

Section G

Functional Status

Intent

To assess the need for assistance with activities of daily living (ADLs), altered gait and balance, and decreased range of motion. In addition, on admission, resident and staff opinions regarding functional rehabilitation potential are noted.

Significant Changes

G0110– Decline in an ADL area

G0110– Improvement in an ADL area

Care Area Triggers

G0110, G0300, G0900 – ADL Functional/Rehabilitation Potential

G0110A, G0800 – Pressure Ulcer

G0110I – Urinary Incontinence

G0300 - Falls

Quality Indicators

G0110A – Decline in Late Loss ADLs

G0400 – Decline in Range of Motion

Enhanced Quality Measures

G0110 - Percent of residents whose need for help with daily activities has increased

G0110C – Percent of residents whose ability to move in and around their room got worse

RUG IV Categories

G0110 – All RUG Categories

Care Plans

Fall Risk

Physical Mobility, Ambulation

Physical Mobility, Bed Mobility

Physical Mobility, Locomotion

Physical Mobility, Range of Motion

Physical Mobility, Transfers

Self Care Deficit, Bathing

Self Care Deficit, Dressing and Grooming

Self Care Deficit, Eating

Self Care Deficit, Hygiene

G0110. Activities of Daily Living (ADL) Assistance Refer to the ADL flow chart in the RAI manual to facilitate accurate coding		
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: <u>Activity Occurred 3 or More Times</u> 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 provided 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 <u>Activity Occurred 2 or Fewer Times</u> 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		

G0110. Activities of Daily Living (ADL) Assistance RUG – All RUG Categories

Significant Change – Decline or improvement in an ADL area QI – Decline in Late Loss ADLs
CAT – ADL Functional/Rehabilitation Potential
EQM – Percent of residents whose need for help with daily activities has increased

1. ADL self-Performance

A set of items that measure what the resident actually did (not what he or she might be capable of doing) within each ADL category over the last 7 days according to a performance-based scale.

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.

To assist in coding ADL self performance items, please use the flow diagram on the following page.

Consider each episode of the activity that occurred during the 7-day look-back period.

In order to be able to promote the highest level of functioning among residents, clinical staff must first identify what the resident actually does for himself or herself, noting when assistance is received and clarifying the types of assistance provided (verbal cueing, physical support, etc.).

Code based on the resident's level of assistance when using special adaptive devices such as a walker, device to assist with donning socks, dressing stick, long-handle reacher, or adaptive eating utensils.

Coding Instructions for G0110, Column 1, ADL-Self Performance

Activity Occurred 3 or More Times

0. Independent

Resident completed activity with no help or oversight every time during the 7-day look-back period.

1. Supervision

Oversight, encouragement, or cueing was provided **three** or more times during the last 7 days.

2. Limited assistance

Resident was highly involved in activity and received physical help in guided maneuvering of limb(s) or other non-weight-bearing assistance on **three** or more times during the last 7 days.

3. Extensive assistance

Resident performed part of the activity over the last 7 days, help of the following type(s) was provided three or more times:

Weight-bearing support provided three or more times.

Full staff performance of activity during part but not all of the last 7 days.

4. Total dependence

There was full staff performance of an activity with no participation by resident for any aspect of the ADL activity. The resident must be unwilling or unable to perform any part of the activity over the entire 7-day look-back period.

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:

4 - Total dependence (activity must require full assist every time) and

8 – Activity did not occur (activity must not have occurred at all)

Example: Activity occurred three times with Extensive assistance (3) and three times with Limited assistance (2). Code the most dependent – 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.

Further explanation of the Rule of 3

All activities occurred at one level → Code that level.

Activities occurred 3 times at one level and 3 times at another level → Code most dependent level.

Activities occurred as a combination of Total, Extensive, and Limited - each of those 2 or fewer times → Code Limited assistance (2).

Activities were not any combination of the above → Code Supervision (1).

Activity Occurred 2 or Fewer Times

7. Activity occurred only once or twice – The activity occurred but **not** three times or more.

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

Coding Instructions for G0110, Column 2, ADL Support Provided

Measures the highest level of support provided by staff over the last 7 days, even if that level of support only occurred once.

Do **NOT** record the staff's assessment of the resident's potential capability to perform the ADL activity. The assessment of potential capability is covered in **ADL Functional Rehabilitation Potential Item (G0900)**.

Do **NOT** record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The level of assistance actually provided might be very different from what is indicated in the plan. Record what actually happened.

Do **NOT** include assistance provided by family or other visitors.

Differentiating between guided maneuvering and weight-bearing assistance:

Determine **who** is supporting the weight of the resident's extremity or body. For example, if the staff member supports some of the weight of the resident's hand while helping the resident to eat (e.g., lifting a spoon or a cup to mouth), or performs part of the activity for the resident, this is "weight-bearing" assistance for this activity. If the resident can lift the utensil or cup, but staff assistance is needed to guide the resident's hand to his or her mouth, this is guided maneuvering.

Code for **most support provided** over all shifts; code regardless of resident's self-performance classification.

0. No setup or physical help from staff - Resident completed activity with no help or oversight.

1. Setup help only

Resident is provided with materials or devices necessary to perform the ADL independently. This can include giving or holding out an item that the resident takes from the caregiver.

2. One person physical assist - Resident was assisted by one staff person.

3. Two+ persons physical assist - Resident was assisted by two or more staff persons.

8. ADL activity itself did not occur during entire period

A. Bed Mobility - how resident moves to and from lying position, turns side to side and positioning body while in bed or alternate sleep furniture		
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A. Bed Mobility - how resident moves to and from lying position, turns side to side and positioning body while in bed or alternate sleep furniture

Some residents sleep on furniture other than a bed (for example, a recliner). Consider assistance received in this alternative bed when coding bed mobility.

B. Transfer - how resident moves between surfaces including to or from: bed, chair, wheelchair, standing position, (excludes to/from bath/toilet)		
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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.		
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C. Walk in room - how resident walks between locations in his/her room.

EQM – Percent of residents whose ability to move about in and around their room got worse

D. Walk in corridor - how resident walks in corridor on unit		
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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		
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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 form 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		
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F. Locomotion off unit- how resident moves to and returns form 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 prostheses or TED hose. Dressing includes putting on and changing pajamas and housedresses.		
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G. Dressing - how resident puts on, fastens, and takes off all items of clothing, including donning/removing a prostheses 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 (tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)		
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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 (tube feeding, total parenteral nutrition, IV fluids administered for nutrition or hydration)

Even a resident who receives tube feedings and no food or fluids by mouth is engaged in eating, and is not to be coded 8. A resident who is highly involved in giving herself a tube feeding is not totally dependent, and should not be coded 7.

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		
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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

CAT – ADL Functional/Rehabilitation Potential

J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (excludes bath and showers)		
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J. Personal hygiene - how resident maintains personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face and hands (**excludes** bath and showers)

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

G0120. Bathing

How resident takes full-body bath/shower, sponge bath, and transfers in/out of tub/shower (**excludes** washing of back and hair)

Bathing is the only ADL activity for which the ADL Self-Performance codes in Item G0110, Column 1 (Self-Performance), do not apply. A unique set of self-performance codes is used in the bathing assessment given that bathing may not occur as frequently as the other ADL’s in the 7-day look-back period.

If a nursing home has a policy that all residents are supervised when bathing (they are never left alone while in the bathroom for a bath or shower, regardless of resident capability), it is appropriate to code the staff support as supervision, even if the supervision is precautionary because this is individual supervision.

Code for most dependent in self-performance and support.

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

B. Support provided

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

G0300. Balance During Transitions and Walking	
After observing the resident, code the following walking and transition items for most dependent Enter Codes in Boxes	
Coding:	A. Moving from seated to standing position
0. Steady at all times	B. Walking (with assistive device if used)
1. Not steady, but <u>able</u> to stabilize without human assistance	C. Turning around and facing the opposite direction while walking
2. Not steady, <u>only able</u> to stabilize with human assistance	D. Moving on and off toilet
3. Activity did not occur	E. Surface-to-surface transfer (transfer between bed and chair or wheelchair)

G0300. Balance During Transitions and Walking

CAT – ADL Functional/Rehabilitation Potential / Falls

Complete this assessment for all residents.

Throughout the 7-day look-back period, interdisciplinary team members should carefully observe and document observations of the resident during transitions from sitting to standing, walking, turning, transferring on and off toilet, and transferring from wheelchair to bed and bed to wheelchair (for residents who use a wheelchair).

If staff have not systematically documented the resident’s stability in these activities at least once during the 7-day look-back period, use the following process to code these items:

Before beginning the activity, explain what the task is and what you are observing for.

Have assistive devices the resident normally uses available.

Start with the resident sitting up on the edge of his or her bed, in a chair or in a wheelchair (if he or she generally uses one).

Ask the resident to stand up and stay still for 3-5 seconds. Moving from seated to standing position (G0300A) should be rated at this time.

Ask the resident to walk approximately 15 feet using his or her usual assistive device. Walking (G0300B) should be rated at this time.

Ask the resident to turn around. Turning around (G0300C) should be rated at this time.

Ask the resident to walk or wheel from a starting point in his or her room into the bathroom, prepare for toileting as he or she normally does (including taking down pants or other clothes; underclothes can be kept on for this observation), and sit on the toilet. Moving on and off toilet (G0300D) should be rated at this time.

Ask residents who are not ambulatory and who use a wheelchair for mobility to transfer from a seated position in the wheelchair to a seated position on the bed. Surface-to-surface transfer should be rated at this time (G0300E).

After observing the resident, code the following **walking and transition items for most dependent**:

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)

Coding:

0. Code 0, steady at all times:

If all of the transitions from seated to standing position and from standing to seated position observed during the 7-day look-back period are steady.

If resident is stable when standing up using the arms of a chair or an assistive device identified for this purpose (such as a walker, locked wheelchair, or grab bar).

If an assistive device or equipment is used, the resident appropriately plans and integrates the use of the device into the transition activity.

If resident appears steady and not at risk of a fall when standing up.

1. Code 1, not steady, but able to stabilize without staff assistance:

If any of transitions from seated to standing position or from standing to seated position during the 7-day look-back period are not steady, but the resident is able to stabilize without assistance from staff or object (a chair or table).

If the resident is unsteady using an assistive device but does not require staff assistance to stabilize.

If the resident attempts to stand, falls back to a seated position, and then stands up and stabilizes without assistance from staff or object.

Residents coded in this category appear at increased risk for falling when standing up.

2. Code 2, not steady, only able to stabilize with staff assistance:

If any of transitions from seated to standing or from standing to sitting are not steady, and the resident cannot stabilize without assistance from staff.

If the resident cannot stand but can transfer unassisted without staff assistance.

If the resident fell when moving from seated to standing or from standing to sitting during the look-back period.

Residents coded in this category appear at high risk for falling during transitions.

If a lift device (a mechanical device operated by another person) is used because the resident requires staff assistance to stabilize, code as 2.

3. Code 8, activity did not occur: if the resident did not move from seated to standing position during the 7-day look-back period.

G0400. Functional limitation in range of motion	
Code for limitation that interfered with daily functions or placed resident at risk for injury.	
Enter Codes in Boxes	
Coding:	A. Upper extremity (shoulder, elbow, wrist, hand)
0. No impairment	
1. Impairment on one side	B. Lower extremity (hip, knee, ankle, foot)
2. Impairment on both sides	

G0400. Functional Limitation in Range of Motion

Depending on resident's cognitive level, use the method most appropriate for assessing ROM limitations:

- Ask resident to follow your verbal instructions.
- Demonstrate movements.
- Actively assist resident with movements.

Repeat movements on each side of body.

Stop if resident experiences pain.

Code for limitation that interfered with daily functions or placed resident at risk for injury.

A. Upper extremity (shoulder, elbow, wrist, hand)

To assess range of motion in the neck, have the resident sit in a chair, turn the head slowly to each side, and return to center, then tilt each ear to each shoulder.

To assess range of motion in the arm, including the shoulder or elbow, have the resident sit in a chair, touch the palms to the back of the head, then touch each shoulder with the opposite hand.

To assess range of motion in the hand, including the wrist or fingers, have the resident make a fist, then open the hand.

B. Lower extremity (hip, knee, ankle, foot)

To assess range of motion in the leg, including the hip or knee, have the resident lie supine on a flat bed and lift the leg, bending at the knee, then slowly lower the leg and extend it flat on the bed.

To assess range of motion in the foot, including the ankle or toes, have the resident lie supine on a flat bed, flex the foot, then extend the foot.

Coding:

0. No impairment

1. Impairment on one side

2. Impairment on both sides

G0600. Mobility Devices	
Check all that were normally used:	
<input type="checkbox"/>	a. Cane/crutch
<input type="checkbox"/>	B. Walker
<input type="checkbox"/>	C. Wheelchair (manual or electric)
<input type="checkbox"/>	D. Limb prosthesis
<input type="checkbox"/>	Z. None of the above were used

G0600. Mobility Devices Check all that were normally used:

A. Cane/crutch - Resident used a cane or crutch, including single prong, tripod, quad cane, etc. Also check this item if resident walks by pushing wheelchair for support, or uses and enclosed four-wheeled walker without a posterior seat.

B. Walker - Resident used a walker or hemi-walker, including an enclosed frame-wheeled walker with/without a posterior seat and lap cushion. Also check this item if the resident walks while pushing a wheelchair for support.

C. Wheelchair (manual or electric) - Resident normally sits in wheelchair when moving about. Include hand-propelled, motorized, or pushed by another person.

D. Limb prosthesis

E. None of the above were used

G0900. Functional Rehabilitation Potential – Complete only if A0310A=01	
<input type="checkbox"/>	A. Resident believes he or she is capable of increased independence in at least some ADLs. 0. No 1. Yes 9. Unable to determine
<input type="checkbox"/>	B. Direct care staff believe resident is capable of increased independence in at least some ADLs. 0. No 1. Yes

G0900. Functional Rehabilitation Potential

CAT – ADL Functional/Rehabilitation Potential

Complete only for the first assessment (OBRA or PPS) since the most recent admission (A0310A=01)

A. Resident believes he or she is capable of increased independence in at least some ADLs.

0. No 1. Yes 9. Unable to determine

B. Direct care staff believe resident is capable of increased independence in at least some ADLs.

0. No 1. Yes