



State: MO  
Facility ID: 12345  
Facility Name: SUNNY VALLEY NURSING CENTER  
Resident Name: JONES, BRIAN  
Assessment ID: 149201683

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**Section M: Skin Conditions**

|         |                                                      |         |
|---------|------------------------------------------------------|---------|
| M0210   | RESIDENT HAS 1+ UNHEALED PU/INJURIES                 | 1 – YES |
| M0300B1 | STAGE 2 PRESSURE ULCERS: NUMBER PRESENT              | 1       |
| M0300B2 | STAGE 2 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY     | 0       |
| M0300C1 | STAGE 3 PRESSURE ULCERS: NUMBER PRESENT              | 0       |
| M0300C2 | STAGE 3 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY     | ^       |
| M0300D1 | STAGE 4 PRESSURE ULCERS: NUMBER PRESENT              | 0       |
| M0300D2 | STAGE 4 PRESSURE ULCERS: NUMBER AT ADMIT/REENTRY     | ^       |
| M0300E1 | UNSTAGED DUE TO DRESSING/DVC: NUM PRESENT            | 0       |
| M0300E2 | UNSTAGED DUE TO DRESSING/DVC: NUM AT ADMIT/REENTRY   | ^       |
| M0300F1 | UNSTAGED SLOUGH/ESCHAR: NUMBER PRESENT               | 0       |
| M0300F2 | UNSTAGED SLOUGH/ESCHAR: NUMBER AT ADMIT/REENTRY      | ^       |
| M0300G1 | UNSTAGEABLE – DEEP TISSUE INJURY: # PRESENT          | 0       |
| M0300G2 | UNSTAGEABLE – DEEP TISSUE INJURY: # AT ADMIT/REENTRY | ^       |

This report contains fictional resident data created for demonstration purposes only.