Track Changes
from Chapter 3 Section G V1.05
to Chapter 3 Section G V1.08

Chapter	Section	Page	Change
3	G0110	G-1	Replaced screen shot.

OLD

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

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

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **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:

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

	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
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 donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	☐	☐
H. Eating - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I. Toilet use - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐
J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** baths and showers)	☐	☐

NEW

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

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

Activity Occurred 2 or Fewer Times

7. **Activity occurred only once or twice** - activity did occur but only once or twice
8. **Activity did not occur** - activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity 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:

0. **No** setup or physical help from staff
1. **Setup** help only
2. **One** person physical assist
3. **Two+** persons physical assist
8. ADL activity itself **did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

	1. Self-Performance	2. Support
	↓ Enter Codes in Boxes ↓	
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 donning/removing a prosthesis or TED hose. Dressing includes putting on and changing pajamas and housedresses	☐	☐
H. **Eating** - how resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)	☐	☐
I. **Toilet use** - how resident uses the toilet room, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad; manages ostomy or catheter; and adjusts clothes. Do not include emptying of bedpan, urinal, bedside commode, catheter bag or ostomy bag	☐	☐
J. **Personal hygiene** - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** baths and showers)	☐	☐

3	G0110	G-4	○ Activity did not occur (8)—activity must not have occurred at all or family and/or non-facility staff provided care 100% of the time for the activity over the entire 7-day period.
3	G0110	G-5	**Coding Instructions for G0110, Column 1**

			• Code 8, activity did not occur: ~~if, over the 7-day look-back period, the ADL activity (or any part of the ADL) was not performed by the resident or staff at all.~~ if the activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.
3	G0110	G-5	**Coding Instructions for G0110, Column 2** • Code 8, ADL activity itself did not occur during the entire period: ~~if, over the 7-day look-back period, the ADL activity was not performed by the resident or staff at all.~~ if the activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.
3	G0110	G-6	Changes to algorithm. **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 or family and/or non-facility staff provided care 100% of the time for the activity over the entire 7-day period. Example, three times extensive assistance (3) and three times limited assistance (2) – code extensive assistance (3). • When an activity occurs at more than one level but not three times at any one level, apply the following: - Episodes of full staff performance are considered to be weight-bearing assistance (when every episode is full staff performance - this is total dependence). - When there are 3 or more episodes of a combination of full staff performance and weight-bearing assistance - code extensive assistance (3). - When there are 3 or more episodes of a combination of full staff performance/weight bearing assistance, and non-weight bearing assistance, code limited assistance (2). **If none of the above are met, code supervision**

3	G0110	G-8	— **Toileting** would be **coded 8, activity did not occur**: only if elimination did not occur during the entire look-back period, or if family and/or non-facility staff toileted the resident 100% of the time over the entire 7-day look-back period. — **Locomotion** would be **coded 8, activity did not occur**: if the resident was on bed rest and did not get out of bed, and there was no locomotion via bed, wheelchair, or other means during the look-back period. — **Eating** would be **coded 8, activity did not occur**: if the resident received no nourishment by any route (oral, IV, TPN, enteral) during the 7-day look-back period, ~~or~~ if the resident was not fed by facility staff during the 7-day look-back period, or if family and/or non-facility staff fed the resident 100% of the time over the entire 7-day look-back period.
3	G0110	G-9	Page length change.
3	G0110	G-10	Page length change.
3	G0110	G-11	Page length change.
3	G0110	G-12	Page length change.
3	G0120	G-17	Replaced screen shot.

OLD

G0120. Bathing

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair). Code for **most dependent** in self-performance and support

Enter Code ☐

A. Self-performance
0. **Independent** - no help provided
1. **Supervision** - oversight help only
2. **Physical help limited to transfer only**
3. **Physical help in part of bathing activity**
4. **Total dependence**
8. **Activity itself did not occur** during the entire period

Enter Code ☐

B. Support provided
(Bathing support codes are as defined in item **G0110 column 2, ADL Support Provided**, above)

NEW

G0120. Bathing

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair). Code for **most dependent** in self-performance and support

Enter Code ☐

A. Self-performance
0. **Independent** - no help provided
1. **Supervision** - oversight help only
2. **Physical help limited to transfer only**
3. **Physical help in part of bathing activity**
4. **Total dependence**
8. **Activity itself did not occur** or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period

Enter Code ☐

B. Support provided
(Bathing support codes are as defined in item **G0110 column 2, ADL Support Provided**, above)

3	G0120	G-18	**Coding Instructions for G0120A, Self Performance**

			• Code 8, ADL activity itself did not occur during entire period: ~~if the resident was not bathed during the 7-day look-back period.~~ if the activity did not occur or family and/or non-facility staff provided care 100% of the time for that activity over the entire 7-day period.
3	G0300	G-19	Replaced screen shot. OLD **G0300. Balance During Transitions and Walking** After observing the resident, **code the following walking and transition items for most dependent** **Coding:** 0. **Steady at all times** 1. **Not steady, but <u>able</u> to stabilize without human assistance** 2. **Not steady, <u>only</u> <u>able</u> to stabilize with human assistance** 8. **Activity did not occur** **Enter Codes in Boxes** ☐ **A. Moving from seated to standing position** ☐ **B. Walking** (with assistive device if used) ☐ **C. Turning around** and facing the opposite direction while walking ☐ **D. Moving on and off toilet** ☐ **E. Surface-to-surface transfer** (transfer between bed and chair or wheelchair) NEW **G0300. Balance During Transitions and Walking** After observing the resident, **code the following walking and transition items for most dependent** **Coding:** 0. **Steady at all times** 1. **Not steady, but <u>able</u> to stabilize without staff assistance** 2. **Not steady, <u>only</u> <u>able</u> to stabilize with staff assistance** 8. **Activity did not occur** **Enter Codes in Boxes** ☐ **A. Moving from seated to standing position** ☐ **B. Walking** (with assistive device if used) ☐ **C. Turning around** and facing the opposite direction while walking ☐ **D. Moving on and off toilet** ☐ **E. Surface-to-surface transfer** (transfer between bed and chair or wheelchair)
3	G0300	G-27	**Coding Instructions G0300E, Surface-to-Surface Transfer (Transfer between ~~ring from~~ Bed and Chair or ~~to~~ Wheelchair ~~or Wheelchair to Bed~~)**
3	G0300	G-28	• Code 8, activity did not occur: — If the resident did not transfer from bed ~~to~~ and chair or wheelchair~~/chair or wheelchair/chair to bed~~ during the 7-day look-back period. **Examples for G0300E, Surface-to-Surface Transfer (Transfer~~ring from~~ Between Bed and~~to~~ Chair or Wheelchair ~~or Wheelchair to Bed~~)**
3	G0300	G-28	Example #1 Rationale: The resident was ~~un~~steady when transferring from

			bed to wheelchair and did not require~~required~~ staff assistance to make a steady transfer.
3	G0300	G-28	2. A resident who needs assistance ambulating transfers to his ~~wheel~~chair from the bed. He is observed to stand halfway up and then sit back down on the bed. On a second attempt, a nursing assistant helps him stand up straight, pivot, and sit down in his ~~wheel~~chair.