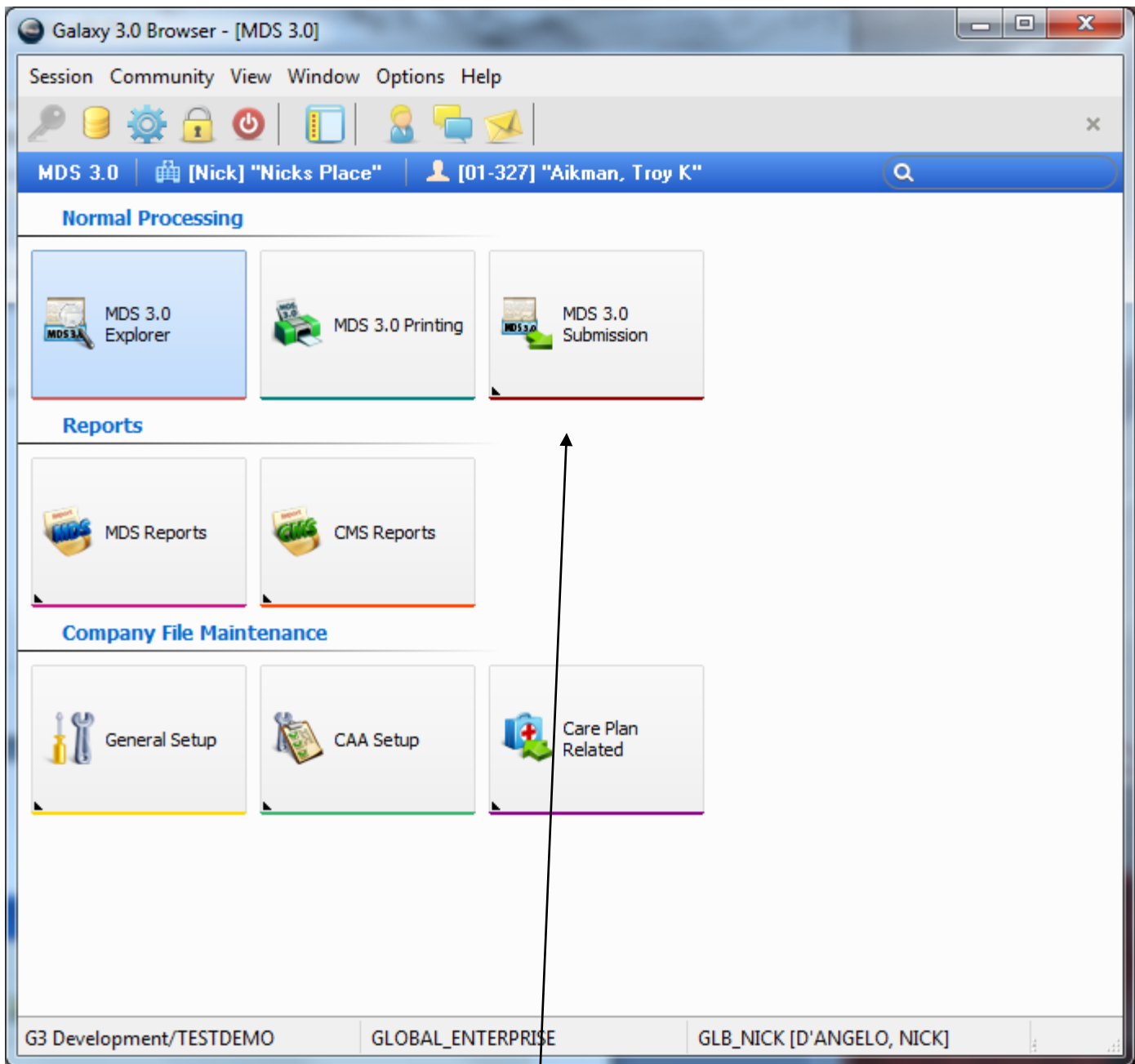


Commit – you will get a pop-up message letting you know that this will apply all changes

After clicking yes, you will get a confirmation message



The assessment is now ready to be submitted again



Submission SHOULD be done through the Electronic Submission Feedback option.

It can also be done individually through the feedback button on the MDS explorer screen

Galaxy 3.0 Browser - [MDS 3.0 Electronic Submission]

Session Community View Window Options Help

MDS 3.0 Electronic Submission [Nick] "Nicks Place"

Facility / Resident Print Additional Info ES

Filter: Not Submitted Advanced Filter Output: Selected All Draft Submission Create Submission

Resident Name	ID	ISC	A0310 (A-B-C-F)	Status	Completed	Assessment reference d
Adams, Mike	01-400	[NT] Nursing home: tracking (entry/expired)	99 - 99 - 0 - 01	Completed	01/25/2012 4:27:05	01/04/2012
Aikman, Troy K	01-327	[NQ] Nursing home: quarterly asmt	02 - 05 - 0 - 99	Completed	08/15/2011 3:47:39	07/26/2011
Aikman, Troy K	01-327	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	11/07/2011 9:00:52	10/22/2011
Aikman, Troy K	01-327	[NC] Nursing home: comprehensive asmt	03 - 99 - 0 - 99	Completed	06/28/2012 2:00:31	05/17/2012
Aikman, Troy K	01-327	[NP] Nursing home: PPS asmt	99 - 03 - 0 - 99	Completed	08/15/2011 3:21:59	05/27/2011
Aikman, Troy K	01-327	[NP] Nursing home: PPS asmt	99 - 04 - 0 - 99	Completed	08/15/2011 3:40:59	06/26/2011
Aikman, Troy K	01-327	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	02/03/2012 3:20:18	01/21/2012
Aikman, Troy K	01-327	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	08/07/2012 6:07:12	08/16/2012
Aikman, Troy K	01-327	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	05/12/2011 11:28:3	05/12/2011
Badenov, Boris	01-416	[NC] Nursing home: comprehensive asmt	01 - 99 - 0 - 99	Rejected	07/06/2012 9:14:27	07/14/2012
Badenov, Boris	01-416	[NT] Nursing home: tracking (entry/expired)	99 - 99 - 0 - 01	Completed, modification	07/06/2012 11:37:1	07/01/2012
Brantley, Michael C	01-356	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	06/28/2012 2:01:27	05/15/2011
Brantley, Michael C	01-356	[NC] Nursing home: comprehensive asmt	01 - 01 - 0 - 99	Completed	05/06/2011 9:29:08	05/06/2011
Dawson, Phil D	01-417	[NC] Nursing home: comprehensive asmt	01 - 01 - 0 - 99	Rejected	07/11/2012 1:56:41	07/05/2012
Fitzgerald, Ella J	01-408	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	11/07/2011 9:16:18	10/25/2011
Fitzgerald, Ella J	01-408	[NC] Nursing home: comprehensive asmt	03 - 99 - 0 - 99	Completed	06/27/2012 3:58:01	04/24/2012
Fitzgerald, Ella J	01-408	[NT] Nursing home: tracking (entry/expired)	99 - 99 - 0 - 01	Completed	05/02/2011 3:36:13	05/02/2011
Francis, Concetta Rosa M	01-409	[NC] Nursing home: comprehensive asmt	01 - 01 - 0 - 99	Completed	05/06/2011 9:20:13	05/06/2011
Francis, Concetta Rosa M	01-409	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	05/16/2011 10:15:1	05/15/2011
Francis, Concetta Rosa M	01-409	[NP] Nursing home: PPS asmt	99 - 03 - 0 - 99	Completed	08/19/2011 10:56:0	05/30/2011
Francis, Concetta Rosa M	01-409	[NT] Nursing home: tracking (entry/expired)	99 - 99 - 0 - 01	Completed	05/02/2011 3:36:13	05/02/2011
Francis, Concetta Rosa M	01-409	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	05/16/2011 12:57:2	05/15/2011
Francis, Concetta Rosa M	01-409	[NP] Nursing home: PPS asmt	99 - 03 - 0 - 99	Completed	08/19/2011 10:56:0	05/30/2011
Francis, Concetta Rosa M	01-409	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	11/07/2011 9:18:02	10/25/2011
Germanotta, Stefani Joanne	01-362	[NQ] Nursing home: quarterly asmt	02 - 05 - 0 - 99	Completed	08/19/2011 10:49:3	07/29/2011
Germanotta, Stefani Joanne	01-362	[NP] Nursing home: PPS asmt	99 - 04 - 0 - 99	Completed	08/19/2011 10:44:3	06/29/2011
Germanotta, Stefani Joanne	01-362	[NP] Nursing home: PPS asmt	99 - 03 - 0 - 99	Completed	08/19/2011 10:35:0	05/30/2011
Germanotta, Stefani Joanne	01-362	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	05/16/2011 10:15:1	05/15/2011
Germanotta, Stefani Joanne	01-362	[NC] Nursing home: comprehensive asmt	01 - 01 - 0 - 99	Completed	05/06/2011 9:20:13	05/06/2011
Germanotta, Stefani Joanne	01-362	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	11/07/2011 9:16:18	10/25/2011
Germanotta, Stefani Joanne	01-362	[NC] Nursing home: comprehensive asmt	03 - 99 - 0 - 99	Completed	06/27/2012 3:58:01	04/24/2012
Gibson, Mel Colm-Cille G	01-373	[NC] Nursing home: comprehensive asmt	03 - 99 - 0 - 99	Completed	06/28/2012 3:16:33	04/24/2012
Gibson, Mel Colm-Cille G	01-373	[NT] Nursing home: tracking (entry/expired)	99 - 99 - 0 - 01	Completed	05/02/2011 3:36:13	05/02/2011
Gibson, Mel Colm-Cille G	01-373	[NP] Nursing home: PPS asmt	99 - 02 - 0 - 99	Completed	05/16/2011 12:57:2	05/15/2011
Gibson, Mel Colm-Cille G	01-373	[NP] Nursing home: PPS asmt	99 - 03 - 0 - 99	Completed	08/19/2011 10:56:0	05/30/2011
Gibson, Mel Colm-Cille G	01-373	[NQ] Nursing home: quarterly asmt	02 - 99 - 0 - 99	Completed	11/07/2011 9:18:02	10/25/2011

Facility Resident Selector

Facility: [Nick] "Nicks Place" Search

Status: ADM Search

Search By: Name Resident ID Medical ID

Resident: Search

OK Cancel

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You can use the Facility Resident Selector to choose a specific resident or leave the resident field blank to see all for this particular facility.

Resident Name	ID	ISC	Status	Completed	Assessment reference date	Project completion
Aikman, Troy K	01-327	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:52:18	04/29/2011	04/29/2011
Aikman, Troy K	01-327	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 9:35:49	05/03/2011	05/03/2011
Alomar, Santos	01-361	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:56:50	05/02/2011	05/02/2011
Alomar, Santos	01-361	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:34	05/06/2011	05/06/2011
Bear, Yogi	01-336	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:58:52	04/29/2011	04/29/2011
Bear, Yogi	01-336	[NP] Nursing home: PPS asmt	Completed	05/03/2011 10:26:4	05/03/2011	05/03/2011
Bickell, Bryan	01-344	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:01:29	04/29/2011	04/29/2011
Bickell, Bryan	01-344	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 10:46:4	05/03/2011	05/03/2011
Brantley, Michael C	01-356	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:03:20	05/02/2011	05/02/2011
Brantley, Michael C	01-356	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:08	05/06/2011	05/06/2011
Brown, Christopher M	01-364	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:05:14	05/02/2011	05/02/2011
Brown, Christopher M	01-364	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:28:42	05/06/2011	05/06/2011
Butkus, Richard M	01-328	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:07:06	04/29/2011	04/29/2011
Butkus, Richard M	01-328	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 11:38:2	05/03/2011	05/03/2011
Cabrera, Orlando L	01-357	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:09:02	05/02/2011	05/02/2011
Cabrera, Orlando L	01-357	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:28:16	05/06/2011	05/06/2011
Callaway, Thomas D	01-365	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:11:40	05/02/2011	05/02/2011
Callaway, Thomas D	01-365	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:27:49	05/06/2011	05/06/2011
Caron, Jordan	01-347	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:13:36	04/29/2011	04/29/2011
Caron, Jordan	01-347	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 10:03:3	05/03/2011	05/03/2011
Choo, Shin- Soo	01-354	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:15:30	05/02/2011	05/02/2011
Choo, Shin- Soo	01-354	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:27:24	05/06/2011	05/06/2011
Cribbs, Joshua	01-326	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:17:21	04/29/2011	04/29/2011
Cribbs, Joshua	01-326	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:26:5	05/03/2011	05/03/2011
Demers, Jason	01-346	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:19:15	04/29/2011	04/29/2011
Demers, Jason	01-346	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:50:4	05/03/2011	05/03/2011
Elway, John A	01-323	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:21:03	04/29/2011	04/29/2011
Elway, John A	01-323	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 12:41:1	05/03/2011	05/03/2011
Fenty, Robyn R	01-370	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:28:57	05/02/2011	05/02/2011
Fenty, Robyn R	01-370	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:54:36	05/06/2011	05/06/2011
Ferrell, John W	01-372	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:30:55	05/02/2011	05/02/2011
Ferrell, John W	01-372	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:19:46	05/06/2011	05/06/2011
Germanotta, Stefani Joanne	01-362	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:33:48	05/02/2011	05/02/2011
Germanotta, Stefani Joanne	01-362	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:20:13	05/06/2011	05/06/2011
Gibson, Mel Colm-Cille G	01-373	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:36:13	05/02/2011	05/02/2011

The default option is to submit all completed assessments.

You can choose "SELECTED" which will allow you to choose just one or some of the assessments that you want to automatically apply the feedback to.

This will open a new field that you can check/uncheck to choose specific assessments.

Facility / Resident
Print
ES

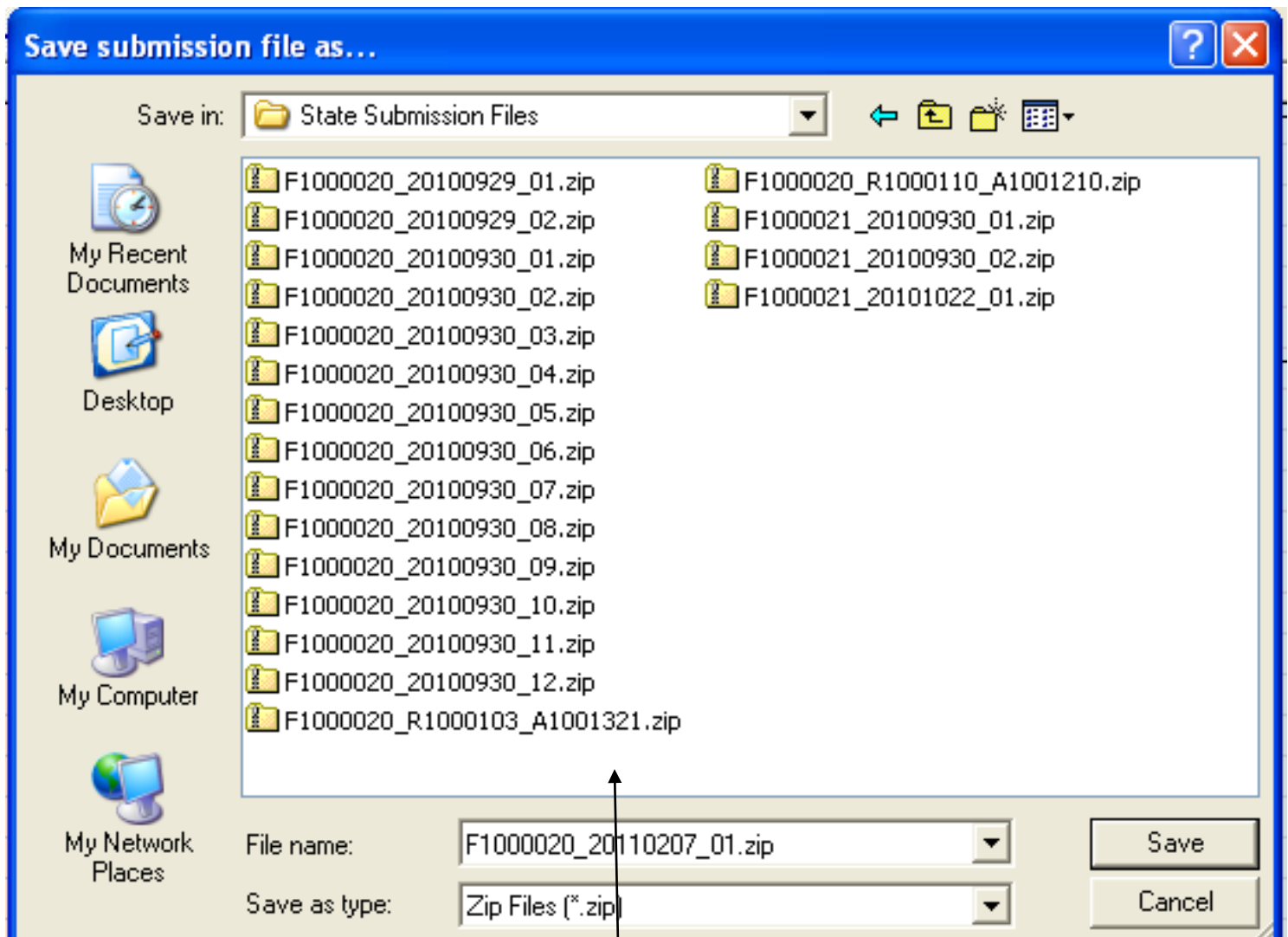
Filter: Not Submitted
Advanced Filter
 Output: Selected All
 Draft Submission
 Create Submission

Resident Name	ID	ISC	Status	Completed	Assessment reference date	Project completion da
Aikman, Troy K	01-327	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:52:18	04/29/2011	04/29/2011
Aikman, Troy K	01-327	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 9:35:49	05/03/2011	05/03/2011
Alomar, Santos	01-361	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:56:50	05/02/2011	05/02/2011
Alomar, Santos	01-361	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:34	05/06/2011	05/06/2011
Bear, Yogi	01-336	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:58:52	04/29/2011	04/29/2011
Bear, Yogi	01-336	[NP] Nursing home: PPS asmt	Completed	05/03/2011 10:26:4	05/03/2011	05/03/2011
Bickell, Bryan	01-344	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:01:29	04/29/2011	04/29/2011
Bickell, Bryan	01-344	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 10:46:4	05/03/2011	05/03/2011
Brantley, Michael C	01-356	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:03:20	05/02/2011	05/02/2011
Brantley, Michael C	01-356	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 29:08	05/06/2011	05/06/2011
Brown, Christopher M	01-364	[NT] Nursing home: tracking (entry/expired)	Completed	05:14	05/02/2011	05/02/2011
Brown, Christopher M	01-364	[NC] Nursing home: comprehensive asmt	Completed	28:42	05/06/2011	05/06/2011
Butkus, Richard M	01-328	[NT] Nursing home: tracking (entry/expired)	Completed	07:06	04/29/2011	04/29/2011
Butkus, Richard M	01-328	[NC] Nursing home: comprehensive asmt	Completed	:38:2	05/03/2011	05/03/2011
Cabrera, Orlando L	01-357	[NT] Nursing home: tracking (entry/expired)	Completed	09:02	05/02/2011	05/02/2011
Cabrera, Orlando L	01-357	[NC] Nursing home: comprehensive asmt	Completed	28:16	05/06/2011	05/06/2011
Callaway, Thomas D	01-365	[NT] Nursing home: tracking (entry/expired)	Completed	11:40	05/02/2011	05/02/2011
Callaway, Thomas D	01-365	[NC] Nursing home: comprehensive asmt	Completed	27:49	05/06/2011	05/06/2011
Caron, Jordan	01-347	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:13:36	04/29/2011	04/29/2011
Caron, Jordan	01-347	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 10:03:3	05/03/2011	05/03/2011
Choo, Shin- Soo	01-354	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:15:30	05/02/2011	05/02/2011
Choo, Shin- Soo	01-354	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:27:24	05/06/2011	05/06/2011
Cribbs, Joshua	01-326	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:17:21	04/29/2011	04/29/2011
Cribbs, Joshua	01-326	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:26:5	05/03/2011	05/03/2011
Demers, Jason	01-346	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:19:15	04/29/2011	04/29/2011
Demers, Jason	01-346	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:50:4	05/03/2011	05/03/2011
Elway, John A	01-323	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:21:03	04/29/2011	04/29/2011
Elway, John A	01-323	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 12:41:1	05/03/2011	05/03/2011
Fenty, Robyn R	01-370	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:28:57	05/02/2011	05/02/2011
Fenty, Robyn R	01-370	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:54:36	05/06/2011	05/06/2011
Ferrell, John W	01-372	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:30:55	05/02/2011	05/02/2011
Ferrell, John W	01-372	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:19:46	05/06/2011	05/06/2011
Germanotta, Stefani Joanne	01-362	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:33:48	05/02/2011	05/02/2011
Germanotta, Stefani Joanne	01-362	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:20:13	05/06/2011	05/06/2011
Gibson, Mel Colm-Cille G	01-373	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:36:13	05/02/2011	05/02/2011

Warning

You are about to create a TEST submission
No MDS will be stamped as submitted in this mode
Proceed?

When using the draft option, you will get this pop-up box letting you know that the Assessments will NOT be stamped as submitted.



When you choose the "Create Submission" option, you will be given the choice as to where you want to save the zip file.

We recommend you create a folder on the "C" drive of the submissions computer called Submissions. Here is where you should save this file.

As you can see here in the example, the name of the file automatically defaults for you. The first part (F1000020) is your facility ID. The second part (20110207) is the date and the final part (01) is the number of submissions created for this facility on this date.

Resident Name	ID	ISC	Status	Completed	Assessment reference date	Project completion date	Submitted
✓ Aikman, Troy K	01-327	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:52:18	04/29/2011	04/29/2011	
Aikman, Troy K	01-327	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 9:35:49	05/03/2011	05/03/2011	
✓ Alomar, Santos	01-361	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:56:50	05/02/2011	05/02/2011	
Alomar, Santos	01-361	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:34	05/06/2011	05/06/2011	
✓ Bear, Yogi	01-336	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 2:58:52	04/29/2011	04/29/2011	
Bear, Yogi	01-336	[NP] Nursing home: PPS asmt	Completed	05/03/2011 10:26:4	05/03/2011	05/03/2011	
✓ Bickell, Bryan	01-344	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:01:29	04/29/2011	04/29/2011	
Bickell, Bryan	01-344	[NC] Nursing home: comprehensive asmt	Completed	05/03/2011 10:46:4	05/03/2011	05/03/2011	
✓ Brantley, Michael C	01-356	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:03:20	05/02/2011	05/02/2011	
Brantley, Michael C	01-356	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:09	05/06/2011	05/06/2011	
Brown, Christopher M	01-364	[NT] Nursing home: tracking (entry/expired)	Completed			05/02/2011	
Brown, Christopher M	01-364	[NC] Nursing home: comprehensive asmt	Completed			05/06/2011	
✓ Butkus, Richard M	01-328	[NT] Nursing home: tracking (entry/expired)	Completed			04/29/2011	
Butkus, Richard M	01-328	[NC] Nursing home: comprehensive asmt	Completed			05/03/2011	
Cabrera, Orlando L	01-357	[NT] Nursing home: tracking (entry/expired)	Completed			05/02/2011	
Cabrera, Orlando L	01-357	[NC] Nursing home: comprehensive asmt	Completed			05/06/2011	
Callaway, Thomas D	01-365	[NT] Nursing home: tracking (entry/expired)	Completed			05/02/2011	
Callaway, Thomas D	01-365	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 3:27:43	05/06/2011	05/06/2011	
Caron, Jordan	01-347	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:13:36	04/29/2011	04/29/2011	
Caron, Jordan	01-347	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 10:03:3	05/03/2011	05/03/2011	
Choo, Shin- Soo	01-354	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:15:30	05/02/2011	05/02/2011	
Choo, Shin- Soo	01-354	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:27:24	05/06/2011	05/06/2011	
Cribbs, Joshua	01-326	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:17:21	04/29/2011	04/29/2011	
Cribbs, Joshua	01-326	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:26:5	05/03/2011	05/03/2011	
✓ Demers, Jason	01-346	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:19:15	04/29/2011	04/29/2011	
Demers, Jason	01-346	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 11:50:4	05/03/2011	05/03/2011	
Elway, John A	01-323	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:21:03	04/29/2011	04/29/2011	
Elway, John A	01-323	[NC] Nursing home: comprehensive asmt	Completed	05/04/2011 12:41:1	05/03/2011	05/03/2011	
Fenty, Robyn R	01-370	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:28:57	05/02/2011	05/02/2011	
Fenty, Robyn R	01-370	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:54:36	05/06/2011	05/06/2011	
Ferrell, John W	01-372	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:30:55	05/02/2011	05/02/2011	
Ferrell, John W	01-372	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:19:46	05/06/2011	05/06/2011	
✓ Germanotta, Stefani Joanne	01-362	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:33:48	05/02/2011	05/02/2011	
Germanotta, Stefani Joanne	01-362	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:20:13	05/06/2011	05/06/2011	
Gibson, Mel Colm-Cille G	01-373	[NT] Nursing home: tracking (entry/expired)	Completed	05/02/2011 3:36:13	05/02/2011	05/02/2011	
Gibson, Mel Colm-Cille G	01-373	[NC] Nursing home: comprehensive asmt	Completed	05/06/2011 9:29:27	05/06/2011	05/06/2011	

Confirm X

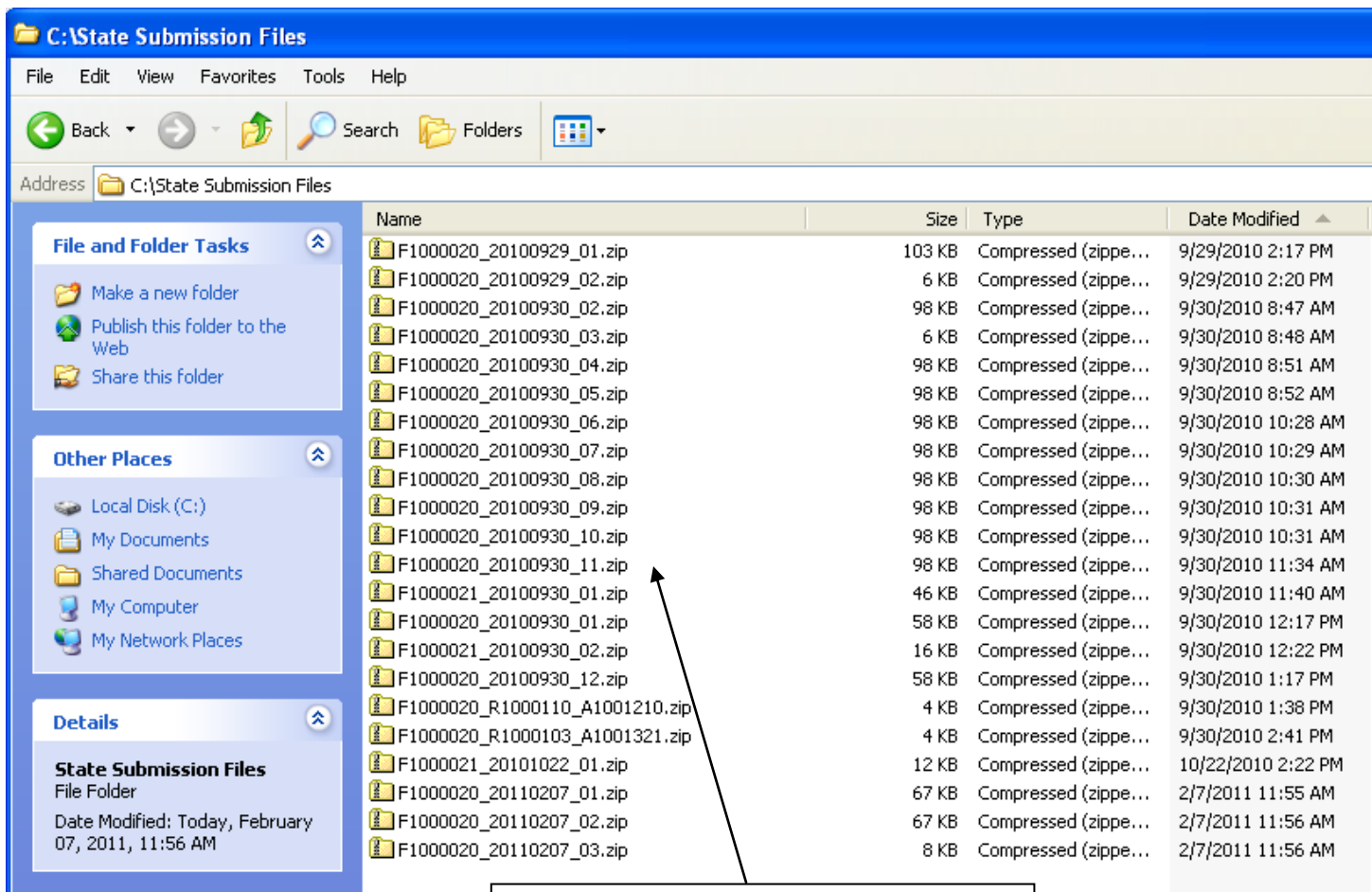
? Next step will mark assessment(s) as submitted
 Proceed?

Yes
Cancel

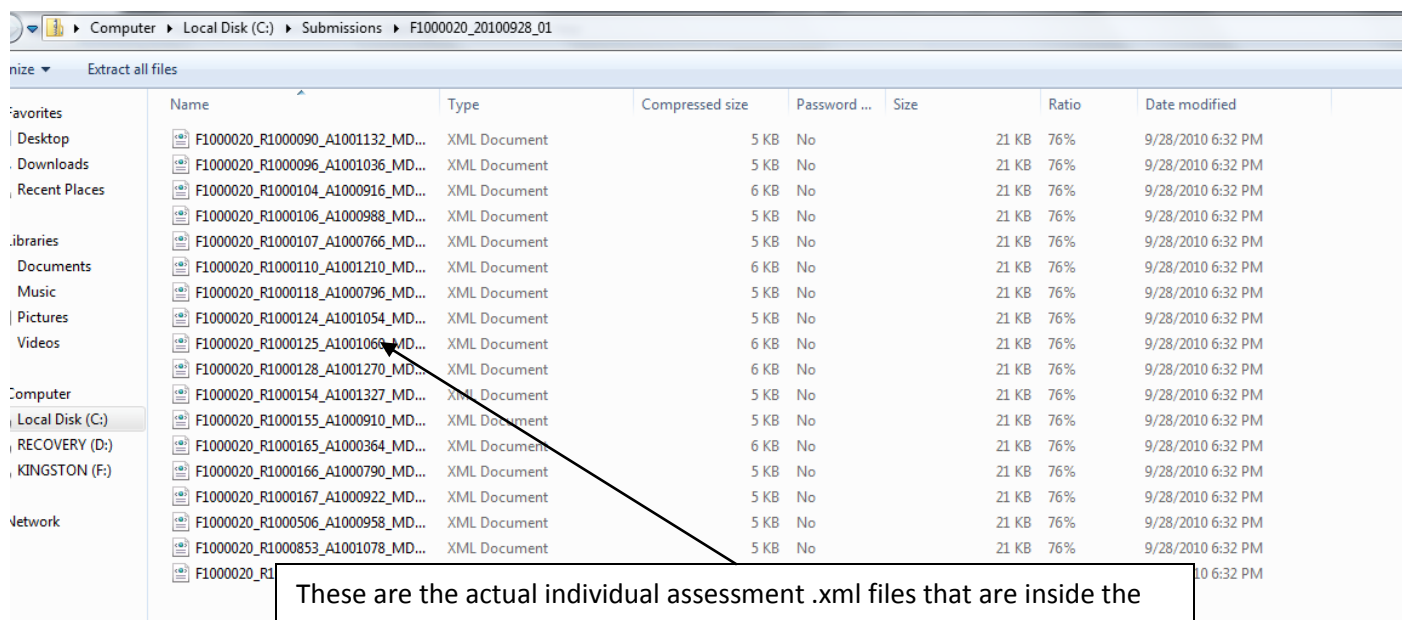
After saving file (draft NOT checked) you will get the pop-up box letting you know that this will mark the assessment as submitted and verifying you want to proceed.

Resident Name	ID	ISC	Status	Completed	Assessment reference date	Project completion date	Submitted
▶ Aikman, Troy K	01-327	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 2:52:18	04/29/2011	04/29/2011	05/10/2011 12:01:5
Alomar, Santos	01-361	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 2:56:50	05/02/2011	05/02/2011	05/10/2011 12:01:5
Bear, Yogi	01-336	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 2:58:52	04/29/2011	04/29/2011	05/10/2011 12:01:5
Bickell, Bryan	01-344	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 3:01:29	04/29/2011	04/29/2011	05/10/2011 12:01:5
Brantley, Michael C	01-356	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 3:03:20	05/02/2011	05/02/2011	05/10/2011 12:01:5
Butkus, Richard M	01-328	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 3:07:06	04/29/2011	04/29/2011	05/10/2011 12:01:5
Demers, Jason	01-346	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 3:19:15	04/29/2011	04/29/2011	05/10/2011 12:01:5
Germanotta, Stefani Joanne	01-362	[NT] Nursing home: tracking (entry/expired)	Submitted	05/02/2011 3:33:48	05/02/2011	05/02/2011	05/10/2011 12:01:5

Now these residents's assessment can be found in the submitted assessment files.



You can find all your submission files in the folder you chose to save them into.



These are the actual individual assessment .xml files that are inside the single .zip file that we just created

Here you can see each file is individually named based on facility, resident & assessment id.

[STAR1] "STAR STRUCK HAVEN" [04-0527] "Bacall, Betty J"

Change Resident New Selected assessment Due MDS list Other assessments ES

Other assessment for resident [04-0527] "Bacall, Betty J"

Start date	ISC	STATUS	Assessment Reference Date	Date of Complete
09/27/2010 10:21:30 AM	[NQ] Nursing home: quarterly asmt	Active	09/27/2010	09/27/2010
09/27/2010 10:20:12 AM	[NQ] Nursing home: quarterly asmt	Active	11/29/2010	09/27/2010
09/15/2010 8:50:12 AM	[NC] Nursing home: comprehensive asmt	Submitted	09/24/2010	09/24/2010

Now the resident's assessment status is updated from "Completed" to Submitted"

After submitting your assessments, CMS will create a Validation Report for you and it will be in your folder. Instead of simply printing this report as usual, you will want to save your validation report from CMS on your computer. Galaxy will then use this file in our Automated Validation Feedback program.

- First, you **MUST** save your file as a **text or .txt document**. (the default varies from computer to computer – usually is a web archive "mht" document and you must change this as directed below)
- Click **File - Save As** and then when dialog box appears (see below) save to your My Documents/Validation Report folder, save as type **".txt"**.
- You will then be able to upload this txt file into the Galaxy Electronic Submission Feedback program per the instructions that follow.
- This should simplify your Validation Report process, save you time and trouble, and ensure accuracy and completeness in your assessments.

New Tab	Ctrl+T	healthdatasolutions.com/cw/MdsTra...
Duplicate Tab	Ctrl+K	
New Window	Ctrl+N	
New Session		
Open...	Ctrl+O	
Edit		
Save	Ctrl+S	
Save As...		
Close Tab	Ctrl+W	
Page Setup...		
Print...	Ctrl+P	
Print Preview...		
Send		
Import and Export...		
Properties		
Work Offline		
Exit		


```

CMS Submission Report
OS 3.0 NH Final Validation Report

Date/Time: 05/16/2011 15:51:13
Date/Time: 05/16/2011 15:57:28
1347139
: Completed
MO
15987
American Idol Nursing Home
MDS0044704
on File: 10
10
Accepted: 9
Rejected: 1
Records: 0
Submitted

```

Save Webpage [?] [X]

Save in: My Documents

Validation Report

File name: VR-429-5-16-2011

Save as type: Text File (*.txt)

Encoding:

- Webpage, complete (*.htm;*.html)
- Web Archive, single file (*.mht)
- Webpage, HTML only (*.htm;*.html)
- Text File (*.txt)**

Save Cancel

Test Records Failed:

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Submitted.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007675.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [03] Annual assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NC] Nursing home: comprehensive asmt

Start date: 02/03/2012 3:20:20 PM

Assessment reference date: 05/17/2012

Completed: by Schaefer, Melissa M., at 06/28/2012 2:00:31 PM

Section V completed: by Schaefer, Melissa M., at 06/28/2012 4:52:12 PM

Submitted: by D'Angelo, Nick, at 08/07/2012 6:15:21 PM

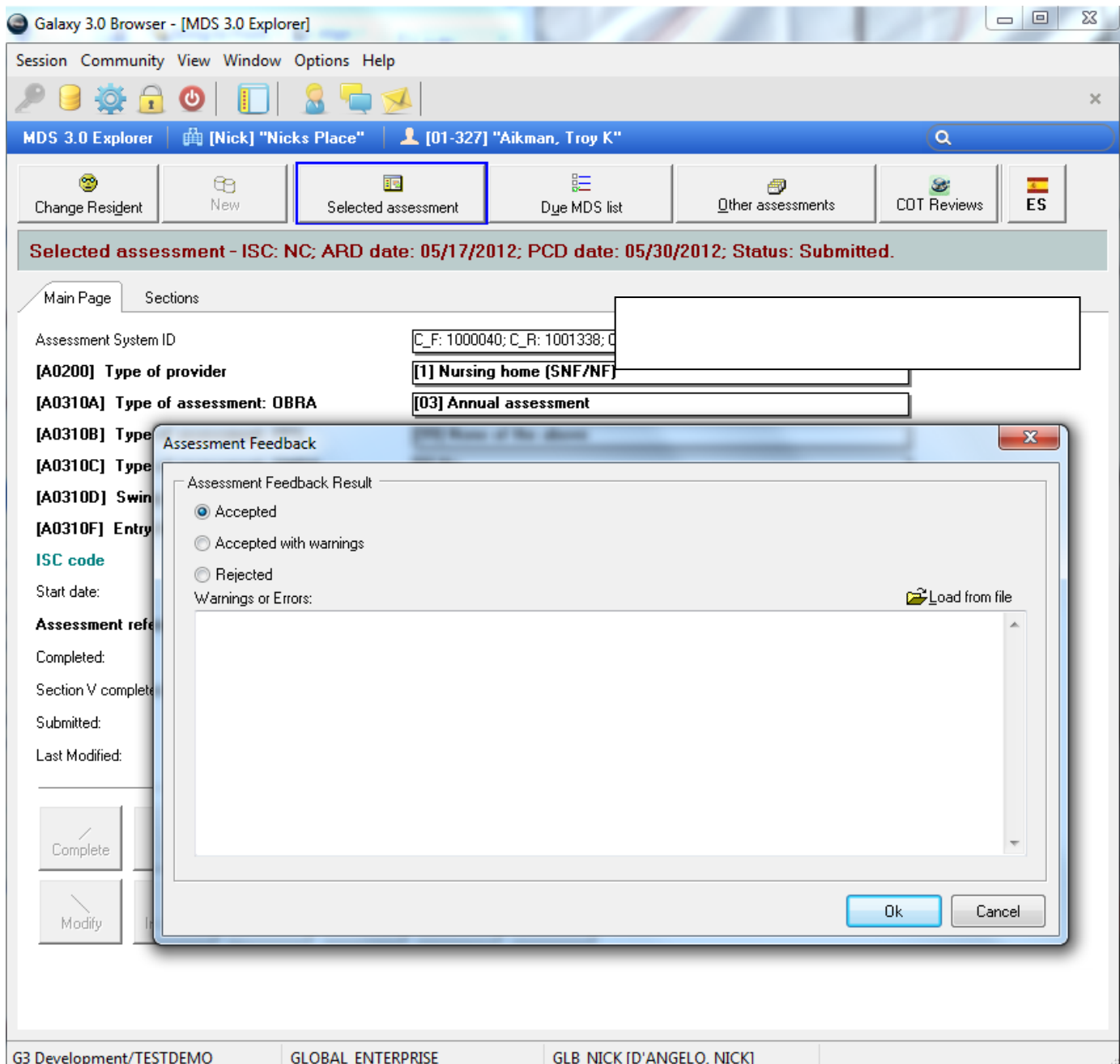
Last Modified: by D'Angelo, Nick, at 08/07/2012 6:15:21 PM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Feedback Case Mix Care Watch MaxTrax

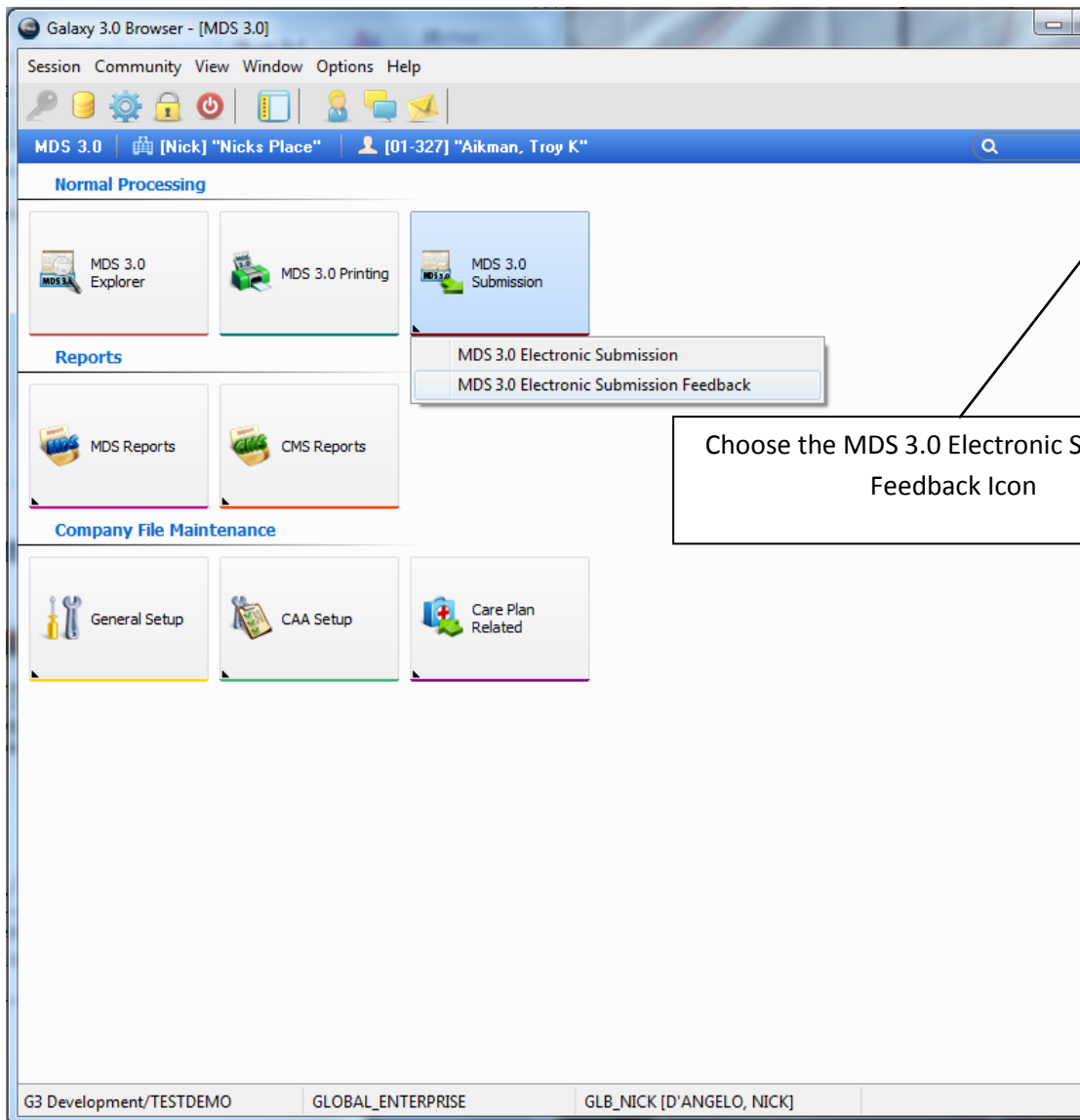
G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

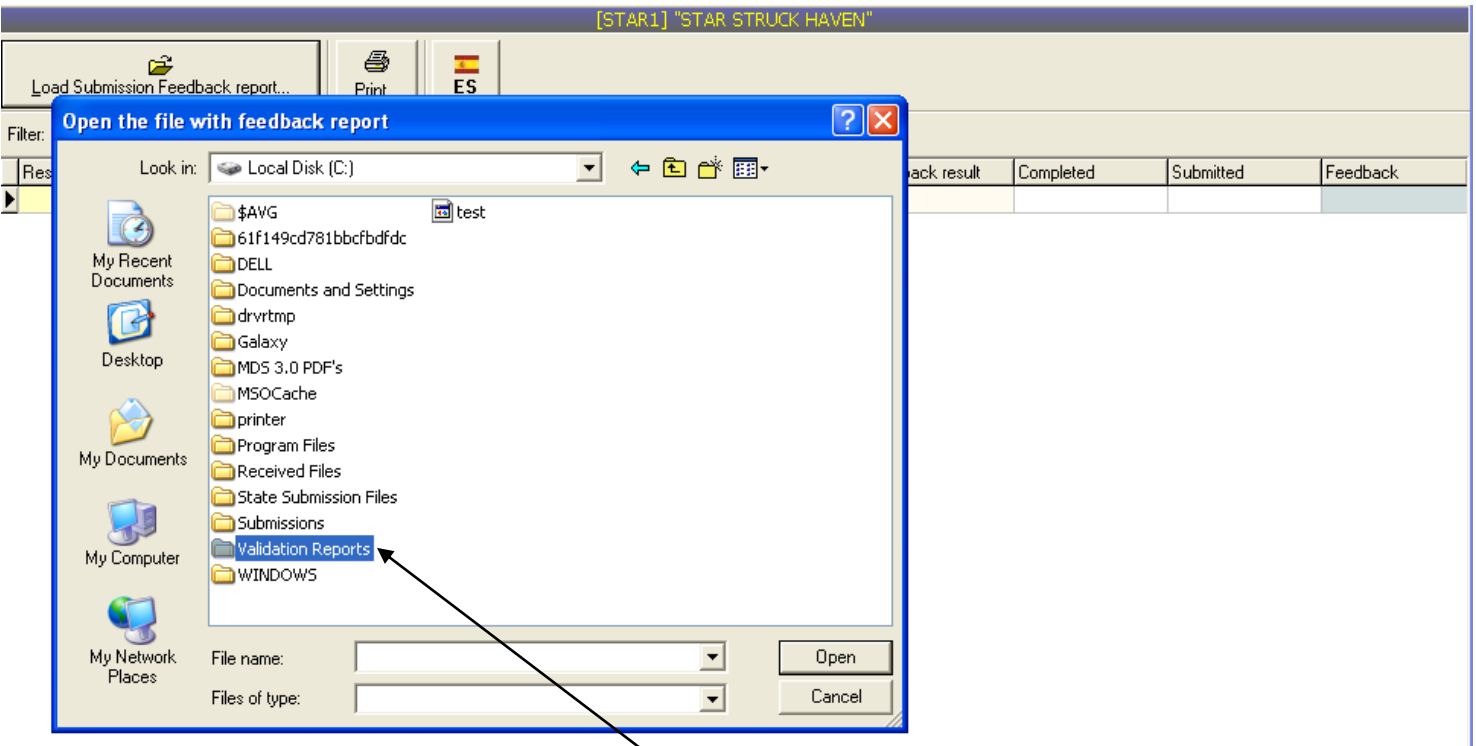
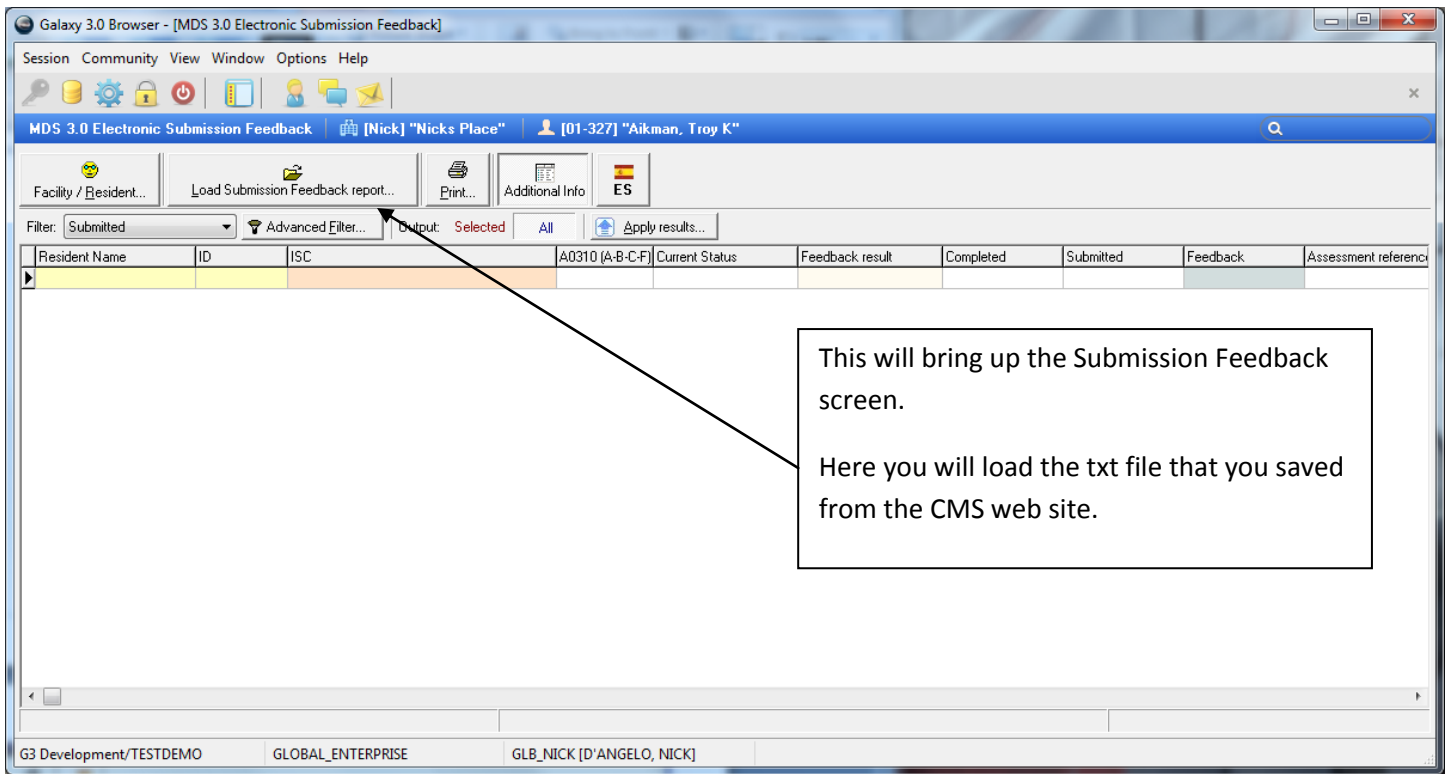
Now that we have submitted this assessment, we have a feedback button.



You can manually enter the results here in the MDS explorer screen or if you have the saved txt file from CMS, you would hit the "Load from File" button.

You can also do an entire feedback report of the submission using the electronic submission feedback (THIS IS HIGHLY RECOMMENDED).





Load Submission Feedback report... Print... ES

Filter: Submitted Advanced Filter... Output: Selected All Apply results...

Resident Name	ID	ISC	Status	Feedback result	Completed	Submitted	Feedback

Open the file with feedback report

Look in: Validation Reports

- 2010
 - 10292010094940_123981.txt
 - 11032010102652_164996.txt
 - 11032010160427[1]_170976.txt

File name: Open

Files of type: Cancel

Choose the file you need to apply.

Resident Name	ISC	Status	Feedback result	Completed	Submitted	Feedback	Assessment reference date	Project completion date
BAR	0	[NP] Nursing home: PPS asmt	Accepted	Rejected, warnings	10/27/2010 2:27:40	12/06/2010 3:17:17	12/06/2010 3:31:27	10/27/2010
BRO	0	[NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/01/2010 1:17:35	11/03/2010 10:07:2	11/04/2010 12:16:0	10/23/2010
BUS	0	[NT] Nursing home: tracking (entry/expired)	Accepted	Accepted, warnings	10/27/2010 4:20:40	11/03/2010 10:07:2	11/04/2010 12:14:4	10/18/2010
BUS	0	[NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	10/29/2010 12:25:4	11/03/2010 10:07:2	11/04/2010 12:15:0	10/28/2010
BUS	0	[NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/01/2010 12:49:5	11/03/2010 10:07:2	11/04/2010 12:35:5	11/01/2010
CAN	0	[NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	11/01/2010 11:46:5	11/03/2010 10:07:2	11/04/2010 12:32:5	10/29/2010
CRO	0	[NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	10/27/2010 2:26:02	11/03/2010 10:07:2	11/04/2010 12:24:4	10/27/2010
DAY	0	[ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/02/2010 8:06:11	11/03/2010 10:07:2	11/04/2010 12:38:5	11/01/2010
GRA	0	[NC] Nursing home: comprehensive asmt	Accepted	Rejected, warnings	11/03/2010 8:40:08	11/24/2010 1:05:29	11/24/2010 1:05:42	11/02/2010
HALL	0	[ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	10/27/2010 3:35:04	11/03/2010 10:07:2	11/04/2010 12:25:2	10/27/2010
HAR	0	[NT] Nursing home: tracking (entry/expired)	Accepted	Accepted	10/29/2010 6:43:46	11/03/2010 10:07:2	11/04/2010 12:32:0	10/29/2010
HICK	0	[NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	11/02/2010 11:23:0	11/03/2010 10:07:2	11/04/2010 12:38:1	11/02/2010
HOD	0	[NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/02/2010 2:29:29	11/03/2010 10:07:2	11/04/2010 12:37:3	11/02/2010
KEN	3	[ND] Nursing home: discharge asmt	Accepted	Accepted	11/01/2010 11:02:1	11/03/2010 10:07:2	11/04/2010 12:34:4	11/01/2010
MET	0	[NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	11/03/2010 8:14:57	11/03/2010 10:07:2	11/04/2010 12:33:4	10/28/2010
MON	3	[NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	10/29/2010 12:09:2	11/03/2010 10:07:2	11/04/2010 12:16:4	10/29/2010
ROS	0	[ND] Nursing home: discharge asmt	Accepted	Accepted	11/01/2010 2:22:53	11/03/2010 10:07:2	11/04/2010 12:36:2	11/01/2010
SHA	7	[NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	11/02/2010 9:01:33	11/03/2010 10:07:2	11/04/2010 12:37:0	11/02/2010
SUM	0	[ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/01/2010 8:47:21	11/03/2010 10:07:2	11/04/2010 12:35:2	11/01/2010
SWARM, DORIS J	958-05	[ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/01/2010 8:03:47	11/03/2010 10:07:2	11/04/2010 12:34:1	10/28/2010

All the data in this file will appear in the screen.
 You can choose ALL to apply the data to all the assessments in this file.
 Apply the results and the system will automatically put all the notes from the report in each assessment that it belongs in!

Feedback result for current assessment

Record: 5 Rejected

Asmt_ID: 1715759 Name: B
 Res_Int_ID: 16506776 SSN: 52
 A0200: 1 Target Date: 10/26/2010
 A0310A: 99 A0310B: 03 Production/Test Indicator: PRODUCTION
 A0310C: 0 A0310D: ^ Attestation Date (X1100E):
 A0310E: 0 A0310F: 99 Type of Transaction (X0100): NEW RECORD



Load Submission Feedback report...

Print...

ES

Filter: All Advanced Filter... Output: Selected All Apply results...

Res	ISC	Status	Feedback result	Completed	Submitted	Feedback	Assessment reference date	Project complete
BAF	/10 [NP] Nursing home: PPS asmt	Accepted	Rejected, warnings	10/27/2010 2:27:40	12/06/2010 3:17:17	12/06/2010 3:31:27	10/26/2010	10/27/2010
BR	/10 [NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/01/2010 1:17:35	11/03/2010 10:07:2	11/04/2010 12:16:0	10/25/2010	10/29/2010
BU	/10 [NT] Nursing home: tracking (entry/expired)	Accepted	Accepted, warnings	10/27/2010 4:20:40	11/03/2010 10:07:2	11/04/2010 12:14:4	10/16/2010	10/18/2010
BU	/10 [NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	10/29/2010 12:25:4	11/03/2010 10:07:2	11/04/2010 12:15:0	10/22/2010	10/28/2010
BU	/10 [NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/01/2010 12:49:5	11/03/2010 10:07:2	11/04/2010 12:35:5	10/29/2010	11/01/2010
CAN	/10 [NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	11/01/2010 11:46:5	11/03/2010 10:07:2	11/04/2010 12:32:5	10/28/2010	10/29/2010
CR	/10 [NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	10/27/2010 2:26:02	11/03/2010 10:07:2	11/04/2010 12:24:4	10/26/2010	10/27/2010
DA	/10 [ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/02/2010 8:06:11	11/03/2010 10:07:2	11/04/2010 12:38:5	11/01/2010	11/02/2010
GR	/10 [NC] Nursing home: comprehensive asmt	Accepted	Rejected, warnings	11/03/2010 8:40:08	11/24/2010 1:05:29	11/24/2010 1:05:42	10/27/2010	11/02/2010
HA	/10 [ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	10/27/2010 3:35:04	11/03/2010 10:07:2	11/04/2010 12:25:2	10/26/2010	10/27/2010
HA	12 [NT] Nursing home: tracking (entry/expired)	Accepted	Accepted	10/29/2010 6:43:46	11/03/2010 10:07:2	11/04/2010 12:32:0	10/28/2010	10/29/2010
HIC	[NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	11/02/2010 11:23:0	11/03/2010 10:07:2	11/04/2010 12:38:1	11/01/2010	11/02/2010
KB	/10 [NP] Nursing home: PPS asmt	Accepted	Accepted, warnings	11/02/2010 2:29:29	11/03/2010 10:07:2	11/04/2010 12:37:3	11/01/2010	11/02/2010
KE	-08 [ND] Nursing home: discharge asmt	Accepted	Accepted	11/01/2010 11:02:1	11/03/2010 10:07:2	11/04/2010 12:34:4	10/28/2010	11/01/2010
ME	/10 [NC] Nursing home: comprehensive asmt	Accepted	Accepted, warnings	11/03/2010 8:14:57	11/03/2010 10:07:2	11/04/2010 12:33:4	10/28/2010	11/02/2010
MO	-08 [NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	10/29/2010 12:09:2	11/03/2010 10:07:2	11/04/2010 12:16:4	10/26/2010	10/29/2010
RO	/10 [ND] Nursing home: discharge asmt	Accepted	Accepted	11/01/2010 2:22:53	11/03/2010 10:07:2	11/04/2010 12:36:2	10/30/2010	11/01/2010
SHAEFFER, ANNE	1931-07 [NQ] Nursing home: quarterly asmt	Accepted	Accepted, warnings	11/02/2010 9:01:33	11/03/2010 10:07:2	11/04/2010 12:37:0	11/01/2010	11/02/2010
SUMMERS, WILLIAM	1931/10 [ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/01/2010 8:47:21	11/03/2010 10:07:2	11/04/2010 12:35:2	10/28/2010	11/01/2010
SWARM, DORIS J	958-05 [ND] Nursing home: discharge asmt	Accepted	Accepted, warnings	11/01/2010 8:03:47	11/03/2010 10:07:2	11/04/2010 12:34:1	10/28/2010	11/01/2010

Feedback result for current assessment

Record: 5 Rejected
Asmt_ID: 1715759 Name: B [REDACTED]
Res_Int_ID: 16506776 SSN: 52 [REDACTED]
A0200: 1 Target Date: 10/26/2010
A0310A: 99 A0310B: 03 Production/Test Indicator: PRODUCTION
A0310C: 0 A0310D: ^ Attestation Date (X1100E):
A0310E: 0 A0310F: 99 Type of Transaction (X0100): NEW RECORD

You can choose "SELECTED" which will allow you to choose just one or some of the assessments that you want to automatically apply the feedback to.

This will open a new filed that you can check/uncheck to choose specific assessments.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Accepted.

Main Page Sections

Assessment System ID	C_F: 1000040; C_R: 1001338; C_A: 1007675.
[A0200] Type of provider	[1] Nursing home (SNF/NF)
[A0310A] Type of assessment: OBRA	[03] Annual assessment
[A0310B] Type of assessment: PPS	[99] None of the above
[A0310C] Type of assessment: OMRA	[0] No
[A0310D] Swing bed clinical change assessment	[^] Blank (skip pattern)
[A0310F] Entry/discharge reporting	[99] None of the above
ISC code	[NC] Nursing home: comprehensive asmt
Start date:	02/03/2012 3:20:20 PM
Assessment reference date:	05/17/2012
Completed:	by Schaefer, Melissa M., at 06/28/2012 2:00:31 PM
Section V completed:	by Schaefer, Melissa M., at 06/28/2012 4:52:12 PM
Submitted:	by D'Angelo, Nick., at 08/07/2012 6:15:21 PM
Accepted:	by D'Angelo, Nick., at 08/07/2012 6:19:50 PM
Last Modified:	by D'Angelo, Nick., at 08/07/2012 6:19:50 PM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mig Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Now that I have entered my feedback, you will notice that I have a lot of additional information on this assessments main page.

We can see information for Start date, Completed, Section V completed Submitted, Accepted and Last Modified.

We also now have both the modify and the inactivate buttons available to us.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [JD201] "John Denver Memorial Health Center" [138] "Anderson, Lynn R"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NQ; ARD date: 09/27/2012; PCD date: 10/10/2012; Status: Active.

Main Page Sections

Assessment System ID: C_F: 2000002; C_R: 1000185; C_A: 1000260.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [02] Quarterly review assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [*] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NQ] Nursing home: quarterly asmt

Start date: 07/31/2012 11:05:30 AM

Assessment reference date: 09/27/2012

Last Modified: by Schaefer, Melissa M., at 07/31/2012 11:05:30 AM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mgr Care Watch MaxTrax

G3 Stage/HHV GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

The Census button will bring up this residents census history if you have our Billing module.

Galaxy 3.0 Browser - [Census]

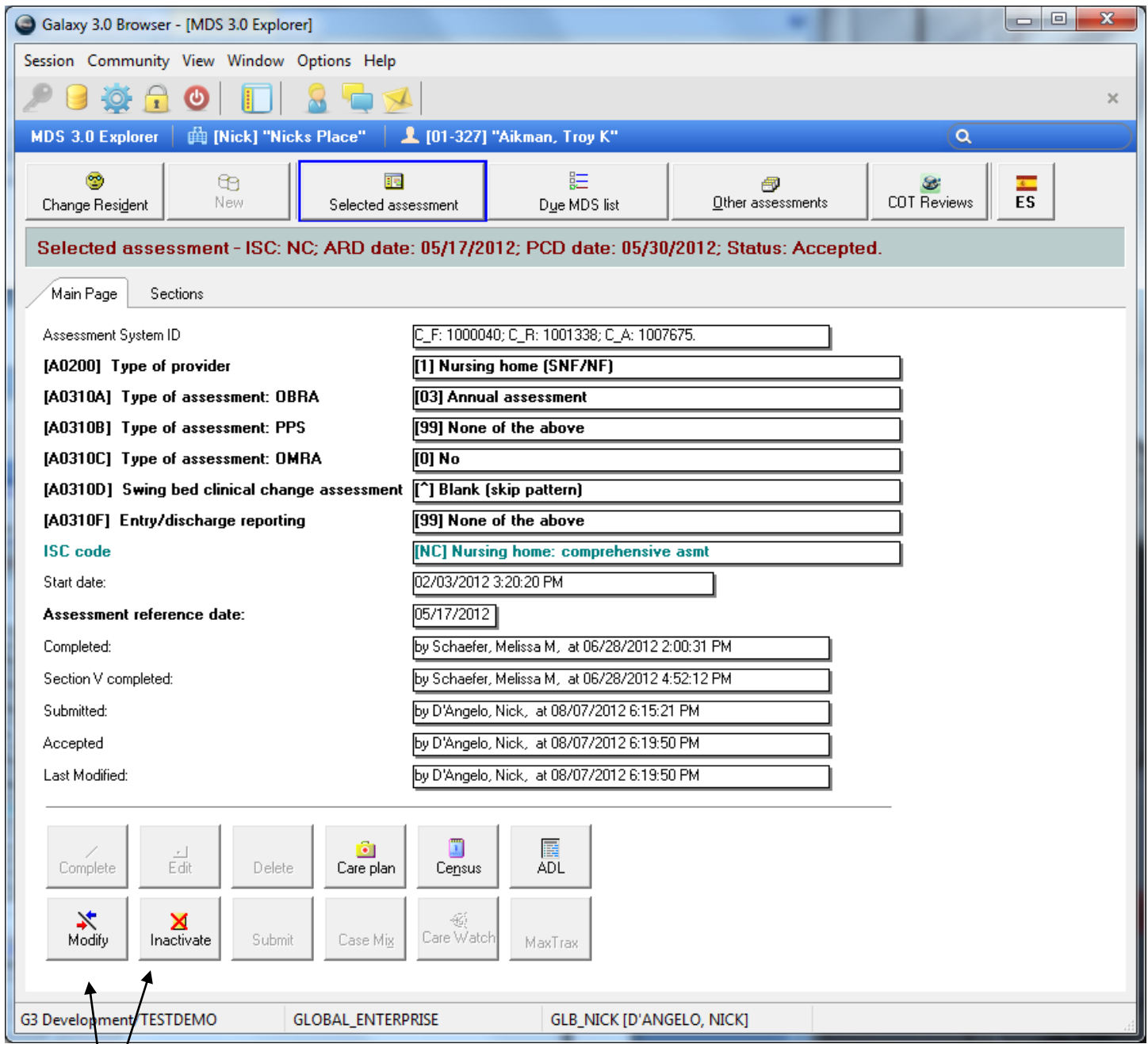
Session Community View Window Options Help

Census [JD201] "John Denver Memorial Health Center" [138] "A"

Census

TP	Start Date	End Date	FC	Day	LOC	Room	Bed	Main Ins.
ADM	01/01/2012	01/12/2012	MCD	INH	ICF	201	2	MCD-WV
USR	01/13/2012	01/15/2012	MCD	HOS	ICF	201	2	MCD-WV
USR	01/16/2012	01/31/2012	MCD	INH	ICF	201	2	MCD-WV
USR	02/01/2012	02/29/2012	MCD	INH	ICF	201	2	MCD-WV

G3 Stage/HHV GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]



Once the assessment has been accepted, you will no longer have correct, edit or delete buttons.

You will now have two new buttons – Modify and Inactivate.

Correct or Edit – these are for an existing assessment that has been completed but NOT accepted by CMS

- NOT submitted yet, or
- Submitted but REJECTED

Delete - this is for an existing assessment regardless if completed that has NOT been accepted by CMS (cannot be undone)

- Not submitted yet, or
- Submitted but rejected

Inactivate - to cancel an assessment that has already been completed AND has been accepted by CMS

(This marks the assessment as Inactivated and sends an inactivation file to CMS)

- Submitted AND Accepted, or
- Submitted AND Accepted with Warnings

Modify – to make changes to an assessment that has already been completed AND has been accepted by CMS

(This marks the assessment as Modified and sends new file to CMS)

- Submitted AND Accepted, or
- Submitted AND Accepted with Warnings

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Accepted.

Main Page Sections

Assessment System ID C_F: 1000040; C_R: 1001338; C_A: 1007675.

[A0200] Type of provider [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA [03] Annual assessment

[A0310B] Type of assessment: PPS [99] None of the above

[A0310C] Type of assessment: OMRA [0] No

[A0310D] Swing bed clinical change assessment [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting [99] None of the above

ISC code

Start date:

Assessment reference date:

Completed:

Section V completed:

Submitted:

Accepted by D'Angelo, Nick, at 08/07/2012 6:19:50 PM

Last Modified: by D'Angelo, Nick, at 08/07/2012 6:19:50 PM

Confirm This will Modify current assessment. Continue?

Yes Cancel

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

To Modify – Click on Modify Button
Section X is no longer OK'd

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Active, modification.

Main Page Sections

View Enter Review All Care Plan

Section	Description	Last modified	Reviewed by
CMS	Auxiliary Data		
A	Identification Information	06/28/2012 1:59:55 PM	Schaefer, Melissa M,
B	Hearing, Speech, and Vision	03/14/2012 2:06:18 PM	D'Angelo, Nick,
C	Cognitive Patterns	08/07/2012 5:44:26 PM	D'Angelo, Nick,
D	Mood	08/07/2012 5:45:22 PM	D'Angelo, Nick,
E	Behavior	08/07/2012 5:45:59 PM	D'Angelo, Nick,
F	Preferences for Customary Routine and Activities	03/14/2012 2:06:45 PM	D'Angelo, Nick,
G	Functional Status	03/14/2012 2:06:56 PM	D'Angelo, Nick,
H	Bladder and Bowel	08/07/2012 5:46:41 PM	D'Angelo, Nick,
I	Active Disease Diagnosis	03/14/2012 2:07:24 PM	D'Angelo, Nick,
J	Health Conditions	03/14/2012 2:07:33 PM	D'Angelo, Nick,
K	Swallowing/Nutritional Status	03/14/2012 2:07:38 PM	D'Angelo, Nick,
L	Oral/Dental Status	03/14/2012 2:07:43 PM	D'Angelo, Nick,
M	Skin Conditions	03/14/2012 2:07:52 PM	D'Angelo, Nick,
N	Medications	03/14/2012 2:07:57 PM	D'Angelo, Nick,
O	Special Treatments and Procedures	03/14/2012 2:08:16 PM	D'Angelo, Nick,
P	Restraints	03/14/2012 2:08:20 PM	D'Angelo, Nick,
Q	Participation in Assessment and Goal Setting	03/14/2012 2:08:25 PM	D'Angelo, Nick,
S	Ohio	03/14/2012 2:09:07 PM	D'Angelo, Nick,
V	Care Area Assessment (CAA) Summary	08/07/2012 5:57:12 PM	D'Angelo, Nick,
X	Correction Request		
Z	Assessment Administration	08/07/2012 5:54:05 PM	D'Angelo, Nick,

Galaxy 3.0 Browser - [MDS 3.0 Section X] Microsoft Internet Explorer

Session Community View Window Options Help

MDS 3.0 Section X [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel

Section X Correction Request

Complete Section X only if A0050 = 2 or 3
Identification of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the National MDS Database

X0150. Type of Provider

Enter Code	Type of Provider
1	1. Nursing home (SNF/NF) 2. Swing Bed

X0200. Name of Resident on existing record to be modified/inactivated

A. First Name:	Troy
C. Last Name:	Aikman

X0300. Gender on existing record to be modified/inactivated

Enter Code	1. Male 2. Female
1	

X0400. Birth Date on existing record to be modified/inactivated

11-21-1966	month - day - year
------------	--------------------

X0500. Social Security Number on existing record to be modified/inactivated

A. Social Security Number:	285-02-7421
----------------------------	-------------

X0600. Type of Assessment on existing record to be modified/inactivated

Enter Code	A. Federal OBRA Reason for Assessment
03	01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code	B. PPS Assessments
99	<u>PPS Scheduled Assessments for a Medicare Part A Stay</u> 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment <u>PPS Unscheduled Assessments for a Medicare Part A Stay</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) <u>Not PPS Assessment</u>

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Section X will auto-fill with all previous data.

Galaxy 3.0 Browser - [MDS 3.0 Section X]

Session Community View Window Options Help

MDS 3.0 Section X [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

B. Discharge Date - Complete only if X0600F = 10, 11, or 12
 -- --
 month - day - year

C. Entry Date - Complete only if X0600F = 01
 -- --
 month - day - year

Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request

X0800. Correction Number

Enter Number
 01 Enter the number of correction requests to modify/inactivate the existing record, including the present one

X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)

↓ Check all that apply

A. Transcription error

B. Data entry error

C. Software product error

D. Item coding error

E. End of Therapy - Resumption (EOT-R) date

Z. Other error requiring modification
 If "Other" checked, please specify: _____

X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)

↓ Check all that apply

A. Event did not occur

Z. Other error requiring modification
 If "Other" checked, please specify: _____

X1100. RN Assessment Coordinator Attestation of Completion

A. Attesting individual's first name:
 Nick _____

B. Attesting individual's last name:
 D'Angelo _____

C. Attesting individual's title:
 Boss _____

D. Signature
 D'Angelo, Nick _____

E. Attestation date
 08-07-2012
 month - day - year

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You will fill out reason and attestation info and OK the section.

Then make your changes to the section that made the modification necessary.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Active, modification.

Main Page Sections

Assessment System ID: C F: 1000040; C R: 1001338; C A: 1008039

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [03] Annual assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NC] Nursing home: comprehensive asmt

Start date: 02/03/2012 3:20:20 PM

Assessment reference date: 05/17/2012

Last Modified: by D'Angelo, Nick, at 08/07/2012 6:50:21 PM

Complete Edit Undo Care plan Census ADL

Modify Inactivate Submit Case Mig Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You are now ready to complete and then submit again

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Active, modification.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1008039.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [03] Annual assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed client: [0] No

[A0310F] Entry/Discharge: [0] No

ISC code: [0] No

Start date: [0] No

Assessment reference date: [0] No

Last Modified: [0] No

Confirm: Would you like to delete (undo) modification record for this assessment?

Yes Cancel

Complete Edit Undo Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL ENTERPRISE GLB NICK ID'ANGELO. NICK1

Another available option is Undo – this will rollback the modification and return the assessment to its previous state

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Accepted.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007675.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [03] Annual assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code

Start date:

Assessment reference date:

Completed:

Section V completed:

Submitted:

Accepted: by D'Angelo, Nick, at 08/07/2012 6:19:50 PM

Last Modified: by D'Angelo, Nick, at 08/07/2012 6:19:50 PM

Confirm

? This will Inactivate current assessment. Continue?

Yes Cancel

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

To Inactivate – Click on Inactivate Button
 Section X is no longer OK'd

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews ES

Selected assessment - ISC: XX; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Active, inactivation.

Main Page Sections

View Enter Review All Care Plan

Section	Description	Last modified	Reviewed by
CMS	Auxiliary Data		
A	Identification Information	06/28/2012 1:59:55 PM	Schaefer, Melissa M,
B	Hearing, Speech, and Vision	03/14/2012 2:06:18 PM	D'Angelo, Nick,
C	Cognitive Patterns	08/07/2012 5:44:26 PM	D'Angelo, Nick,
D	Mood	08/07/2012 5:45:22 PM	D'Angelo, Nick,
E	Behavior	08/07/2012 5:45:59 PM	D'Angelo, Nick,
F	Preferences for Customary Routine and Activities	03/14/2012 2:06:45 PM	D'Angelo, Nick,
G	Functional Status	03/14/2012 2:06:56 PM	D'Angelo, Nick,
H	Bladder and Bowel	08/07/2012 5:46:41 PM	D'Angelo, Nick,
I	Active Disease Diagnosis	03/14/2012 2:07:24 PM	D'Angelo, Nick,
J	Health Conditions	03/14/2012 2:07:33 PM	D'Angelo, Nick,
K	Swallowing/Nutritional Status	03/14/2012 2:07:38 PM	D'Angelo, Nick,
L	Oral/Dental Status	03/14/2012 2:07:43 PM	D'Angelo, Nick,
M	Skin Conditions	03/14/2012 2:07:52 PM	D'Angelo, Nick,
N	Medications	03/14/2012 2:07:57 PM	D'Angelo, Nick,
O	Special Treatments and Procedures	03/14/2012 2:08:16 PM	D'Angelo, Nick,
P	Restraints	03/14/2012 2:08:20 PM	D'Angelo, Nick,
Q	Participation in Assessment and Goal Setting	03/14/2012 2:08:25 PM	D'Angelo, Nick,
S	Ohio	03/14/2012 2:09:07 PM	D'Angelo, Nick,
V	Care Area Assessment (CAA) Summary	08/07/2012 5:57:12 PM	D'Angelo, Nick,
X	Correction Request		
Z	Assessment Administration	08/07/2012 5:54:05 PM	D'Angelo, Nick,

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

This opens section X

Galaxy 3.0 Browser - [MDS 3.0 Section X]

Session Community View Window Options Help

MDS 3.0 Section X [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

Section X Correction Request

Complete Section X only if A0050 = 2 or 3
Identification of Record to be Modified/Inactivated - The following items identify the existing assessment record that is in error. In this section, reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect This information is necessary to locate the existing record in the National MDS Database

X0150. Type of Provider

Enter Code	Type of Provider
1	1. Nursing home (SNF/NF) 2. Swing Bed

X0200. Name of Resident on existing record to be modified/inactivated

A. First Name:	Troy
C. Last Name:	Aikman

X0300. Gender on existing record to be modified/inactivated

Enter Code	1. Male 2. Female
1	

X0400. Birth Date on existing record to be modified/inactivated

11-21-1966
month - day - year

X0500. Social Security Number on existing record to be modified/inactivated

A. Social Security Number:	285-02-7421
----------------------------	-------------

X0600. Type of Assessment on existing record to be modified/inactivated

Enter Code	A. Federal OBRA Reason for Assessment
03	01. Admission assessment (required by day 14) 02. Quarterly review assessment 03. Annual assessment 04. Significant change in status assessment 05. Significant correction to prior comprehensive assessment 06. Significant correction to prior quarterly assessment 99. None of the above
Enter Code	B. PPS Assessments
99	<u>PPS Scheduled Assessments for a Medicare Part A Stay</u> 01. 5-day scheduled assessment 02. 14-day scheduled assessment 03. 30-day scheduled assessment 04. 60-day scheduled assessment 05. 90-day scheduled assessment 06. Readmission/return assessment <u>PPS Unscheduled Assessments for a Medicare Part A Stay</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment) Not PPS Assessment

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Section X will auto-fill with all previous data.

Galaxy 3.0 Browser - [MDS 3.0 Section X]

Session Community View Window Options Help

MDS 3.0 Section X [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

View Enter Review Resolve (F2) Consistency (F3) Note OK Cancel ES

B. Discharge Date - Complete only if X0600F = 10, 11, or 12
 month - day - year

C. Entry Date - Complete only if X0600F = 01
 month - day - year

Correction Attestation Section - Complete this section to explain and attest to the modification/inactivation request

X0800. Correction Number
 Enter Number: 01
 Enter the number of correction requests to modify/inactivate the existing record, including the present one

X0900. Reasons for Modification - Complete only if Type of Record is to modify a record in error (A0050 = 2)
 Check all that apply

- A. Transcription error
- B. Data entry error
- C. Software product error
- D. Item coding error
- E. End of Therapy - Resumption (EOT-R) date
- Z. Other error requiring modification
 If "Other" checked, please specify: _____

X1050. Reasons for Inactivation - Complete only if Type of Record is to inactivate a record in error (A0050 = 3)
 Check all that apply

- A. Event did not occur
- Z. Other error requiring modification
 If "Other" checked, please specify: _____

X1100. RN Assessment Coordinator Attestation of Completion

A. Attesting individual's first name:
 Nick

B. Attesting individual's last name:
 D'Angelo

C. Attesting individual's title:
 Big Boss

D. Signature
 D'Angelo, Nick

E. Attestation date
 08-05-2012
 month - day - year

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You will fill out reason and attestation info and OK the section.

Then make your changes to the section that made the inactivation necessary.

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Dye MDS list Other assessments COT Reviews E

Selected assessment - ISC: XX; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Active, inactivation.

Main Page Sections

Assessment System ID **[INACTIVATION]** C_F: 1000040; C_R: 1001338; C_A: 1008040.

[A0200] Type of provider **[1] Nursing home (SNF/NF)**

[A0310A] Type of assessment: OBRA **[03] Annual assessment**

[A0310B] Type of assessment: PPS **[99] None of the above**

[A0310C] Type of assessment: OMRA **[0] No**

[A0310D] Swing bed clinical change assessment **[^] Blank (skip pattern)**

[A0310F] Entry/discharge reporting **[99] None of the above**

ISC code **[XX] Inactivation request**

Start date: 02/03/2012 3:20:20 PM

Assessment reference date: 05/17/2012

Last Modified: by D'Angelo, Nick, at 08/07/2012 6:59:20 PM

Complete Edit Undo Care plan Census ADL

Modify Inactivate Submit Case Mig Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

You are now ready to complete and then submit

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NC; ARD date: 05/17/2012; PCD date: 05/30/2012; Status: Accepted.

Main Page Sections

Assessment System ID: C_F: 1000040; C_R: 1001338; C_A: 1007675.

[A0200] Type of provider: [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA: [03] Annual assessment

[A0310B] Type of assessment: PPS: [99] None of the above

[A0310C] Type of assessment: OMRA: [0] No

[A0310D] Swing bed clinical change assessment: [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting: [99] None of the above

ISC code: [NC] Nursing home: comprehensive asmt

Start date: 02/03/2012 3:20:20 PM

Assessment reference date: 05/17/2012

Completed: by Schaefer, Melissa M., at 06/28/2012 2:00:31 PM

Section V completed: by Schaefer, Melissa M., at 06/28/2012 4:52:12 PM

Submitted: by D'Angelo, Nick., at 08/07/2012 6:15:21 PM

Accepted: by D'Angelo, Nick., at 08/07/2012 6:19:50 PM

Last Modified: by D'Angelo, Nick., at 08/07/2012 6:19:50 PM

Complete Edit Delete Care plan Census ADL

Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

If you have our Care Plan module you will be able to automatically create your individualized Care Plan with just the push of this button!

Trigged changes in Care Plan for current resident:

Category Problem	Goals	Target Date	Interventions Subinterventions	Disciplines	Note/outcome
<input type="checkbox"/> 1. SKIN CONDITIONS (incl.PRESSURE ULCERS)					
<input type="checkbox"/> 2. DEHYDRATION					
<input type="checkbox"/> 3. FALLS					
<input type="checkbox"/> 4. BEHAVIOR/MOOD/WELL BEING					
<input type="checkbox"/> 5. COMMUNICATION					
<input type="checkbox"/> 6. COGNITION/DELIRIUM					
<input type="checkbox"/> 7. NUTRITION					
<input type="checkbox"/> 8. SENSORY: HEARING AND VISION					
<input type="checkbox"/> 9. BOWEL					
<input type="checkbox"/> 10. BLADDER/URINARY CATHETERS					
<input type="checkbox"/> 11. ACTIVE DISEASE DIAGNOSIS					
<input type="checkbox"/> 12. PAIN					
<input type="checkbox"/> 13. ACTIVITIES					
<input type="checkbox"/> 14. ADL FUNCTIONAL AND PREFERENCES					
[Add category]					

Show changes only Start date: 08/07/2012

Galaxy 3.0 Browser - [MDS 3.0 Explorer]

Session Community View Window Options Help

MDS 3.0 Explorer [Nick] "Nicks Place" [01-327] "Aikman, Troy K"

Change Resident New Selected assessment Due MDS list Other assessments COT Reviews ES

Selected assessment - ISC: NQ; ARD date: 08/16/2012; PCD date: 08/29/2012; Status: Completed.

Main Page Sections

Assessment System ID C_F: 1000040; C_R: 1001338; C_A: 1007998.

[A0200] Type of provider [1] Nursing home (SNF/NF)

[A0310A] Type of assessment: OBRA [02] Quarterly review assessment

[A0310B] Type of assessment: PPS [99] None of the above

[A0310C] Type of assessment: OMRA [0] No

[A0310D] Swing bed clinical change assessment [^] Blank (skip pattern)

[A0310F] Entry/discharge reporting [99] None of the above

ISC code [NQ] Nursing home: quarterly asmt

Start date: 06/28/2012 2:00:34 PM

Assessment reference date: 08/16/2012

Completed: by D'Angelo, Nick, at 08/07/2012 6:07:12 PM

Last Modified: by D'Angelo, Nick, at 08/07/2012 7:09:34 PM

Correct Edit Delete Care plan Census ADL

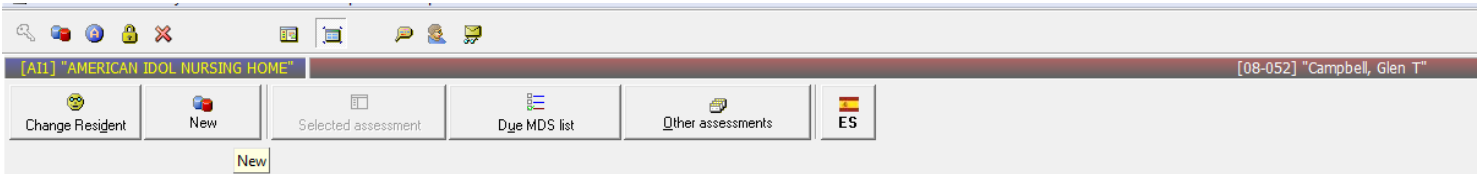
Modify Inactivate Submit Case Mix Care Watch MaxTrax

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Remember.....

- Your available options will change based on where you are in the assessment process. You MUST apply feedback (preferably through the Electronic Submission Feedback process).
- You can only correct/edit an assessment that has NOT been accepted by CMS.
- You can only modify/inactivate an assessment that HAS been accepted by CMS.

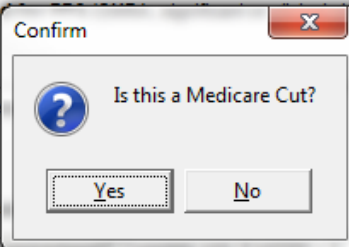
Medicare Cut – When you create a new assessment for a Medicare resident you can now activate the Medicare cut automatically.



A0200. Type of Provider	
Enter Code 1	Type of Provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0310. Type of Assessment	
Enter Code 02	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14). 02. Quarterly review assessment. 03. Annual assessment. 04. Significant change in status assessment. 05. Significant correction to prior comprehensive assessment. 06. Significant correction to prior quarterly assessment. 99. Not OBRA required assessment.
Enter Code 04	B. PPS Assessments <u>PPS Scheduled Assessments for a Medicare Part A Stay.</u> 01. 5-day scheduled assessment. 02. 14-day scheduled assessment. 03. 30-day scheduled assessment. 04. 60-day scheduled assessment. 05. 90-day scheduled assessment. 06. Readmission/return assessment. <u>PPS Unscheduled Assessments for a Medicare Part A Stay.</u> 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment). <u>Not PPS Assessment.</u> 99. Not PPS assessment
Enter Code 0	C. PPS Other Medicare Required Assessment – OMRA 0. No. 1. Start of therapy assessment. 2. End of therapy assessment. 3. Both Start and End of therapy assessment.
Enter Code 1	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2. 0. No 1. Yes
Enter Code 99	F. Entry/discharge reporting 01. Entry record. 10. Discharge assessment-return not anticipated. 11. Discharge assessment-return anticipated. 12. Death in facility record. 99. Not entry/discharge record
A2300. Assessment Reference Date:	
	03-31-2011 month - day - year
A2400B. Medicare start date	
	02-01-2011 month - day - year
Z0500B. Projected Completion Date:	
	04-14-2011 month - day - year
Quarter number for quarterly assessment	
	Enter quarter: 2

Change A0310B to 99 on any Medicare assessment and you will receive this pop-up asking if this is a Medicare Cut?

A0200. Type of Provider	
Enter Code 1	Type of Provider 1. Nursing home (SNF/NF) 2. Swing Bed
A0310. Type of Assessment	
Enter Code 02	A. Federal OBRA Reason for Assessment 01. Admission assessment (required by day 14). 02. Quarterly review assessment. 03. Annual assessment. 04. Significant change in status assessment. 05. Significant correction to prior comprehensive assessment. 06. Significant correction to prior quarterly assessment. 99. Not OBRA required assessment.
Enter Code 99	B. PPS Assessments <u>PPS Scheduled Assessments for a Medicare Part A Stay.</u> 01. 5-day scheduled assessment. 02. 14-day scheduled assessment. 03. 30-day scheduled assessment. 04. 60-day scheduled assessment. 05. 90-day scheduled assessment. 06. Readmission/return assessment. <u>PPS Unscheduled Assessments for a Medicare Part A Stay.</u> 07. Unscheduled assessment used for a change, or significant correction assessment). <u>Not PPS Assessment.</u> 99. Not PPS assessment
Enter Code 0	C. PPS Other Medicare Required Assessment 0. No. 1. Start of therapy assessment. 2. End of therapy assessment. 3. Both Start and End of therapy assessment
Enter Code 0	D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2 0. No 1. Yes
Enter Code 99	F. Entry/discharge reporting 01. Entry record. 10. Discharge assessment-return not anticipated. 11. Discharge assessment-return anticipated. 12. Death in facility record. 99. Not entry/discharge record
A2300. Assessment Reference Date:	
	03-31-2011 month - day - year
Z0500B. Projected Completion Date:	
	04-14-2011 month - day - year
Quarter number for quarterly assessment	
	Enter quarter: 2



If you answer yes, the program will automatically calculate the new ARD date based on the non-Medicare assessment schedule.

A0200. Type of Provider

Enter Code **1** Type of Provider
 1. Nursing home (SNF/NF)
 2. Swing Bed

A0310. Type of Assessment

Enter Code **02** A. Federal OBRA Reason for Assessment
 01. Admission assessment (required by day 14).
 02. Quarterly review assessment.
 03. Annual assessment.
 04. Significant change in status assessment.
 05. Significant correction to prior comprehensive assessment.
 06. Significant correction to prior quarterly assessment.
 99. Not OBRA required assessment.

Enter Code **99** B. PPS Assessments
PPS Scheduled Assessments for a Medicare Part A Stay.
 01. 5-day scheduled assessment.
 02. 14-day scheduled assessment.
 03. 30-day scheduled assessment.
 04. 60-day scheduled assessment.
 05. 90-day scheduled assessment.
 06. Readmission/return assessment.
PPS Unscheduled Assessments for a Medicare Part A Stay.
 07. Unscheduled assessment used for PPS (OMRA, significant or clinical change, or significant correction assessment).
Not PPS Assessment.
 99. Not PPS assessment

Enter Code **0** C. PPS Other Medicare Required Assessment – OMRA
 0. No.
 1. Start of therapy assessment.
 2. End of therapy assessment.
 3. Both Start and End of therapy assessment.

Enter Code **—** D. Is this a Swing Bed clinical change assessment? Complete only if A0200 = 2.
 0. No
 1. Yes

Enter Code **99** F. Entry/discharge reporting
 01. Entry record.
 10. Discharge assessment-return not anticipated.
 11. Discharge assessment-return anticipated.
 12. Death in facility record.
 99. Not entry/discharge record

A2300. Assessment Reference Date:

05-25-2011
 month - day - year

Z0500B. Projected Completion Date:

04-14-2011
 month - day - year

Quarter number for quarterly assessment

Enter quarter:
2

The RAI Manual is linked to our MDS 3.0 assessments via the F1 key.

From within any section of the assessment, if you hit your F1 key, the program will open an html rendered page of that specific section from the RAI manual. This is in addition to all our help guides available from Help/Galaxy Web Help. Now help is literally just a key stroke away!

The screenshot displays two overlapping windows from the Galaxy 3.0 Browser. The background window shows the MDS 3.0 Resident Assessment interface, with a table of items including C0300 (Temporal Orientation), C0400 (Recall), C0500 (Summary Score), C0600 (Should the Staff Assessment for Mental Status be Conducted?), and C0700 (Short-term Memory). The foreground window shows a help page for Section C: Cognitive Patterns, detailing the intent of the section, the C0100 item, item rationale (Health-related Quality of Life and Planning for Care), steps for assessment, coding instructions, and coding tips.

SECTION C: COGNITIVE PATTERNS

Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information. These items are crucial factors in many care-planning decisions.

C0100: Should Brief Interview for Mental Status Be Conducted?

C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?
Attempt to conduct interview with all residents

Enter Code	0. No (resident is rarely/never understood) → Skip to and complete C0700-C1000, Staff Assessment for Mental Status
	1. Yes → Continue to C0200, Repetition of Three Words

Item Rationale

Health-related Quality of Life

- This information identifies if the interview will be attempted.
- Most residents are able to attempt the Brief Interview for Mental Status (BIMS).
- A structured cognitive test is more accurate and reliable than observation alone for observing cognitive performance.
 - Without an attempted structured cognitive interview, a resident might be mislabeled based on his or her appearance or assumed diagnosis.
 - Structured interviews will efficiently provide insight into the resident's current condition that will enhance good care.

Planning for Care

- Structured cognitive interviews assist in identifying needed supports.
- The structured cognitive interview is helpful for identifying possible delirium behaviors (C1300).

Steps for Assessment

- Determine if the resident is rarely/never understood verbally or in writing. If rarely/never understood, skip to C0700 – C1000, Staff Assessment of Mental Status.
- Review **Language** item (A1100), to determine if the resident needs or wants an interpreter.
- If the resident needs or wants an interpreter, complete the interview with an interpreter.

Coding Instructions

Record whether the cognitive interview should be attempted with the resident.

- Code 0, no:** if the interview should not be attempted because the resident is rarely/never understood or an interpreter is needed but not available. Skip to C0700, **Staff Assessment of Mental Status**.
- Code 1, yes:** if the interview should be attempted because the resident is at least sometimes understood verbally or in writing, and if an interpreter is needed, one is available. Proceed to C0200, **Repetition of Three Words**.

Coding Tips

- If the resident needs an interpreter, every effort should be made to have an interpreter present for the BIMS. If it is not




Galaxy 3.0 Browser - [Galaxy Web Help]

Session Community View Window Options Help














MDS 3.0 Section C [Nick] "Nicks Place" n, Troy K"

Galaxy Web Help




Accounts Payable

- [Normal Processing \[PDF, 7385K\]](#) 
- [Reports Informational Guide \[PDF, 2474K\]](#) 
- [Company File Maintenance \[PDF, 3376K\]](#) 



Accounts Receivable

- Normal Processing
 - [Normal Processing \[PDF, 810K\]](#) 
 - [Census \[PDF, 3893K\]](#) 
 - [Ancillary Charges \[PDF, 2444K\]](#) 
 - [Cash Receipts \[PDF, 1685K\]](#) 
 - [Adjustments \[PDF, 2342K\]](#) 
 - [Trust Funds \[PDF, 3133K\]](#) 
- Company File Maintenance
 - [Company File Maintenance Setup Guide \[PDF, 2440K\]](#) 
 - [General Folder \[PDF, 2364K\]](#) 
 - [Insurers Folder \[PDF, 3028K\]](#) 
 - [Census Related Folder \[PDF, 2154K\]](#) 
 - [Ancillary Set-Up \[PDF, 1549K\]](#) 
 - [Cash Receipts Set-Up \[PDF, 466K\]](#) 
- [MPPR Adjustments \[PDF, 76K\]](#) 

ADT

- [ADT \[PDF, 922K\]](#) 
- [ADT Resident Reports \[PDF, 2176K\]](#) 
- [Company File Maintenance \[PDF, 833K\]](#) 

Care Plan 3

- [Care Plan 3 \[PDF, 1782K\]](#) 
- [Care Plan 3 Made easy from MDS 3.0 \[PDF, 1446K\]](#) 

Corporate Setup

Home << Back Close

G3 Development/TESTDEMO GLOBAL_ENTERPRISE GLB_NICK [D'ANGELO, NICK]

Click Help, then Galaxy Web Help anytime you are in Galaxy to access all our Help Guide Documents on all our Modules!