# **PRA Disclosure Statement**

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1. Facility Information       A. Facility Name         1. Facility Information       A. Facility Name         2. Facility Name       State Construction         2. Prior Medicar Provider Number       State Medicar Advantage: 99 Not Lincely         3. Prior Medicar Number       State Medicar Advantage: 99 Not Lincely         3. Prior Medicar Number       State Medicar Advantage: 99 Not Lincely         4. Prior Trans       State Medicar Souther         5. Prior Medicar Number       State Medicar Advantage: 99 Not Lincely         5. Prior Medicar Souther       State Medicar Advantage: 99 Not Lincely         6. Birth Date       M/         Material South Yourne       State Medicar Advantage: 90 Not Lincely         7. Social Social Yourne       State Medicar Advantage: 90 Not Lincely         8. Gender U. Mate: 2 - Formic/       MM / DD / YYYY         9. ReceEthnicity (Check all host opoly)       Assessment Reference Date         1. Mariae Advantage       MM / DD / YYYY         13. Assessment Reference Date       ///         14. Advancesion Date       ///         15. Advancesion General Mogenic G. Stately Advancesing Facility (SNT)         16. Advancesion Date       ///         17. Advancesion Date       ///         18. Advancesion General Mogenic G. Stately Advancesing Technolity (SNT)		Identification Information*		Payer Information*
Secondary Source     Or Service:     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Service:     Si Medicare-Medicare Advanage: 99 Not Listed)     Netled Information     Secondary Source     Or Control of Particle Information     Secondary Source     Or Service:     Si Medicare-Medicare Medicare Medical Conditions     Secondary Source     Or Service:     Si Medicare-Medicare Medicare Medical Conditions     Secondary Source     Or Service:     Secondary Source     Or Secondary S	1.	Facility Information	20.	Payment Source
102       Medicar - Fee for Service:         103       Medicare - Molectare - Advances; 99 Nor Listed)         104       Name         105       Patient Medicare Number         106       Patient Medicare Number         107       Patient Medicare Number         108       Patient Net Name         109       Patient Medicare Number         100       Batem Medicare Number         101       Security Number         102       Security Number         103       Patient Medicare Number         106       Birth Date         107       Security Number         108       ReceFilmicity (Clock all that opply)         109       RaceFilmicity (Clock all that opply)         110       Marital Status         111       Zip Code of Patient's Pre-Hospital Residence         112       Administon Date         111       Ministoin Date         112       Ministoin Date         113       Administon Class         114       Ministoin Status         11       Ministoin Class         11       Ministoin Class         12       Administon Class         13       Administem         14 <t< td=""><td></td><td>-</td><td></td><td>-</td></t<>		-		-
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B. Facility Medicare Provider Number         2. Patient Medicaré Number         3. Patient Medicaré Number         4. Patient Medicaré Number         5. Patient Medicaré Number         6. Birth Date       //./				(02 Medicare -Fee For Service; 51 Medicare- Medicare Advantage; 99 Not Listed)
B. Facility Medicare Neurober				Medical Information*
B. Facility Medicare Nerolder Number			21.	Impairment Group
3. Platient Medicaid Number       A statched.         4. Patient Kenkend.       A statched.         5. Patient IA Name       A statched.         6. Birth Date       ////////////////////////////////////		B. Facility Medicare Provider Number		
4. Patient First Name	2.	Patient Medicare Number		Condition requiring admission to rehabilitation; code according to Appendix
1. Notice Last Name	3.	Patient Medicaid Number		
5.4. Prierit Last Name         5.9. Prierit Last Name         6. Birth Date <i>M_M_DD/YYYY</i> 7. Social Security Number         8. Gender (1 - Male; 2 - Fornale)         9. Race/Ethnicity (Check all that apply)         American Indian or Alaska Native A.         Asian B.         Black or African American C.         Hispanic or Latino D.         Black or Other Pacific Islander E.         Native Hawaiian or Other Pacific Islander E.         10. Marital Status         (1 - Never Married; 2 - Married; 3 - Widowed;         4 - Separatel; 5 - Diverced         (1 - Never Married; 2 - Married; 3 - Widowed;         4 - Separatel; 5 - Diverced         (1 - Initial Reshi? Class;         (1 - Initial Reshi? Classing Fa	4.	Patient First Name	22.	
6       Birth Date       ///         7.       Social Security Number       23. Date of Onset of Impairment       ///         8.       Gender (1 - Male; 2 - Female)       24. Comorbid Conditions         9.       Race/Edmicity (Check all that apply)       American Indian or Alaska Native A.       1       S.         9.       Race/Edmicity (Check all that apply)       American Indian or Alaska Native A.       1       S.         9.       Race/Edmicity (Check all that apply)       American Indian or Alaska Native A.       1       S.         9.       Race/Edmicity (Check all that apply)       American Indian or Alaska Native A.       1       S.         9.       Race/Edmicity (Check all that apply)       American Indian or Alaska Native A.       1       S.         9.       Back or African American C.       E       N.       W.       M.         9.       Native Havaiian or Other Pacific Islander E.       H.       O.       N.       W.       M.         12.       J2 Do Cdo Patient's Pre-Hospital Residence       /////W/ID/YYYY       Z.       DeLETED       Zo       DeLETED         26.       DELETED       26.       DELETED       Zo       DeLETED         27.       Height on admission (in inches)       Social Scelet Nindor Ning Facility, GNP;	5A.	Patient Last Name		that led to the condition for which the patient is receiving
IMM / DD / YYYY       MM / DD / YYYY         7. Social Security Number	5B.			
<ul> <li>J. Soluti security stunder</li> <li>Gender (J. Mair; 2 - Fondle)</li> <li>S. Gender (J. Mair; 2 - Fondle)</li> <li>Mariesian of Alaska Native A</li></ul>	6.		23.	Date of Onset of Impairment //// MM / DD / YYYY
<ul> <li>a. Centrel (1 - Maie; 2 - Penniel)</li> <li>9. Race/Edmicity (Check all that capply)</li> <li>American Indian or Alaska Native A</li></ul>	7.	Social Security Number	24.	Comorbid Conditions
<ul> <li>a. Additional and the a</li></ul>	8.	Gender (1 - Male; 2 - Female)		
American Indian or Alaska Native A.	9.	Race/Ethnicity (Check all that apply)		
Black or African American C.		American Indian or Alaska Native A.		
Black or African American C.		Asian B.		
Hispanic or Latino D.       I.       I. <t< td=""><td></td><td>Black or African American C.</td><td></td><td></td></t<>		Black or African American C.		
Native Hawaiian or Other Pacific Islander E				
White F.       H.       Q.         10. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separatel; 5 - Divorced)       I.       R.         11. Zip Code of Patient's Pre-Hospital Residence		-		G P V
10. Marital Status (1 - Never Married; 2 - Married; 3 - Widowed; 4 - Separated; 5 - Divorced)       1 R				
<ol> <li>Marital Status         <ul> <li>Marital Status             <li>Marital Status             <li>Marital Status             <li>Marital Status             <li>Marital Status             </li> <li>Separated; 5 - Divorced)</li> </li></li></li></li></ul> </li> <li>Zip Code of Patient's Pre-Hospital Residence         <ul> <li>Admission Date             <li>////MM/DD/YYYY</li> </li></ul> </li> <li>Assessment Reference Date             <ul> <li>////MM/DD/YYYY</li> </ul> </li> <li>Assessment Reference Date             <ul> <li>////MM/DD/YYYY</li> </ul> </li> <li>Admission Class             <ul> <li>//-//mminued Discharge; 5 - Continuing Rehabilitation)</li> </ul> </li> <li>A Admit From             <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home; O2 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Long-Term Care Hospital (Living Setting             <ul> <li>OI - Home (private home/apt., board/care, assisted living, group home; O2 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Long-Term Care Hospital (Jixing Status)</li> </ul> <ul> <li>Areabision Discharge</li> <li>Swallowing Status</li> <li>Admission Discharge</li> <li>Modified Food Consistency Supervision; subject requires modified food consistency</li> <li>Modified Food Consistency: Supervision; subject requires modified food consistency</li> <li>Modified Food Consistency Supervision; subject requires modified food consistency and/or needs supervision for safety</li> <li><u>Tube/Parenteral Feeding</u>; tube/parenteral feeding used wholly or partially as a means of sustenance</li> <li>DELETED</li> <li>Bettered</li> </ul> <ul> <li>Meight and Weight</li></ul></li></ul></li></ol>		white F.		
<ul> <li>4 - Separated; 5 - Divorced)</li> <li>11. Zip Code of Patient's Pre-Hospital Residence</li> <li>12. Admission Date</li> <li>13. Assessment Reference Date</li> <li>14. Admission Class</li> <li>15. Admit From</li> <li>16. Pre-hospital Living Setting</li> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (S I patient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>16. Pre-hospital Living Setting</li> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; (2A nother Inpatient Rehabilitation Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>16. Pre-hospital Living With</li> <li>(Code on Vi fittem 16 A is 01-Home; Code using 01 - Alone;</li> <li>02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)</li> <li>18. DELETED</li> <li>25. DELETED</li> <li>26. DELETED</li> <li>26. Weight on admission (in inches)</li> <li>(Balter Food: Supervision; Status</li> <li>27. Swallowing Status</li> <li>28. Deleter D</li> <li>29. Modified Food Consistency Supervision; Subject requires modified food consistency</li> <li>29. Modified Food: Supervision for safety</li> <li>20. Deletered</li> <li>21. Tube/Parenteral Feeding: tube/parenteral feeding used wholly or partially as a means of sustenance</li> <li>28. DELETED</li> </ul>	10.			
<ul> <li>11. Zip Code of Patient's Pre-Hospital Residence</li> <li>12. Admission Date</li> <li>14. Admission Class <ul> <li>(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;</li> <li>4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</li> </ul> </li> <li>15A. Admit From <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 - Short-term General Hospital; 03 Skilled Nursing Facility; 05 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 - Short-term General Hospital; 03 Skilled Nursing Facility; 05 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 - Short-term General Hospital; 03 Skilled Nursing Facility; 05 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone;</li> <li>(02 - Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> </ul> </li> <li>18. DELETED</li> </ul> </li> </ul>			25.	DELETED
<ul> <li>12. Admission Date</li></ul>	11		26.	DELETED
MM / DD / YYYY       (While measuring if the number is X.1-X.4 round down, X.5 or greater round up)         13. Assessment Reference Date				Height and Weight
<ul> <li>13. Assessment Reference Date</li> <li>MM / DD / YYYY</li> <li>14. Admission Class <ul> <li>(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;</li> <li>4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</li> </ul> </li> <li>15A. Admit From <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital (LiTCH): 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>16A. Pre-hospital (LiTCH): 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (00 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 Short-term General Hospital; 03 Skilled Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 65 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 65 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 65 Long-Term Care Hospital (LiTCH); 64 Medicaid Nursing Facility; 65 Long-Term Care Hospital (L</li></ul>	12.			(While measuring if the number is X.1-X.4 round down, X.5 or greater round
<ul> <li>14. Admission Class <ul> <li>(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;</li> <li>4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</li> </ul> </li> <li>15A. Admit From <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>(02 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital (LTCH); 64 Medicaid Nursing Facility; (SLong-Term Care Hospital, (DCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01 - Alone;</li> <li>(02 - Family/Relatives; 03 - Friends; 04 - Attendant; 05 - Other)</li> </ul> </li> <li>18. DELETED</li> </ul>	13.		25 4	
<ul> <li>(1 - Initial Rehab; 2 - Evaluation; 3 - Readmission;</li> <li>4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</li> <li>15A. Admit From <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone;</li> <li>02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> </ul> </li> <li>18. DELETED</li> </ul>	14		25A	
<ul> <li>4 - Unplanned Discharge; 5 - Continuing Rehabilitation)</li> <li>15A. Admit From <ul> <li>(01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 65 Inpatient</li> <li>Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 65 Inpatient</li> <li>Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>16A. Pre-hospital Living Setting <ul> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 65 Inpatient</li> <li>Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone;</li> <li>02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> </ul> </li> <li>18. DELETED</li> </ul>	14.		26A	. Weight on admission (in pounds)
<ul> <li>(01 – Home (private home/apt., board/care, assisted living, group home; 02 Short-term General Hospital; 03 Skilled Nursing Facility (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>16A. Pre-hospital Living Setting 01 – Home (private home/apt., board/care, assisted living, group home; 02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> </ul>		4 - Unplanned Discharge; 5 - Continuing Rehabilitation)		(Record the most recent weight measure during the 3 day assessment period.
<ul> <li>(0) - Home (private home/qh, board/care, assisted tiving, group home; (2) Short-term General Hospital; 03 Skilled Nursing Facility; (5 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>(6A. Pre-hospital Living Setting (0) - Home (private home/apt., board/care, assisted living, group home; (0) 2 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>(Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>(B. DELETED</li> </ul>	15A			
<ul> <li><i>Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient</i> <i>Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</i></li> <li>16A. Pre-hospital Living Setting 01 – Home (private home/apt., board/care, assisted living, group home; 02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> <li>3- <u>Regular Food</u>: solids and liquids swallowed safely without supervision or modified food consistency</li> <li>2- <u>Modified Food Consistency/Supervision</u>: subject requires modified food consistency and/or needs supervision for safety</li> <li>1- <u>Tube/Parenteral Feeding</u>: tube/parenteral feeding used wholly or partially as a means of sustenance</li> <li>28. DELETED</li> </ul>			27.	
<ul> <li>Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>16A. Pre-hospital Living Setting <ul> <li>01 – Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility; (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone;</li> <li>02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> </ul> </li> <li>18. DELETED</li> </ul></li></ul>				Admission Discharge
<ul> <li>16A. Pre-hospital Living Setting <ul> <li>01 - Home (private home/apt., board/care, assisted living, group home;</li> <li>02 Short-term General Hospital; 03 Skilled Nursing Facility (SNF);</li> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> </ul> </li> <li>17. Pre-hospital Living With <ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone;</li> <li>02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> </ul> </li> <li>18. DELETED</li> </ul>				
<ul> <li>01 - Home (private home/apt., board/care, assisted living, group home; 02 Short-term General Hospital; 03 Skilled Nursing Facility (SNF); 50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> <li>consistency and/or needs supervision for safety</li> <li>consistency and/or needs supervision for safety</li> <li>1- <u>Tube/Parenteral Feeding:</u> tube/parenteral feeding used wholly or partially as a means of sustenance</li> <li>28. DELETED</li> </ul>	16A	. Pre-hospital Living Setting		
<ul> <li>50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term Care Hospital (LTCH); 64 Medicaid Nursing Facility; 65 Inpatient Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)</li> <li>17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> <li>1- <u>Tube/Parenteral Feeding:</u> tube/parenteral feeding used wholly or partially as a means of sustenance</li> <li>28. DELETED</li> </ul>				
Psychiatric Facility; 66 Critical Access Hospital; 99 Not Listed)       28. DELETED         17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)       28. DELETED         18. DELETED       21. DELETED		50 Hospice; 62 Another Inpatient Rehabilitation Facility; 63 Long-Term		
<ul> <li>17. Pre-hospital Living With (Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> </ul>			28	
<ul> <li>(Code only if item 16A is 01-Home: Code using 01- Alone; 02- Family/Relatives; 03- Friends; 04- Attendant; 05- Other)</li> <li>18. DELETED</li> </ul>	17		20.	
18. DELETED	1/.	(Code only if item 16A is 01-Home: Code using 01- Alone;		
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19. DELETED				
	19.	DELETED		

The FIM data set, measurement scale and impairment codes incorporated or referenced herein are the property of U B Foundation Activities, Inc. © 1993, 2001 U B Foundation Activities, Inc. The FIM mark is owned by UBFA, Inc.

	Function M	lodifiers*			39.	FIM <sup>TM</sup> Instrum	ient*	
Con	plete the following specific functiona	al items prior to	scoring the			Admission	Discharge	Goal
FIM	<sup>TM</sup> Instrument:			SELF	-CARE	_	_	_
		Admission	Discharge	Α.	Eating			
29.	Bladder Level of Assistance			В.	Grooming			
	(Score using FIM Levels 1 - 7)	_	_	C.	Bathing			
30.	Bladder Frequency of Accidents			D.	Dressing - Upper			
	(Score as below) 7 - No accidents			E.	Dressing - Lower			
	6 - No accidents; uses device such as	a catheter		F.	Toileting			
	<ul><li>5 - One accident in the past 7 days</li><li>4 - Two accidents in the past 7 days</li></ul>			SPHI	NCTER CONTROL			
	3 - Three accidents in the past 7 days 2 - Four accidents in the past 7 days			G.	Bladder			
	<ol> <li>Four accidents in the past 7 days</li> <li>Five or more accidents in the past</li> </ol>	7 days		H.	Bowel			
	Enter in Item 39G (Bladder) the lower	r (more depende	nt) score from Items 29	TRAN	VSFERS			
	and 30 above	Admission	Discharge	I.	Bed, Chair, Wheelchair			
21				J.	Toilet			
31.	Bowel Level of Assistance (Score using FIM Levels 1 - 7)			K.	Tub, Shower			
32.	Bowel Frequency of Accidents					v	V - Walk	
52.	(Score as below)	_	_	LOCO	OMOTION		Wheelchair B - Both	
	7 - No accidents			LUCC	Walk/Wheelchair			
	<ul><li>6 - No accidents; uses device such as</li><li>5 - One accident in the past 7 days</li></ul>	a ostomy		L. M.	Stairs			
	4 - Two accidents in the past 7 days 3 - Three accidents in the past 7 days			IVI.	Stalls	_		
	2 - Four accidents in the past 7 days						- Auditory 7 - Visual	
	1 - Five or more accidents in the past Enter in Item 39H (Bowel) the lower (	•	) soons of Home 21 and 22	COM	MUNICATION		B - Both	-
	above.	more dependent	) score of tiens 51ana 52	N.	Comprehension			
		Admission	Discharge	О.	Expression		/ - Vocal	
33.	Tub Transfer					_N -	- Nonvocal B - Both	
34.	Shower Transfer			SOCI	AL COGNITION			
	(Score Items 33 and 34 using FIM Le			P.	Social Interaction			
	occur) See training manual for scoring	Admission	Discharge	Q.	Problem Solving			
35.	Distance Walked			R.	Memory			
	Distance Traveled in Wheelchair							
50.	(Code items 35 and 36 using: 3 - 150	feet: 2 - 50 to 1	49 feet ·					
	1 - Less than 50 feet; $0$ – activity does		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LEVELS			
		Admission	Discharge	No H 7	elper Complete Independence	(Timely Safely)	1	
37.	Walk			6	Modified Independence			
38.	Wheelchair			Help	er - Modified Dependence			
	(Score Items 37 and 38 using FIM Lev			5	Supervision (Subject = 1			
	See training manual for scoring of Iter	n 39L (Walk/Wh	eelchair)	4	Minimal Assistance (Su Moderate Assistance (Su	5	<i>.</i>	
	he FIM data set, measurement scale and ferenced herein are the property of U E				er - Complete Dependence	0		
20	001 U B Foundation Activities, Inc. Th	e FIM mark is o	wned by UBFA, Inc.	2	Maximal Assistance (Su		nore)	
				1	Total Assistance (Subject	ct less than 25%)		
				0	Activity does not occur;	Use this code on	ly at admission	

40.		
	Discharge Date	////
41.	Patient discharged against medical	advice? (0 - No; 1 - Yes)
42.	Program Interruption(s)	(0 - No; 1 - Yes)
43.	Program Interruption Dates (Code only if item 42 is 1 - Yes)	
	A. 1st Interruption Date B	1 <sup>st</sup> Return Date
	MM / DD / YYYY	MM / DD / YYYY
	C. 2 <sup>nd</sup> Interruption Date D	. 2 <sup>nd</sup> Return Date
	MM / DD / YYYY	MM / DD / YYYY
	E. 3 <sup>rd</sup> Interruption Date F	3 <sup>rd</sup> Return Date
	MM / DD / YYYY	MM / DD / YYYY
44C	. Was the patient discharged alive?	$\overline{(0 - No; 1 - Yes)}$
44D	) Patient's discharge destination/livit	ng setting, using codes below: (answer
770	. I attent is discharge destination/ if vir	
	only if $44C = 1$ ; if $44C = 0$ , skip to	item 46)
	(01 – Home (private home/apt., bo 02 Short-term General Hospital; 0 Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ad	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient iccess Hospital; 99 Not Listed)
44E	(01 – Home (private home/apt., bo 02 Short-term General Hospital; 0. Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ac Was patient discharged with Home Services?	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient access Hospital; 99 Not Listed) Health
	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0. Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ad.</li> <li>Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient access Hospital; 99 Not Listed) Health
44E 45.	(01 – Home (private home/apt., bo 02 Short-term General Hospital; 0. Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ac Was patient discharged with Home Services?	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient access Hospital; 99 Not Listed) Health D is 01 – Home)(0 - No; 1 - Yes) 444D is 01 - Home; Code using 1 -
45.	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0. Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ad . Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L Discharge to Living With (Code only if item 44C is 1-Yes and Alone; 2 - Family / Relatives; 3 - F 5 - Other)</li> <li>Diagnosis for Interruption or Death</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient ccess Hospital; 99 Not Listed) Health D is 01 – Home)(0 - No; 1 - Yes)
45. 46.	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0 Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Act</li> <li>Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L</li> <li>Discharge to Living With</li> <li>(Code only if item 44C is 1-Yes and Alone; 2 - Family / Relatives; 3 - F 5 - Other)</li> <li>Diagnosis for Interruption or Death (Code using ICD code)</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient cress Hospital; 99 Not Listed) Health 0 is 01 – Home)(0 - No; 1 - Yes) 1 44D is 01 - Home; Code using 1 - riends; 4 - Attendant;
45.	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0 Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Ad . Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L Discharge to Living With (Code only if item 44C is 1-Yes and Alone; 2 - Family / Relatives; 3 - F 5 - Other)</li> <li>Diagnosis for Interruption or Death (Code using ICD code)</li> <li>Complications during rehabilitation</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient ccess Hospital; 99 Not Listed) Health 0 is 01 – Home)(0 - No; 1 - Yes) 4 44D is 01 - Home; Code using 1 - riends; 4 - Attendant;
45. 46.	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0 Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Act</li> <li>Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L</li> <li>Discharge to Living With</li> <li>(Code only if item 44C is 1-Yes and Alone; 2 - Family / Relatives; 3 - F 5 - Other)</li> <li>Diagnosis for Interruption or Death (Code using ICD code)</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient ccess Hospital; 99 Not Listed) Health 0 is 01 – Home)(0 - No; 1 - Yes) 1 44D is 01 - Home; Code using 1 - riends; 4 - Attendant; 1 stay c conditions that
45. 46.	<ul> <li>(01 – Home (private home/apt., bo. 02 Short-term General Hospital; 0 Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Act Was patient discharged with Home Services?</li> <li>(Code only if item 44C =1 and 44L Discharge to Living With (Code only if item 44C is 1-Yes and Alone; 2 - Family / Relatives; 3 - F 5 - Other)</li> <li>Diagnosis for Interruption or Death (Code using ICD code)</li> <li>Complications during rehabilitation (Use ICD codes to specify up to six began with this rehabilitation stay)</li> <li>A</li> </ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient ccess Hospital; 99 Not Listed) Health 0 is 01 – Home)(0 - No; 1 - Yes) 1 44D is 01 - Home; Code using 1 - riends; 4 - Attendant; 1 stay c conditions that
45. 46.	<ul> <li>(01 – Home (private home/apt., body 02 Short-term General Hospital; 0) Hospice; 62 Another Inpatient Reh Care Hospital (LTCH); 64 Medica Psychiatric Facility; 66 Critical Additional Additional Context of the context of the</li></ul>	item 46) ard/care, assisted living, group home; 3 Skilled Nursing Facility (SNF); 50 abilitation Facility; 63 Long-Term id Nursing Facility; 65 Inpatient access Hospital; 99 Not Listed) Health D is 01 – Home)(0 - No; 1 - Yes) 444D is 01 - Home; Code using 1 - riends; 4 - Attendant; a stay conditions that

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	Quality Indicators- Admission Assessment		Quality Indicators- Discharge Assessment
	Unhealed Pressure Ulcer(s)- Admission		Unhealed Pressure Ulcer(s)- Discharge
Enter Code	<ul> <li>M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher at Admission?</li> <li>0. No → skip to question I0900 on Admission Assessment</li> <li>1. Yes → continue to question M0300A on Admission Assessment</li> </ul>	Enter Code	<ul> <li>M0210. Does this patient have one or more unhealed pressure ulcer(s) at Stage 1 or higher on Discharge?</li> <li>0. No→ skip to question M0900A on Discharge Assessment</li> <li>1. Yes → continue to question M0300A on Discharge Assessment</li> </ul>
	M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission		M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Discharge
	<b>M0300A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues.		<b>M0300A. Stage 1:</b> Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have a visible blanching; in dark skin tones it may appear with persistent blue or purple hues.
Enter Number	M0300A1. Number of Stage 1 pressure ulcers: enter how many were noted at the time of admission	Enter Number	M0300A1. Enter total number of pressure ulcers currently at Stage 1. If patient has no Stage 1 pressure ulcers at discharge, skip to Item M0300B1.
		Enter Number	M0300A2. Of these Stage 1 pressure ulcers present at discharge, enter number that were: (a) present on admission as a Stage 1 and (b) remained at Stage 1 at discharge.
		Enter Number	M0300A3. Of <u>these</u> Stage 1 pressure ulcers, enter the number that were <b>not present on admission.</b> (i.e. – New stage 1 pressure ulcers that have developed during the IRF stay)
	<b>M0300B. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.		<b>M0300B. Stage 2:</b> Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.
Enter Number	M0300B1. Number of Stage 2 pressure ulcers: enter how many were noted at the time of admission	Enter Number	M0300B1. Enter total number of pressure ulcers currently at Stage 2. (If patient has no Stage 2 pressure ulcers at discharge, skip to Item M0300C1.)
		Enter Number	M0300B2. Of <u>these</u> Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 2 at discharge.
		Enter Number	M0300B3. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer due to the presence of a non-removable device and (b) when it became stageable, the pressure ulcer was staged as a Stage 2, and (c) it remained at Stage 2 at the time of discharge.
		Enter Number	M0300B4. Of these Stage 2 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 2 during the IRF stay

	Quality Indicators- Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued
	M0300. Current Number of Unhealed Pressure Ulcers at Each Stage- Admission, Continued		M0300. Current Number of Unhealed Pressure Ulcers at Each Stage-Discharge, Continued
	<b>M0300C. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.		<b>M0300C. Stage 3:</b> Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
Enter Number	<b>M0300C1.</b> Number of Stage 3 pressure ulcers: enter how many were noted at the time of admission	Enter Number	M0300C1. Enter total number of pressure ulcers currently at Stage 3. (If patient has no Stage 3 pressure ulcers at discharge, skip to Item M0300D1.
		Enter Number	M0300C2. Of <u>these</u> Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission, and (b) remained at Stage 3 at discharge.
		Enter Number	M0300C3. Of these Stage 3 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an unstageable pressure ulcer, and (b) when it became stageable, it was staged as a Stage 3; and (c) it remained at Stage 3 at the time of discharge.
		Enter Number	M0300C4. Of these Stage 3 pressure ulcers present at discharge, enter the number that were: (a) not present on admission; or (b) were at a lesser stage at admission and worsened to a Stage 3 during the IRF stay; or (c) were unstageable due to a non-removeable device at admission, initially became stageable at a lesser stage, , but then progressed to a Stage 3 by the time of discharge.
	<b>M0300D. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.		<b>M0300D. Stage 4:</b> Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.
Enter Number	M0300D1. Number of Stage 4 pressure ulcers: enter how many were noted at the time of admission	Enter Number	<ul> <li>M0300D1. Enter total number of pressure ulcers currently at Stage</li> <li>4. (If patient has no Stage 4 pressure ulcers at discharge, skip to Item M0300E1.)</li> </ul>
		Enter Number	M0300D2. Of <u>these</u> Stage 4 pressure ulcers present at discharge, enter number that were: (a) present on admission at Stage 4 , <b>and</b> (b) remained at Stage 4 at discharge.
		Enter Number	M0300D3. Of <u>these</u> Stage 4 pressure ulcers present at discharge, enter the number that were: (a) present on admission as an <b>unstageable pressure ulcer</b> , and (b) when it became stageable, it was staged as a <b>Stage 4</b> , and (c) it remained at <b>Stage 4</b> at the time of discharge.
		Enter Number	M0300D4. Of these Stage 4 pressure ulcers present at discharge, enter the number that were: (a) not present on admission); or (b) were at a lesser stage at admission and worsened to a Stage 4 by discharge; or (c) were unstageable on admission, initially became stageable at a lesser stage, and then progressed to a Stage 4 by the time of discharge.

	Quality Indicators-Admission Assessment, Continued		Quality Indicators-Discharge Assessment, Continued
Enter Number	<ul> <li>M0300E. Unstageable Pressure Ulcers due to non-removable dressing/device: Known but not stageable due to the presence of a non-removable dressing/device.</li> <li>M0300E1. Number of unstageable pressure ulcers due to</li> </ul>		M0300E. Unstageable Pressure Ulcers due to a non- removable dressing or device: pressure ulcers that are known but not stageable due to the presence of a non-removable dressing or device.
	<b>non-removable dressing/device</b> : enter how many were noted at the time of admission	Enter Number	M0300E1. Enter total number of pressure ulcers currently Unstageable due to a Non-removable dressing or device. (If patient has no pressure ulcers Unstageable due to Non-Removable Device at discharge, skip to Item M0300F1.)
		Enter Number	M0300E2. Of <u>these</u> Unstageable pressure ulcers due to a non- removable dressing or device present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to non-removable dressing or device; and (b) remained unstageable due to non-removable dressing or device until discharge.
		Enter Number	M0300E3. Of <u>these</u> Unstageable pressure ulcers due to non- removable dressing or device present at discharge, enter number that were (a) present on admission as a stageable pressure ulcer and became unstageable due to non-removable dressing or device during the IRF stay; and (b) remained unstageable due to a non- removable dressing or device until discharge.
	M0300F. Unstageable Pressure Ulcers due to slough and/or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.		M0300F. Unstageable Pressure Ulcers due to slough or eschar: pressure ulcers that are known but not stageable due to coverage of wound bed by slough and/or eschar.
Enter Number	M0300F1. Number of unstageable pressure ulcers due to slough and/ or eschar: enter how many were noted at the time of admission	Enter Number	M0300F1. Enter total number of pressure ulcers currently Unstageable due to a Slough and/or Eschar. (If patient has no pressure ulcers Unstageable due to Slough and/or Eschar at discharge, skip to Item M0300G1.)
		Enter Number	M0300F2. Of <u>these</u> Unstageable pressure ulcers due to slough and/or eschar present at discharge, enter number that were: (a) present on admission as an unstageable pressure ulcer due to slough and/or eschar; and (b) remained unstageable due to slough and/or eschar until discharge.
		Enter Number	M0300F3. Of <u>these</u> Unstageable pressure ulcers due to slough or eschar present at discharge, enter number that were: (a) present on admission as a stageable pressure ulcer and became unstageable due to slough and/or eschar, during the IRF stay; and (b) remained unstageable due to slough and/or eschar until discharge.
	M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.		M0300G. Unstageable Pressure Ulcers with Suspected Deep Tissue Injury (DTI) in evolution: suspected deep tissue injury in evolution.
Enter Number	M0300G1. Number of unstageable pressure ulcers with Suspected Deep Tissue Injury in evolution: enter how many were noted at the time of admission	Enter Number	M0300G1. Enter total number of unstageable pressure ulcers with Suspected Deep Tissue Injury. (If patient has no Unstageable pressure ulcers with Suspected Deep Tissue Injury at discharge, skip to Item M0900A.)
		Enter Number	M0300G2. Of <u>these</u> unstageable pressure ulcers with Suspected DTI present at discharge, enter number that were:(a) present on admission as an unstageable pressure ulcer due to a <b>suspected deep tissue injury</b> ; <b>and</b> (b) remained unstageable due to a <b>suspected DTI</b> until discharge.

Quality Indicators- Admission Assessment, Continued			Quality Indicators-Discharge Assessment, Continued		
	I0900. Pressure Ulcer Risk Conditions- Admission		M0900. Healed Pressure Ulcers- Discharge		
Enter Number	<ul> <li>Indicate below if the patient has any of the following pressure ulcer risk conditions:</li> <li>(NOTE: You must also document the appropriate ICD codes for any pressure ulcer risk conditions documented below in Item 24 "Comorbid Conditions" above.)</li> <li>I0900A. Peripheral Vascular Disease (PVD) <ul> <li>0. No</li> <li>1. Yes</li> </ul> </li> <li>I0900B. Peripheral Arterial Disease(PAD) <ul> <li>0. No</li> <li>1. Yes</li> </ul> </li> <li>I2900A. Diabetes Mellitus (DM) <ul> <li>If 12900A = 0, skip 12900B-D</li> <li>0. No</li> <li>1. Yes</li> </ul> </li> <li>I2900B. Diabetic Retinopathy <ul> <li>0. No</li> <li>1. Yes</li> </ul> </li> <li>I2900C. Diabetic Nephropathy <ul> <li>0. No</li> <li>1. Yes</li> </ul> </li> <li>I2900D. Diabetic Neuropathy <ul> <li>0. No</li> <li>1. Yes</li> </ul> </li> </ul>	Enter Number	<ul> <li>Indicate the number of pressure ulcers that were: (a) present on Admission; and (b) have completely closed (resurfaced with epithelium) upon Discharge. If there are no healed pressure ulcers noted at a given stage, enter 0.</li> <li>M0900A. Stage 1</li> <li>M0900B. Stage 2</li> <li>M0900C. Stage 3</li> <li>M0900D. Stage 4</li> </ul>		
			luenza Vaccine- Discharge- Refer to current version of		
			I Training Manual for current influenza vaccination and reporting period.		
		Enter Code	<ul> <li>O0250A. Did the patient receive the influenza vaccine in this facility for this year's influenza vaccination season?</li> <li>0. No → Skip to O0250C, If influenza vaccine not received, state reason</li> <li>1. Yes → Continue to O0250B, Date influenza vaccine received</li> <li>O0250B. Date influenza vaccine received → Complete date and skip to Z0400A, Signature of Persons Completing the Assessment</li> <li>□□□□□□□□□□□□□□□□□</li> <li>MM DD YYYY</li> <li>O0250C. If influenza vaccine not received, state reason:</li> <li>1. Patient not in this facility during this year's influenza vaccination season</li> <li>2. Received outside of this facility</li> <li>3. Not eligible - medical contraindication</li> <li>4. Offered</li> <li>5. Not offered</li> <li>6. Inability to obtain influenza vaccine due to a declared shortage.</li> <li>9. None of the above</li> </ul>		

#### Item Z0400A. Signature of Persons Completing the Assessment\*

I certify that the accompanying information accurately reflects patient assessment information for this patient 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 patients receive appropriate and quality care, and as a basis for payment from federal funds. I further understand that payment of such federal funds and continued participation in the government-funded health care programs is conditioned on the accuracy and truthfulness of this information, and that I may be personally subject to or may subject my organization to substantial criminal, civil, and/or administrative penalties for submitting false information. I also certify that I am authorized to submit this information by this facility on its behalf.

Signature	Title	Date Information Is Provided
Α.		
В.		
С.		
D.		
E.		
F.		
G.		
Н.		
l.		
J.		
К.		
L.		