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| 4 | 4.2 | 4-1 | ~~The MDS is a starting point~~**The MDS is a starting point**. The Minimum Data Set (MDS) is . . . |
| 4 | 4.2 | 4-2 | ~~The CAA process framework~~**The CAA process framework**. The CAA process provides . . . |
| 4 | 4.4 | 4-5 | Not all triggers identify deficits or problems. Some triggers indicate areas of resident strengths, and can suggest possible approaches to improve a resident's functioning or minimize decline. For example, MDS item responses indicate the "resident believes he or she is capable of increased independence in at least some ADLs" (~~item~~ Item G0900A) may focus the assessment and care plan on functional areas most important to the resident or on the area with the greatest potential for improvement. |
| 4 | 4.5 | 4-6 | ~~Assigning responsibility for completing the MDS and CAAs~~**Assigning responsibility for completing the MDS and CAAs**. Per the OBRA statute . . . |
| 4 | 4.5 | 4-6 | ~~Identifying policies and practices related to the assessment and care planning processes~~**Identifying policies and practices related to the assessment and care planning processes**. Under the OBRA regulations . . . |
| 4 | 4.5 | 4-6 | ~~CAA documentation CAA documentation~~**CAA documentation CAA documentation**. CAA documentation helps . . . |
| 4 | 4.6 | 4-7 | ~~Limitations of the RAI related instruments~~**Limitations of the RAI-related instruments**. The RAI provides . . . |
| 4 | 4.7 | 4-9 | Fixed table spacing. |
| 4 | 4.9 | 4-12 | ~~Step 1: Identification of Triggered CAAs~~**Step 1: Identification of Triggered CAAs**. After completing the MDS . . . |
| 4 | 4.9 | 4-13 | ~~Step 2: Analysis of Triggered CAAs~~**Step 2: Analysis of Triggered CAAs**. Review a triggered . . . |
| 4 | 4.9 | 4-14 | ~~Chief Complaint:~~ **Chief Complaint:** New onset of falls . . . |
| 4 | 4.9 | 4-14 | ~~Problem Statement:~~ **Problem Statement:** Resident currently falling 2-3 times per week. Falls are preceded by lightheadedness. Most falls occurred after she stood up and started walking; a few falls occurred while attempting to stand up from a sitting or lying position. |
| 4 | 4.9 | 4-15 | ~~Steps 3 and 4: Decision Making and CAA Documentation~~**Steps 3 and 4: Decision Making and CAA Documentation**. The care plan is driven . . . |
| 4 | 4.10 | 4-16 | **NOTE**: Each of the following descriptions of the Twenty Care Areas includes a table listing the Care Area Trigger (CAT) logical specifications. For those MDS items that require a numerical response, the logical specifications will reference the numerical response that triggered the Care Area. For those |

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| | | | MDS items that require a check mark response (e.g. H0100, J0800, K0510, etc.), the logical specifications will reference this response in numerical form when the check box response is one that triggers a Care Area. Therefore, in the tables below, when a check mark has been placed in a check box item on the MDS and triggers a Care Area, the logical specifications will reference a value of "1." Example: "H0100A=1" means that a check mark has been placed in the check box item H0100A. Similarly, the Care Area logical specifications will reference a value of "0" (zero) to indicate that a check box item is ~~**not**~~ not checked. Example: "I4800=0" means that a check mark has ~~**not**~~ not been placed in the check box item I4800. |
| 4 | 4.10 | 4-16 | **((V0100D >= 0) ~~AND(V0100D~~ AND (V0100D <= 15)) AND** |
| 4 | 4.10 | 4-17 | Cognitive prerequisites for an independent life include the ability to remember recent events and the ability to make safe daily decisions. Although the aging process may be associated with mild impairment, decline in cognition is often the result of other factors such as delirium, another mental health issue and/or condition, a stroke, and/or dementia. Dementia is not a specific condition but a syndrome that may be linked to several causes. According to the *Diagnostic and Statistical Manual, Fourth Edition, Text Revision* (DSM-IV-TR), the dementia syndrome is defined by the presence of three criteria: a short-term memory issue and/or condition ~~**and**~~ and trouble with at least one cognitive function (e.g., abstract thought, judgment, orientation, language, behavior) ~~**and**~~ and these troubles have an impact on the performance of activities of daily living. The cognitive loss/dementia CAA focuses on declining or worsening cognitive abilities that threaten personal independence and increase the risk for long-term nursing home placement or impair the potential for return to the community. |
| 4 | 4.10 | 4-18 | 2.<br>**(C0500 = ~~99, ,~~99, -, OR ^)**<br>3.<br>**(C0500 = ~~99, ,~~99, -, OR ^)**<br>4.<br>**(C0500 = ~~99, ,~~99, -, OR ^) AND**<br>8.<br>**E0900 >= 1 AND E0900 <= 3**<br>~~9. **E0900 >= 1 AND E0900 <= 3**~~<br>The information gleaned from the assessment should be used to |

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| | | | evaluate the situation, to identify and address (where possible) the underlying cause(s) of cognitive loss/dementia, as well as to identify any related possible contributing and/or risk factors. The next step is to develop an individualized care plan based directly on these conclusions. It is important to define the nature of the impairment~~;~~, e.g., identify whether the cognitive issue and/or condition is new or a worsening or change in existing cognitive impairment—characteristics of potentially reversible delirium—or whether it indicates a long-term, largely irreversible cognitive loss. If the issue |
| 4 | 4.10 | 4-19 | The aging process leads to a decline in visual ~~acuity. For~~ acuity, for example, a decreased ability to focus on close objects or to see small print, a reduced capacity to adjust to changes in light and dark and diminished ability to discriminate colors. The safety and quality consequences of vision loss are wide ranging and can seriously affect physical safety, ~~self image~~self-image, and participation in social, personal, self-care, and rehabilitation activities. |
| 4 | 4.10 | 4-20 | The information gleaned from the assessment should be used to evaluate the characteristics of the problematic issue/condition and the underlying cause(s), the success of any attempted remedial actions, the person's ability to compensate with nonverbal strategies (e.g., the ability to visually follow non-verbal signs and signals), and the willingness and ability of caregivers to ensure effective communication. The assessment should also help to identify any related possible contributing and/or risk factors. The next step is to develop an individualized care plan based directly on these conclusions. The focus of the care plan should be to address any underlying issues/conditions and causes, as well as verbal and nonverbal strategies, in order to help the resident improve quality of life, health, and safety. In the presence of reduced language skills, both caregivers and the resident can strive to expand their nonverbal communication ~~skills. For~~ skills, for example, touch, facial expressions, eye contact, hand movements, tone of voice, and posture. |
| 4 | 4.10 | 4-20 & 4-21 | The ADL Functional/Rehabilitation CAA addresses the resident's ~~self sufficiency~~self-sufficiency in performing basic activities of daily living, including dressing, personal hygiene, walking, transferring, t~~T~~oilet use~~ing~~, ~~changing position in bed~~bed mobility, and eating. Nursing home staff should identify and address, to the extent possible, any issues or conditions that may impair function or impede efforts to improve that function. The resident's potential for improved functioning should also be clarified before rehabilitation is attempted. |

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| 4 | 4.10 | 4-32 | **(M0300C1 > 0 AND M0300C1 ~~<= 9 )~~ <= 9) OR** |
| 4 | 4.10 | 4-38 | The information gleaned from the assessment should be used to identify the specific reasons ~~for, and~~for and the appropriateness of the use ~~of,~~of the restraint and any adverse consequences caused by or risks related to restraint use.<br><br>Pain is “an unpleasant sensory and emotional experience associated with actual or potential tissue damage.” Pain can be affected by damage to various organ systems and ~~tissues. For~~ tissues, for example, musculoskeletal (e.g., arthritis, fractures, injury from peripheral vascular disease, wounds), neurological (e.g., diabetic neuropathy, herpes zoster), and cancer. The presence of pain |