

Section E

Behavior

Intent

To assess the presence of psychosis. To assess presence and frequency of behavioral symptoms and their impact on the resident and others.

Significant Changes

E0200, E0300, E0800, E0900, E1100 - Increase or decrease in number of behavioral symptoms

Care Area Triggers

E1100 - Delirium

E0300, E0800, E0900, E1100 – Behavioral Symptoms, Cognitive Loss / Dementia

E0900 – Falls

Quality Indicators

E0200, E0600, E1000 – Behavioral Symptoms Affecting Others

RUG IV Categories

E0100A, E0100C, E0200, E0800, E0900 – Behavioral Symptoms and Cognitive Performance

Skilled Charting

Behavior

Care Plans

Abusive, Physically

Abusive, Verbally

Hoards Objects

Refuses to Eat / Drink

Resists Care

Socially Inappropriate Behavior

Wandering

Withdrawal from Care / Activities

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

E0100. Potential Indicators of Psychosis

Check all that apply:

A. Hallucinations RUG – Behavioral Symptoms and Cognitive Performance

Perceptual experiences in the *absence* of real external sensory stimuli

B. Delusions RUG – Behavioral Symptoms and Cognitive Performance

Misconceptions or beliefs that are firmly held, contrary to reality

Z. None of the above

Behavioral Symptoms	
E0200. Behavioral Symptom-Presence and 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	A. Physical behavioral symptoms directed toward others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually)
	B. Verbal behavioral symptoms directed toward others (e.g., threatening, screaming at others, cursing at others)
	C. Other behavioral symptoms not directed toward others (e.g., physical symptoms such as the resident hitting or scratching Self, pacing, rummaging, public sexual acts, disrobing in public, and throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)

E0200. Behavioral Symptoms – Presence and Frequency

RUG – Behavioral Symptoms and Cognitive Performance CAT – Behavioral Symptoms Significant Change – Increase of decrease in number of behavioral symptoms
QI – Behavioral Symptoms Affecting Others

Note presence of symptoms and their frequency:

A. Physical behavioral symptoms directed toward others

Hitting, kicking, pushing, scratching, grabbing, abusing others sexually

B. Verbal behavioral symptoms directed toward others

Threatening, screaming at others, cursing at others

C. Other behavioral symptoms not directed toward others

Physical symptoms such as the resident hitting or scratching self

Pacing, rummaging, public sexual acts, disrobing in public, and throwing or smearing food or bodily wastes

Verbal/vocal symptoms like screaming, disruptive sounds

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

E0300. Overall Presence of Behavioral Symptoms	
	Were any Behavioral Symptoms in questions E0200 coded 1, 2, or 3? 0. No → Skip to E0800, Rejection of Care
	1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

E0300. Overall Presence of Behavioral Symptoms in the last 5 days Skip Item

CAT – Behavioral Symptoms

Were any Behavioral Symptoms in questions E0200 coded 1, 2, or 3?

0. No → Skip to E0800, Rejection of Care

1. Yes → Considering all of E0200, Behavioral Symptoms, answer E0500 and E0600 below

E0500. Impact on Resident	
Did any of the identified symptom(s):	
	A. Put the resident at significant risk for physical illness or injury? 0. No 1. Yes
	B. Significantly interfere with the resident's care? 0. No 1. Yes
	C. Significantly interfere with the resident's participation in activities or social interactions? 0. No 1. Yes

E0500. Impact on Resident

The term “significant” refers to effects, results, or consequences that materially affect or are likely to affect an individual’s physical, mental, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.

Did any of the identified symptom(s):

A. Put the resident at significant risk for physical illness or injury? **0. No** **1. Yes**

Code based on whether risk for physical injury or illness is known to occur commonly under similar circumstances (residents exhibiting similar behavior in similar environment). Physical injury is trauma resulting in pain or distressing physical symptoms, impaired organ function, physical disability, or adverse consequences, regardless of need for medical, surgical, nursing, or rehabilitative intervention.

B. Significantly interfere with the resident's care? **0. No** **1. Yes**

Code if the impact of the resident’s behavior is impeding the delivery of care to such an extent that necessary or essential care (medical, nursing, rehabilitative or personal that is required to achieve the resident’s goals for health and well-being) cannot be received safely, completely, or in a timely way without more than a minimal accommodation, such as simple change in care routines or environment.

C. Significantly interfere with participation in activities/social interactions? **0. No** **1. Yes**

Code if the impact of the resident’s behavior is limiting or keeping the resident from engaging in solitary activities or hobbies, joining groups, or attending programmed activities or having positive social encounters with visitors, other residents, or staff.

E0600. Impact on Others	
Did any of the identified symptom(s):	
	A. Put others at clinically significant risk for physical injury? o. No 1. Yes
	B. Significantly intrude on the privacy or activity of others? o. No 1. Yes
	C. Significantly disrupt care or living environment? o. No 1. Yes

E0600. Impact on Others QI – Behavioral Symptoms Affecting Others

See E0500 above for coding instructions.

E0800. Rejection of Care – Presence and Frequency	
	Did the resident reject evaluation or care (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 (by discussion or care planning with the resident or family), and 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 4-6 days, but less than daily 3. Behavior of this type occurred daily

E0800. Rejection of Care – Presence and Frequency

CAT – Behavioral Symptoms RUG – Behavioral Symptoms and Cognitive Performance

Resisted taking medications/injections, ADL assistance, or eating.

Does not include instances resident has made an informed decision to refuse a course of care.

In the last 5 days, **did the resident reject evaluation or care** (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 (by discussion or care planning with the resident or family), and 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 4-6 days, but less than daily**
- 3. Behavior of this type occurred daily**

E0900. Wandering – Presence and Frequency	
	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 4-6 days, but less than daily 3. Behavior of this type occurred daily

E0900. Wandering – Presence and Frequency Skip Item

RUG – Behavioral Symptoms and Cognitive Performance

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 4-6 days, but less than daily**
- 3. Behavior of this type occurred daily**

E1000. Wandering - Impact	
	A. Does the wandering place the resident at significant risk or getting to a potentially dangerous place (stairs, outside of the facility)? 0. No 1. Yes
	B. Does the wandering significantly intrude on the privacy or activities of others? 0. No 1. Yes

E1000. Wandering - Impact CAT – Falls CAT – Behavioral Symptoms

Distinguish between wandering that is an adaptive or valued behavior versus wandering that represents a behavioral problem with a negative impact on the resident or others. Not all wandering is harmful. Some residents who wander are at potentially higher risk for entering an unsafe situation. Some residents who wander can cause significant disruption to other residents.

The term “significant” refers to effects, results, or consequences that materially affect or are likely to affect an individual’s physical, mental, or psychosocial well-being either positively by preventing, stabilizing, or improving a condition or reducing a risk, or negatively by exacerbating, causing, or contributing to a symptom, illness, or decline in status.

a. Does the wandering place the resident at significant risk or getting to a potentially dangerous place (stairs, outside of the facility)?

0. No 1. Yes

Code 1, yes: if the wandering places the resident at significant risk of getting to a dangerous place (e.g., wandering outside the facility where there is heavy traffic) or encountering a dangerous situation (e.g., wandering into the room of another resident with dementia who is known to become physically aggressive toward intruders).

b. Does the wandering significantly intrude on the privacy or activities of others?

0. No 1. Yes

Code 1, yes: if the wandering intrudes on the privacy or activities of others (i.e., if the wandering violates other residents’ privacy or interrupts other residents’ performance of activities of daily living or limits engagement in or enjoyment of social or recreational activities), whether or not the other resident complains or communicates displeasure or annoyance.

E1100. Change in Behavioral or Other symptoms – Consider all of the symptoms assessed in items E0100-E1000.	
	How does the resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or scheduled PPS)? 0. Same 1. Improved 2. Worse 9. N/A because no prior MDS assessment

E1100. Change in Behavioral or Other Symptoms

CAT - Delirium

Look back since last assessment

To document if the behavioral symptoms exhibited by the resident remain stable, increased or decreased in frequency of occurrence or alterability as compared to his status of 90 days ago (or since last assessment, if less than 90 days ago).

Such changes may be permanent or temporary; their causes may not be known.

If the resident is a new admission to the facility, this item includes changes during the period prior to admission.

Increased or decreased:

Numbers of behavioral symptoms **Frequency** of behavioral symptoms

Intensity of behavioral symptoms **Alterability** of behavioral symptoms

Change in Behavioral or Other symptoms – Consider all of the symptoms assessed in items E0100 through E1000.

How does the resident's current behavior status, care rejection, or wandering **compare to prior assessment (OBRA or scheduled PPS)?**

0. Same 1. Improved

2. Worse 9. N/A because no prior MDS assessment