

Resident Name:	Resident Number:	Effective Date:
Location:	Admission Date:	Medical Record #:
Date of Birth:	Physician:	Title: Social Services Assessment v4
Type:	Facility Name:	

A. General

1.	General Information	<p>a. Type of Assessment 1) PPS/Quarterly 2) Annual/Significant Change 3) (O)-OMRA-End of Therapy 4) (OD)-OMRA-End of Therapy/Discharge 5) Discharge Assessment</p> <p>A1800. Admitted From (at entry)</p> <p>1800. Entered From <input type="radio"/> 01. Community <input type="radio"/> 02. Another nursing home or swing bed <input type="radio"/> 03. Acute hospital <input type="radio"/> 04. Psychiatric hospital <input type="radio"/> 05. Inpatient rehabilitation facility <input type="radio"/> 06. MR/DD facility <input type="radio"/> 07. Hospice <input type="radio"/> 99. Other</p> <p>99. If other (define) <input type="text"/></p> <p>General Information Comments Use to further elaborate on any information that may have bearing on patient's/resident's previous living arrangements.</p>
4.	Legal Status	<p>Legal Status Comments Use to further elaborate on any information regarding legal status and/or to indicate any changes in legal status (i.e., Responsible Party, Financial or Healthcare Power of Attorney, Guardianship, etc.).</p>
5.	Resident Rights / Health Care Decision Making / Advanced Directives	<p>a. Information provided with regard to Resident Rights <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>b. Advanced Directives (Living Will, Power of Attorney, and/or Health Care Proxy) in place <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>c. Opportunity to complete Advanced Directive offered <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>d. Advanced Directive educational materials including State form provided <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>e. Separate Health Care Instructions (POST-Physician Order for Scope of Treatment, Instructions for Life Sustaining Treatment Options, POLST-Physician Orders for Life Sustaining Treatment, or Genesis Resident/Patient Health Care Instructions Form) completed <input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>Resident Rights/Health Care Decision Making/Advanced Directives Comments Use to further elaborate on Advance Directives/Healthcare Instructions.</p>

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5. Resident Rights / Health Care Decision Making / Advanced Directives	
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6. Family/Support System	Family/Support System Comments Use to elaborate on any additional family/support information.
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9. Language/Communication	B0700. Makes Self Understood 0700. Ability to express ideas and wants, consider both verbal and non-verbal expression <input type="radio"/> 0. Understood <input type="radio"/> 1. Usually understood <input type="radio"/> 2. Sometimes understood <input type="radio"/> 3. Rarely/never understood <input type="radio"/> -. Not assessed B0800. Ability to Understand Others 0800. Understanding verbal content, however able (with hearing aid or device if used) <input type="radio"/> 0. Understands <input type="radio"/> 1. Usually understands <input type="radio"/> 2. Sometimes understands <input type="radio"/> 3. Rarely/never understands <input type="radio"/> -. Not assessed Language/Communication Comments Use to elaborate on language/communication issues.
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B. Cognitive Patterns

1. BIMS	Brief Interview for Mental Status (BIMS) Attempt to conduct the following interview with all residents C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted? <input type="radio"/> 0. No (resident is rarely/never understood) <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed C0200. Repetition of Three Words 0200a. Ask resident: "I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are SOCK, BLUE, and BED. Now tell me the three words." C0200. Number of words repeated after first attempt
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1.

BIMS

- 0. None
- 1. One
- 2. Two
- 3. Three
- . Not assessed

0200b. After the resident's first attempt, repeat the words using cues ("SOCK, something to wear; BLUE, a color; BED, a piece of furniture"). You may repeat the words up to two more times.

C0300. Temporal Orientation (orientation to year, month, day)

300A. Ask resident: "Please tell me what year it is right now." (If no response, code answer as 0)

0300A. Able to report correct year

- 0. Missed by > 5 years
- 1. Missed by 2-5 years
- 2. Missed by 1 year
- 3. Correct
- . Not assessed

300B. Ask resident: "What month are we in right now?"

0300B. Able to report correct month

- 0. Missed by > 1 month
- 1. Missed by 6 days to 1 month
- 2. Accurate within 5 days
- . Not assessed

300C. Ask resident: "What day of the week is today?"

0300C. Able to report correct day of the week

- 0. Incorrect
- 1. Correct
- . Not assessed

C0400. Recall

C0400. Ask resident: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

0400A. Able to recall "sock"

- 0. No - could not recall
- 1. Yes, after cueing
- 2. Yes, no cue required
- . Not assessed

0400B. Able to recall "blue"

- 0. No - could not recall
- 1. Yes, after cueing
- 2. Yes, no cue required
- . Not assessed

0400C. Able to recall "bed"

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1.	BIMS	<input type="radio"/> 0. No - could not recall <input type="radio"/> 1. Yes, after cueing <input type="radio"/> 2. Yes, no cue required <input type="radio"/> -. Not assessed
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2.	Staff Assessment for Mental Status	<p>C0600. Should the Staff Assessment for Mental Status (C0700-C1000) be Conducted?</p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed <p><u>Staff Assessment for Mental Status - Do not conduct if Brief Interview for Mental Status (C0200-C0400) was completed above.</u></p> <p>C0700. Short-term Memory OK</p> <p>0700. Seems or appears to recall after 5 minutes <input type="radio"/> 0. Memory OK <input type="radio"/> 1. Memory problem <input type="radio"/> -. Not assessed</p> <p>C0800. Long-term Memory OK</p> <p>0800. Seems or appears to recall long past <input type="radio"/> 0. Memory OK <input type="radio"/> 1. Memory problem <input type="radio"/> -. Not assessed</p> <p><u>C0900. Memory/Recall Ability</u> C0900. Check all that the resident was normally able to recall</p> <p>0900A. <input type="checkbox"/> Current season 0900B. <input type="checkbox"/> Location of own room 0900C. <input type="checkbox"/> Staff names and faces 0900D. <input type="checkbox"/> That he or she is in a nursing home</p> <p>C1000. Cognitive Skills for Daily Decision Making</p> <p>1000. Made decisions regarding tasks of daily life <input type="radio"/> 0. Independent <input type="radio"/> 1. Modified independence <input type="radio"/> 2. Moderately impaired <input type="radio"/> 3. Severely impaired <input type="radio"/> -. Not assessed</p>
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3.	Cognitive Patterns	<p>a. Cognitive Status Awareness <input type="radio"/> 1. Alert <input type="radio"/> 2. Alert & Confused <input type="radio"/> 3. Comatose</p> <p><u>Orientation (check all that apply)</u></p> <p>b1. <input type="checkbox"/> Person b2. <input type="checkbox"/> Place b3. <input type="checkbox"/> Time</p> <p>c. Short Term Memory <input type="radio"/> 1. Good <input type="radio"/> 2. Fair <input type="radio"/> 3. Poor</p> <p>d. Long Term Memory <input type="radio"/> 1. Good <input type="radio"/> 2. Fair <input type="radio"/> 3. Poor</p> <p><u>Cognitive Pattern Comments</u> Use to elaborate on the patient's/resident's cognition.</p>
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3.	Cognitive Patterns	
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C. Mood

1.	Recent Experience	<p><u>Recent experience(s) that may be affecting resident (check all that apply):</u></p> <p>a1. <input type="checkbox"/> Loss of significant other</p> <p>a2. <input type="checkbox"/> Major injury or illness</p> <p>a3. <input type="checkbox"/> Change in where resident lives</p> <p>a4. <input type="checkbox"/> Change with whom resident lives</p> <p>a5. <input type="checkbox"/> Other</p> <p>a5a. If other (define)</p> <div style="border: 1px solid black; height: 15px; width: 400px; margin-left: 20px;"></div>
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2.	Resident Mood Interview	<p>D0100. Should Resident Mood Interview be Conducted? - Attempt to conduct interview with all residents</p> <p><input type="radio"/> 0. No (resident is rarely/never understood)</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> -. Not assessed</p> <p><u>Resident Mood Interview (PHQ-9)</u></p> <p>D0200. Say to resident: "Over the past 2 weeks, have you been bothered by any of the following problems?" First answer whether the symptom is present. If the symptom is present, then ask the resident: "About how often have you been bothered by this?" Read and show the resident a card with the symptom frequency choices. Indicate response for the symptom frequency question.</p> <p>200A1. Little interest or pleasure in doing things - symptom presence</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No response</p> <p><input type="radio"/> -. Not assessed</p> <p>200A2. Little interest or pleasure in doing things - symptom frequency</p> <p><input type="radio"/> 0. Never or 1 day</p> <p><input type="radio"/> 1. 2-6 days</p> <p><input type="radio"/> 2. 7-11 days</p> <p><input type="radio"/> 3. 12-14 days</p> <p><input type="radio"/> -. Not assessed</p> <p>200B1. Feeling down, depressed, or hopeless - symptom presence</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No response</p> <p><input type="radio"/> -. Not assessed</p> <p>200B2. Feeling down, depressed, or hopeless - symptom frequency</p> <p><input type="radio"/> 0. Never or 1 day</p> <p><input type="radio"/> 1. 2-6 days</p> <p><input type="radio"/> 2. 7-11 days</p> <p><input type="radio"/> 3. 12-14 days</p> <p><input type="radio"/> -. Not assessed</p> <p>200C1. Trouble falling or staying asleep, or sleeping too much - symptom presence</p>
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2. Resident Mood Interview

- 0. No
- 1. Yes
- 9. No response
- . Not assessed

200C2. Trouble falling or staying asleep, or sleeping too much - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

200D1. Feeling tired or having little energy - symptom presence

- 0. No
- 1. Yes
- 9. No response
- . Not assessed

200D2. Feeling tired or having little energy - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

200E1. Poor appetite or overeating - symptom presence

- 0. No
- 1. Yes
- 9. No response
- . Not assessed

200E2. Poor appetite or overeating - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

200F1. Feeling bad about yourself - or that you are a failure or have let yourself or your family down - symptom presence

- 0. No
- 1. Yes
- 9. No response
- . Not assessed

200F2. Feeling bad about yourself - or that you are a failure or have let yourself or your family down - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

200G1. Trouble concentrating on things, such as reading the newspaper or watching television - symptom presence

- 0. No
- 1. Yes
- 9. No response
- . Not assessed

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2.	Resident Mood Interview	<p>200G2. Trouble concentrating on things, such as reading the newspaper or watching television - symptom frequency</p> <p><input type="radio"/> 0. Never or 1 day</p> <p><input type="radio"/> 1. 2-6 days</p> <p><input type="radio"/> 2. 7-11 days</p> <p><input type="radio"/> 3. 12-14 days</p> <p><input type="radio"/> -. Not assessed</p> <p>200H1. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - symptom presence</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No response</p> <p><input type="radio"/> -. Not assessed</p> <p>200H2. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual - symptom frequency</p> <p><input type="radio"/> 0. Never or 1 day</p> <p><input type="radio"/> 1. 2-6 days</p> <p><input type="radio"/> 2. 7-11 days</p> <p><input type="radio"/> 3. 12-14 days</p> <p><input type="radio"/> -. Not assessed</p> <p>200I1. Thoughts that you would be better off dead, or of hurting yourself in some way - symptom presence</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No response</p> <p><input type="radio"/> -. Not assessed</p> <p>200I2. Thoughts that you would be better off dead, or of hurting yourself in some way - symptom frequency</p> <p><input type="radio"/> 0. Never or 1 day</p> <p><input type="radio"/> 1. 2-6 days</p> <p><input type="radio"/> 2. 7-11 days</p> <p><input type="radio"/> 3. 12-14 days</p> <p><input type="radio"/> -. Not assessed</p> <p>a. Are you thinking about hurting yourself now?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>b. Have you thought about how you might do it?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>c. Do you have something with which to do it?</p> <p><input type="radio"/> 1. Yes <input type="radio"/> 2. No</p> <p>0350. Safety notification - Complete only if 200I1 = 1 indicating possibility of resident self harm.</p> <p>D0350. Was responsible staff or provider informed that there is a potential for resident self harm?</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> -. Not assessed/no information</p>
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3.	Staff Assessment of Resident Mood	<p><u>Staff Assessment of Resident Mood (PHQ-9-OV)</u></p> <p>D0500. Do not conduct if Resident Mood Interview was completed. The interview is considered complete if the resident provides frequency responses for at least 7 of the 9 items. If the symptom frequency column is blank for 3 or more items, the interview is not complete and the Staff Assessment of Resident Mood must be completed.</p> <p>Should Staff Assessment of Resident Mood be Conducted?</p>
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3.	Staff Assessment of Resident Mood	<p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes </p> <p>0500. Over the last 2 weeks, did the resident have any of the following problems or behaviors? First answer whether the symptom is present. If the symptom is present, then move to next question, Symptom Frequency, and indicate symptom frequency.</p> <p>500A1. Little interest or pleasure in doing things - symptom presence</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed </p> <p>500A2. Little interest or pleasure in doing things - symptom frequency</p> <p> <input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed </p> <p>500B1. Feeling or appearing down, depressed, or hopeless - symptom presence</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed </p> <p>500B2. Feeling or appearing down, depressed, or hopeless - symptom frequency</p> <p> <input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed </p> <p>500C1. Trouble falling or staying asleep, or sleeping too much - symptom presence</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed </p> <p>500C2. Trouble falling or staying asleep, or sleeping too much - symptom frequency</p> <p> <input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed </p> <p>500D1. Feeling tired or having little energy - symptom presence</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed </p> <p>500D2. Feeling tired or having little energy - symptom frequency</p> <p> <input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed </p> <p>500E1. Poor appetite or overeating - symptom presence</p>
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3. Staff Assessment
of Resident Mood

- 0. No
- 1. Yes
- . Not assessed

500E2. Poor appetite or overeating - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

500F1. Indicating that s/he feels bad about self, is a failure, or has let self or family down - symptom presence

- 0. No
- 1. Yes
- . Not assessed

500F2. Indicating that s/he feels bad about self, is a failure, or has let self or family down - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

500G1. Trouble concentrating on things, such as reading the newspaper or watching television - symptom presence

- 0. No
- 1. Yes
- . Not assessed

500G2. Trouble concentrating on things, such as reading the newspaper or watching television - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

500H1. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual - symptom presence

- 0. No
- 1. Yes
- . Not assessed

500H2. Moving or speaking so slowly that other people have noticed. Or the opposite - being so fidgety or restless that s/he has been moving around a lot more than usual - symptom frequency

- 0. Never or 1 day
- 1. 2-6 days
- 2. 7-11 days
- 3. 12-14 days
- . Not assessed

500I1. State that life isn't worth living, wishes for death, or attempts to harm self - symptom presence

- 0. No
- 1. Yes
- . Not assessed

500I2. State that life isn't worth living, wishes for death, or attempts to harm self - symptom frequency

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3.	Staff Assessment of Resident Mood	<input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed 500J1. Being short-tempered, easily annoyed - symptom presence <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed 500J2. Being short-tempered, easily annoyed - symptom frequency <input type="radio"/> 0. Never or 1 day <input type="radio"/> 1. 2-6 days <input type="radio"/> 2. 7-11 days <input type="radio"/> 3. 12-14 days <input type="radio"/> -. Not assessed 0650. Safety Notification - Complete only if 500I1 = 1 indicating possibility of resident self harm. D0650. Was responsible staff or provider informed that there is a potential for resident self harm? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information
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4.	Mood	Mood Comments Use to elaborate on patient's/resident's mood.
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D. Behavior/Mental Health

1.	Behavioral Symptoms	E0200. Behavioral Symptom - Presence and Frequency 0200. Note presence of symptoms and their frequency in the following three questions 0200A. Physical behavioral symptoms directed towards others (e.g., hitting, kicking, pushing, scratching, grabbing, abusing others sexually) <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days <input type="radio"/> 3. Behavior of this type occurred daily <input type="radio"/> -. Not assessed 0200B. Verbal behavioral symptoms directed towards others (e.g., threatening others, screaming at others, cursing at others) <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days <input type="radio"/> 3. Behavior of this type occurred daily <input type="radio"/> -. Not assessed 0200C. Other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds)
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1.	Behavioral Symptoms	<p> <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days <input type="radio"/> 3. Behavior of this type occurred daily <input type="radio"/> -. Not assessed </p> <p>0300. Overall Presence of Behavioral Symptoms</p> <p>E0300. Were any behavioral symptoms in question E0200 coded 1,2, or 3? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p><u>E0500. Impact on Resident</u></p> <p>0500. If E0300 = 1 above, did any of the identified symptom(s):</p> <p>0500A. Put the resident at significant risk for physical illness or injury? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p>0500B. Significantly interfere with the resident's care? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p>0500C. Significantly interfere with the resident's participation in activities or social interactions? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p><u>E0600. Impact on Others</u></p> <p>0600. If E0300 = 1, did any of the identified symptom(s):</p> <p>0600A. Put others at significant risk of physical injury? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p>0600B. Significantly intrude on the privacy or activity of others? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p>0600C. Significantly disrupt care or living environment? <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information</p> <p><u>E0800. Rejection of Care - Presence & Frequency</u></p> <p>0800. Did the resident reject evaluation or care (e.g., 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 (e.g., by discussion or care planning with the resident or family), and/or determined to be consistent with resident values, preferences or goals</p> <p>E0800. Did the resident reject evaluation or care</p>
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1.	Behavioral Symptoms	<p> <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days <input type="radio"/> 3. Behavior of this type occurred daily <input type="radio"/> -. Not assessed </p> <p>E0900. Wandering - Presence & Frequency</p> <p>E0900.Has the resident wandered?</p> <p> <input type="radio"/> 0. Behavior not exhibited <input type="radio"/> 1. Behavior of this type occurred 1 to 3 days <input type="radio"/> 2. Behavior of this type occurred 4 to 6 days <input type="radio"/> 3. Behavior of this type occurred daily <input type="radio"/> -. Not assessed </p> <p><u>E1000. Wandering - Impact</u></p> <p>1000. Answer the following two questions regarding the impact of the resident's wandering.</p> <p>1000A.Does the wandering place the resident at significant risk of getting to a potentially dangerous place (e.g., stairs, outside of the facility)?</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information </p> <p>1000B.Does the wandering significantly intrude on the privacy or activities of others?</p> <p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <input type="radio"/> -. Not assessed/no information </p> <p><u>E1100. Change in Behavior or Other Symptoms</u></p> <p>1100. Consider all of the behavioral symptoms assessed in answering this question.</p> <p>E1100.How does the resident's current behavior status, care rejection, or wandering compare to prior assessment (OBRA or PPS)?</p> <p> <input type="radio"/> 0. Same <input type="radio"/> 1. Improved <input type="radio"/> 2. Worse <input type="radio"/> 3. N/A because no prior MDS assessment <input type="radio"/> -. Not assessed </p> <p><u>Behavioral Symptoms Comments</u></p> <p>a. Use to elaborate on behavioral symptoms.</p>
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2.	Mental Health	<p><u>A1550. Conditions Related to MR/DD Status</u></p> <p>A1550.Is the resident's age 22 years of age or older</p> <p> <input type="radio"/> 1. Yes <input type="radio"/> 2. No </p> <p><u>Check all conditions that are related to MR/DD status that were manifested before age 22, and are likely to continue indefinitely</u></p> <p>1550A. <input type="checkbox"/> Down syndrome</p> <p>1550B. <input type="checkbox"/> Autism</p> <p>1550C. <input type="checkbox"/> Epilepsy</p>
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Facility Name:		

2.	Mental Health	<p>1550D. <input type="checkbox"/> Other organic condition related to MR/DD</p> <p>1550E. <input type="checkbox"/> MR/DD with no organic condition</p> <p><u>E0100. Psychosis - Check all that apply</u></p> <p>0100A. <input type="checkbox"/> Hallucinations (perceptual experiences in the absence of real external sensory stimuli)</p> <p>0100B. <input type="checkbox"/> Delusions (misconceptions or beliefs that are firmly held, contrary to reality)</p> <p><u>Mental Health Comments</u></p> <p>b. Use to elaborate on mental health issues.</p>
3.	Substance Abuse	<p><u>Substance Abuse Comments</u></p> <p>Use to elaborate or update substance abuse issues and/or treatment.</p>
4.	Adjustment	<p>Summary of Psychosocial Adjustment Issues, Coping Mechanisms & Resident Strengths (e.g., need for special considerations to assist with transition due to insight, decision-making ability, motivation, mood, behavioral symptoms, etc.)</p>

E. Participation/Discharge Planning/Summary

1.	Participation in Assessment	<p>Q0100. Participation in Assessment</p> <p>0100A. Resident participated in assessment</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> -. Not assessed/no information</p> <p>0100B. Family or significant other participated in assessment</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No family or significant other</p> <p><input type="radio"/> -. Not assessed</p> <p>0100C. Guardian or legally authorized representative participated in assessment</p> <p><input type="radio"/> 0. No</p> <p><input type="radio"/> 1. Yes</p> <p><input type="radio"/> 9. No guardian or legally authorized representative</p> <p><input type="radio"/> -. Not assessed</p> <p>a. If family, significant other, guardian or legally authorized representative participated, enter name(s).</p>
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Resident Name:	Resident Number:	Effective Date:
Location:	Medical Record #:	Title: Social Services Assessment v4
Facility Name:		

1. **Participation in Assessment**

Participation Comments
Use to elaborate on patient's/resident's participation.

2. **Resident's Overall Expectations/Discharge Planning**

Q0300.Resident's Overall Expectation

Q0400.Discharge Plan

0300A.Resident's overall goal established during assessment process

- 1. Expects to be discharged to the community
- 2. Expects to remain in this facility
- 3. Expects to be discharged to another facility
- 9. Unknown or uncertain
- . Not assessed

0300B.Indicate information source for Q0300A

- 1. Resident
- 2. Family or significant other
- 3. Guardian or legally authorized representative
- 9. None of the above
- . Not assessed

0400A.Is there an active discharge plan in place for the resident to return to the community?

- 0. No
- 1. Yes
- . Not assessed/no information

0400B.What determination was made by the resident and the care planning team regarding discharge to the community?

- 0. Determination not made
- 1. Discharge determined to be feasible
- 2. Discharge determined to be not feasible
- . Not assessed

Q0500.Return to Community

0500A.Has the resident been asked about returning to the community?

- 0. No
- 1. Yes-previous response was "no"
- 2. Yes-previous response was "yes"
- 3. Yes-previous response was "unknown"
- . Not assessed

0500B.Ask the resident (or family or significant other if resident is unable to respond): "Do you want to talk to someone about the possibility of returning to the community?"

