Welcome to MDS 3.0 October 2025 Updates

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Objectives:

- Review MDS changes starting October 1, 2025

Disclaimer:

This presentation is not a substitute for reading and reviewing the

- Long-Term Care Resident Assessment Instrument 3.0 User's Manual Version 1.20.1, October 2025
- MDS Item Sets Version 1.20.3, October 2025

or

- State Operations Manual Appendix PP, Revised 7/2025

LTC RAI 3.0 User' Manual
Version 1.20.1, October 2025
State Operations Manual Appendix PP

- RAI Manual version 1.20.1, Matrix, and Item Sets version 1.20.3 available:

https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

- State Operations Manual Appendix PP revised 7/23/25 :

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

A0810 Sex

- A0800 Gender retired
- For all item sets

A1005 Ethnicity and A1010 Race pages A-16 to A-19

- **Item Rationale**
- Standardizing self-reported data collection for ethnicity allows for the comparison of data within and across multiple *health*care settings *and is an important step in improving quality of care and health outcomes*.
- **Steps for Assessment: Interview Instructions**
- If the resident declines to respond, *code Y, Resident declines to respond, and* do not code based on other resources (family, significant other, or guardian/legally authorized representative or medical records).

A1255 Transportation

- Instructions with revisions
- Item set Nursing Home Comprehensive, Nursing Home Quarterly, Nursing Home PPS, and Swing Bed PPS
- *Complete only if A0310B = 01 and A2300 minus A1900 is less than 366 days.*

A1255.	**Transportation** Complete only if A2300 minus A1900 is less than 366 days
Enter Code ☐	***In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?*** **0. Yes** **1. No** **7. Resident declines to respond** **8. Resident unable to respond**

A1255 Transportation

- Updated Item Rationale
- Planning for Care
- Steps for Assessment
- Coding Instructions, Coding Tips
- Examples

A1255 Transportation

- **Steps for Assessment**
- Ask the resident, *“In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?”*
- *Ask the resident to select the response that most closely corresponds to the resident’s transportation status from the list in A1255.*
- If the resident declines to respond, *code 7, Resident declines to respond, and* do not code based on other resources (family, significant other, or legally authorized representative or medical records).
- Only *use medical record documentation to code A1255, Transportation* if the resident is unable to respond and no family member, significant other, and/or guardian/legally authorized representative provides a response for this item.

A1255 Transportation

- **Coding Tips**
- *A dash (–) value is a valid response for this item; however, CMS expects dash use to be a rare occurrence.*
- *If the resident is unable to respond and the response is determined via family, significant other, or legally authorized representative input or medical records, select the response that applies.*
- *This item is only collected for residents whose episode of care is less than 366 days (i.e., A2300 minus A1900 is less than 366 days).*

Section B
NPE item set

- If B0100 Comatose =1. Yes, then skip to GG0130, Self-Care

Section B - Hearing, Speech, and Vision

B0100. Comatose

Enter Code ☐

Persistent vegetative state/no discernible consciousness

0. No → Continue to B1300, Health Literacy
1. Yes → Skip to GG0130, Self-Care

B1300. Health Literacy

Enter Code ☐

How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?

0. Never
1. Rarely
2. Sometimes
3. Often
4. Always
7. Resident declines to respond
8. Resident unable to respond

D0150: Resident Mood Interview (PHQ-2 to 9©) Coding Tips and Special Populations

- *In the rare situation that the resident cannot provide a frequency, following a yes response to a symptom in Column 1, enter a dash in Column 2. CMS expects a dash response to be rare.* *page D-7*

D0150. Resident Mood Interview (PHQ-2 to 9©)

Say to resident: *"Over the last 2 weeks, have you been bothered by any of the following problems?"*
If symptom is present, enter 1 (yes) in column 1, Symptom Presence.
If yes in column 1, 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 in column 2, Symptom Frequency.

1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	**0. Never or 1 day**
1. Yes (enter 0–3 in column 2)	**1. 2–6 days** (several days)
9. No response (leave column 2 blank)	**2. 7–11 days** (half or more of the days)
	3. 12–14 days (nearly every day)

Enter Scores in Boxes	1. Symptom Presence	2. Symptom Frequency
A. *Little interest or pleasure in doing things*	☐	☐
B. *Feeling down, depressed, or hopeless*	☐	☐
If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.		
C. *Trouble falling or staying asleep, or sleeping too much*	☐	☐
D. *Feeling tired or having little energy*	☐	☐
E. *Poor appetite or overeating*	☐	☐
F. *Feeling bad about yourself - or that you are a failure or have let yourself or your family down*	☐	☐
G. *Trouble concentrating on things, such as reading the newspaper or watching television*	☐	☐
H. *Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual*	☐	☐
I. *Thoughts that you would be better off dead, or of hurting yourself in some way*	☐	☐

D0160. Total Severity Score

Enter Score ☐☐

Add scores for all frequency responses in Column 2, Symptom Frequency. Total score must be between 00 and 27.
Enter 99 if unable to complete interview (i.e., Symptom Frequency is blank for 3 or more required items).

GG0130: Self-Care and GG0170: Mobility

- **Coding Tips**
- *Assessment of the GG self-care and mobility items is based on the resident's ability to complete the activity with or without assistance and/or a device. This is true regardless of whether or not the activity is being/will be routinely performed (e.g., walking might be assessed for a resident who did/does/will use a wheelchair as their primary mode of mobility, stair activities might be assessed for a resident not routinely accessing stairs).* GG-12

GG0130: Self-Care and GG0170: Mobility

- **General coding tips**
- *The assessment timeframe is up to 3 calendar days based on the target date. During the assessment timeframe, some activities may be performed by the resident multiple times, whereas other activities may only occur once.*
- *A dash (–) indicates "No information." CMS expects dash use to be a rare occurrence.*
- *CMS does not provide an exhaustive list of assistive devices that may be used…*
- **Coding tips for coding the resident's usual performance**
- *If two or more helpers are required to assist the resident in completing the activity, code as 01, Dependent.*

page GG-17

- **Examples and Coding Tips**
- *Note: The following are coding examples and coding tips for self-care items. Some examples describe a single observation of the resident completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.*
-

GG0130: Self-Care and GG0170: Mobility

- **Examples and Coding Tips**
- *Note: The following are coding examples and coding tips for self-care items. Some examples describe a single observation of the resident completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.*

- **Coding Tips for GG0130A, Eating**
- *The adequacy of the resident's nutrition or hydration is not considered for GG0130A, Eating.*

GG0130: Self-Care and GG0170: Mobility

- **Coding Tips for GG0130F, Upper body dressing; GG0130G, Lower body dressing; and GG0130H, Putting on/taking off footwear**
- *Consider an item that covers all or part of the foot as footwear, even if it extends up the leg, and do not also consider it as a lower-body dressing item.*
- *If the resident wears just shoes or just socks (e.g., grip socks) that are safe for mobility, then GG0130H, Putting on/taking off footwear, may be coded.* *Page GG-28*

GG0130: Self-Care and GG0170: Mobility

- **Coding Tips for GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed**
- *For GG0170A, Roll left and right; GG0170B, Sit to lying; and GG0170C, Lying to sitting on side of bed, clinical judgment should be used to determine what is considered a "lying" position for the resident. For example, a clinician could determine that a resident's preferred slightly elevated resting position is "lying" for a resident.*

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GG0130: Self-Care and GG0170: Mobility

- **Coding Tips for GG0170E, Chair/bed-to-chair transfer**
- For item GG0170E, Chair/bed-to-chair transfer: *If the resident uses a recliner as their "bed" (preferred or necessary sleeping surface), assess the resident's need for assistance using that sleeping surface when coding GG0170E, Chair/bed-to-chair transfer.* *Page GG-45*
- **Coding Tips for GG0170G, Car transfer**
- *Any vehicle model appropriate and available may be used for the assessment of GG0170G, Car transfer.*
- *Clinicians may use clinical judgment to determine if observing a resident performing a portion of the car transfer activity (e.g., getting into the car) allows the clinician to adequately assess the resident's ability to complete the entire GG0170G, Car transfer, activity (transferring in and out of a car). If the clinician determines that this observation is adequate, code based on the type and amount of assistance required to complete the activity.* *Page GG-49*

GG0130: Self-Care and GG0170: Mobility

- **Coding Tips for GG0170I–GG0170L Walking Items**
- *Do not code walking activities with the use of a device that is restricted to resident use during therapy sessions (e.g., parallel bars, exoskeleton, or overhead track and harness systems).*
- *If the resident who participates in walking requires the assistance of two helpers to complete the activity, code 01, Dependent.*
- *If the only help a resident requires to complete the walking activity is for a helper to retrieve and place the walker and/or put it away after resident use, then enter code 05, Setup or clean-up assistance.* Page GG-51

GG0130: Self-Care and GG0170: Mobility

- **Coding Tips for GG0170M, 1 step (curb); GG0170N, 4 steps; and GG0170O, 12 steps**
- *Getting to/from the stairs is not included when coding the curb/step activities.*
- *Do not consider the sit-to-stand or stand-to-sit transfer when coding any of the step activities.*

Header: I7900
None of the above active diagnoses within last 7 days

- Added to Nursing Home Quarterly, Nursing Home Discharge, Nursing Home PPS, Swing Bed PPS, and Swing Bed Discharge

	None of Above
☐	**I7900.** **None of the above active diagnoses** within the last 7 days

Fall Definition

- **FALL**
- Unintentional change in position coming to rest on the ground, floor or onto the next lower surface (e.g., onto a bed, chair, or bedside mat) *or the result of an overwhelming external force (e.g., a resident pushes another resident).*

Page J-32

J1700 Coding Tips

- CMS understands that challenging a resident's balance and training them to recover from a loss of balance is an intentional therapeutic intervention and does not consider anticipated losses of balance that occur during supervised therapeutic interventions as intercepted falls. *However, if there is a loss of balance during supervised therapeutic interventions and the resident comes to rest on the ground, floor or next lower surface despite the clinician's effort to intercept the loss of balance, it is considered a fall.*

Page J-33

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment

- **DEFINITIONS**
- **INJURY (EXCEPT MAJOR)**
- Includes*, but is not limited to*, skin tears, abrasions, lacerations, superficial bruises, hematomas, and sprains; or any fall-related injury that causes the resident to complain of pain.
- **MAJOR INJURY**
- Includes, *but is not limited to, traumatic* bone fractures, joint dislocations/ *subluxations, internal organ injuries, amputations, spinal cord injuries*, head injuries, *and crush injuries*.

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment

- **Coding Tips**
- *Fractures confirmed to be pathologic (vs. traumatic) are not considered a major injury resulting from a fall.* *Page J-39*

J1900: Number of Falls Since Admission/Entry or Reentry or Prior Assessment **Examples**

6. *The therapist had Resident S, who has Parkinson's disease, stand on one foot during their therapy session to intentionally challenge the resident's balance. Despite providing contact guard assistance and use of safety mats, Resident S fell and landed on their left side. An X-ray was ordered due to pain and swelling of the left wrist which confirmed a distal radius fracture of the left wrist.* **Coding:** *J1800 would be* **coded 1, yes** *and J1900C would be* **coded 1, one**.

Rationale: *Despite safety precautions in place, Resident S sustained a radius fracture as a result of a fall during a therapeutic intervention with physical therapy. This is a fall, as the clinician's interventions did not intercept the loss of balance, and the resident landed on the floor and sustained a fracture, which is a major injury.*

Differentiating from Traumatic vs. Pathological Fractures

7. *Resident A, who has osteoporosis, falls, resulting in a right hip fracture. The Emergency Department physician confirms that the fracture is a result of the resident's bone disease and not a result of the fall.*

Coding: *J1800 would be* **coded 1, yes** *and J1900C would be* **coded 0, none**.

Rationale: *The physician determined that the fracture was a pathological fracture due to osteoporosis. Because the fracture was determined to be pathological, it is not coded as a fall with major injury.*

8. *Resident L, who has osteoporosis, falls, resulting in a right hip fracture. The physician in the acute care hospital confirms that the fracture is a result of the resident's fall and not the resident's history of osteoporosis.*

Coding: *J1800 would be* **coded 1, yes** *and J1900C would be* **coded 1, one**.

Rationale: *Because the physician determined that the fracture was a result of the fall, it is a traumatic fracture and, therefore, is a fall with major injury.*

K0300 Weight Loss and K0310 Weight Gain

page K-5 and K-10

- K0300: Weight Loss, K0310: Weight Gain
- **Steps for Assessment**
- *This item compares the resident's weight in the current observation period with their weight at two snapshots in time:*
- At a point closest to 30 days preceding the current weight.
- At a point closest to 180 days preceding the current weight.
- *The resident's weight captured closest to these two time points are the only two weights considered for this item, but the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.*

K0300 Weight Loss and K0310 Weight Gain

Pages K-6, K-10

- **Coding Tips**
- *In cases in which multiple weights for the resident may exist during the time period being evaluated, select the weight on the date closest to the appropriate time point.*

K0200. Height and Weight

While measuring, if the number is X.1–X.4 round down; X.5 or greater round up

Inches

A. **Height** (in inches)
Record most recent height measure since the most recent admission/entry or reentry

Pounds

B. **Weight** (in pounds)
Base weight on most recent measure in last 30 days; measure weight consistently, according to standard facility practice (e.g., in a.m. after voiding, before meal, with shoes off, etc.)

K0300. Weight Loss

Enter Code

Loss of 5% or more in the last month or loss of 10% or more in last 6 months

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-loss regimen
2. **Yes, not on** physician-prescribed weight-loss regimen

K0310. Weight Gain

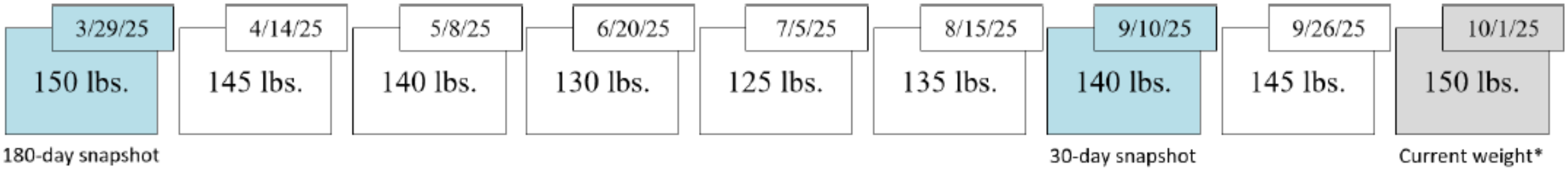
Enter Code

Gain of 5% or more in the last month or gain of 10% or more in last 6 months

0. **No** or unknown
1. **Yes, on** physician-prescribed weight-gain regimen
2. **Yes, not on** physician-prescribed weight-gain regimen

Weight Comparison Examples Pages K-5 and K-10

Weight Comparison Examples



**Weight as determined in item K0200B. Based on an ARD of 10/15/25.*

K0710A Proportion of Total Calories the Resident Received through Parenteral or Tube Feeding

- **Steps for Assessment**
- If the resident had more substantial oral intake than sips of fluid, consult with the *qualified dietitian or other clinically qualified nutrition professional*.

K0710

K0710. Percent Intake by Artificial Route

Complete K0710 only if Column 2 and/or Column 3 are checked for K0520A and/or K0520B

2. While a Resident	3. During Entire 7 Days
Performed ***while a resident*** of this facility and within the ***last 7 days***	Performed during the entire ***last 7 days***

	Enter Codes	2. While a Resident	3. During Entire 7 Days
A.	**Proportion of total calories the resident received through parenteral or tube feeding** 1. 25% or less 2. 26–50% 3. 51% or more	☐	☐
B.	**Average fluid intake per day by IV or tube feeding** 1. 500 cc/day or less 2. 501 cc/day or more	☐	☐

M0300: Current Number of Unhealed Pressure Ulcers/Injuries at Each Stage
Step 3: Determine "Present on Admission"

- ***12.*** *If a pressure ulcer/injury was unstageable on admission/entry or reentry and then becomes unstageable for another reason,* ***it should be considered "present on admission" at the new unstageable status.*** *For example, if a resident is admitted with a deep tissue injury, but later the injury opens, the wound bed is covered with slough, and the wound is still unstageable, this wound would still be considered "present on admission."*

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Section N Medications
Coding Tips and Special Populations

- *Facilities may wish to identify a resource that their staff consistently use to identify pharmacological classification as assessors should be able to identify the source(s) used to support coding the MDS 3.0.*
- *Assessors should consult the manufacturer's package insert, which may contain the medication's pharmacological classification. They can also work with the resident's pharmacist to confirm the medication classification(s) for a resident's medication(s).*

- Do not code flushes to keep an IV access patent *in N0415E, Anticoagulant*

Coding Tips and Special Populations (N0450B and N0450C)

- *Compliance with the requirement to perform a GDR may be met if, for example, w*ithin the first year in which a resident is admitted on an antipsychotic medication or after the facility has initiated an antipsychotic medication, the facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless physician documentation is present in the medical record indicating that a GDR is clinically contraindicated. Information on GDR and tapering of medications can be found in the **State Operations Manual, Appendix PP, Guidance to Surveyors for Long Term Care Facilities** *in accordance with 42 CFR 483.45.*

Page N-15

Vaccines Planning for Care

- Conditions that increase the risk…
  CDC guidance about risk conditions can be found at https://www.cdc.gov/pneumococcal/hcp/vaccine-recommendations/risk-indications.html. page O-16

- Examples updated pages O-17 and O-18

O0390 Therapy Services

- Added to Nursing Home Comprehensive, Nursing Home Quarterly, Nursing Home PPS, and Swing Bed PPS

O0390.	Therapy Services Indicate therapies administered for at least 15 minutes a day on one or more days in the last 7 days
↓	Check all that apply
☐	A. Speech-Language Pathology and Audiology Services
☐	B. Occupational Therapy
☐	C. Physical Therapy
☐	D. Respiratory Therapy
☐	E. Psychological Therapy
☐	Z. None of the above

Steps for Assessment

- **Coding Instructions**
- *Check each therapy service that was administered for at least 15 minutes per day on one or more days in the last 7 days. Check none of the above if the resident did not receive therapy services for at least 15 minutes per day on one or more days in the last 7 days.*
- *A day of therapy is defined as skilled treatment for 15 or more minutes during the day.*
- ***O0390A, Speech-Language Pathology and Audiology Services***
- ***O0390B, Occupational Therapy***
- ***O0390C, Physical Therapy***
- ***O0390D, Respiratory Therapy***
- ***O0390E, Psychological Therapy***
- ***O0390Z, None of the above were provided***

O0390 Therapy Services

- **Item Rationale**
  - **Health-related Quality of Life**
  - **Planning for Care**
- **Steps for Assessment**
- **Coding Instructions**
- **Coding Tips and Special Populations**
- **Minutes of Therapy**
- **Non-Skilled Services**
- **Modes of Therapy**

pages O-21 through O-33

O0400D Respiratory Therapy

- Complete only if O0390 checked

O0400. Therapies
Complete only if O0390D is checked

D. Respiratory Therapy

Enter Number of Days ☐

2. **Days - record the number of days this therapy was administered for at least 15 minutes a day in the last 7 days**

SECTION X: CORRECTION REQUEST

The modification and inactivation processes *do not* remove the prior erroneous record from iQIES. The erroneous record is archived in a history file. In certain cases, it is necessary to delete *or change* a record and not retain any information about the record in iQIES. This requires *the facility to complete an MDS 3.0 Individual Correction Request or MDS 3.0 Individual Deletion Request in* iQIES. *Additionally, in situations in which the state-assigned facility submission ID (FAC_ID) or state code (STATE_CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required.* The policy and procedures for *these special requests* are provided in Chapter 5 of this Manual.

SECTION X: CORRECTION REQUEST

- *These special requests are* required **only** in the following four cases:
- **Item A0410 Submission Requirement is incorrect…** If a record has been submitted with the incorrect Submission Requirement value in Item A0410, then *the facility must request correction of A0410 via an MDS 3.0 Individual Deletion Request or MDS 3.0 Individual Correction Request in iQIES*. Item A0410 cannot be corrected by modification or inactivation. See Chapter 5 of this Manual *and the iQIES Assessment Management: Assessment Submitter Manual* for details.
- **Record was submitted *with the incorrect state-assigned facility submission ID (FAC_ID) or state code (STATE_CD).*** If a record was submitted to iQIES for an incorrect facility *or with an incorrect state code*, the record must be *manually corrected by the State Agency. In these situations, the facility must complete an MDS 3.0 Manual Assessment Move Facility Request and send the request via certified mail to the State Agency.*
- **Record submitted was not for OBRA or Medicare Part A purposes…**CMS does not have the authority to collect the data included in the record, and deletion *via an MDS 3.0 Individual Deletion Request in iQIES* is required to remove it from the CMS database.
- **Inappropriate submission of a test record as a production record.** Removal of a test record from iQIES requires *record deletion via an MDS 3.0 Individual Deletion Request in iQIES*. Pages X-1 and X-2

X0310 Sex

- For all item sets

X0310.	Sex (A0810 on existing record to be modified/inactivated)
Enter Code ☐	1. Male 2. Female

CHAPTER 5: SUBMISSION AND CORRECTION OF THE MDS ASSESSMENTS

- **5.7 Correcting Errors in MDS Records That Have Been Accepted Into iQIES**
- Modification *Request*
- Inactivation *Request*
- *MDS 3.0 Individual Correction/Deletion or Move Request*
- A Modification *R*equest moves the inaccurate record into history in iQIES and replaces it …*The MDS 3.0 Individual Correction/Deletion or Move Request are distinct processes to address a few types of errors in a record in iQIES that cannot be corrected with a Modification or Inactivation Request.*

Page 5-9

MDS 3.0 Correction, Deletion, and Move Requests

- ***If a record was submitted either with an error in Item A0410, not for OBRA or Medicare Part A purposes****, or as a test record*, **the facility must complete the proper request within iQIES**. The State Agency will review the request for completion and accuracy. *The State Agency will either approve the request, reject the request or—in some cases—return the request and ask for additional information before approving or rejecting. If the State Agency approves the request, the assessment is deleted from or corrected in the iQIES database.* ***Deleted records cannot be recovered. If the State Agency rejects the request, the provider should address any concerns noted*** *and, if appropriate, submit a new request. Please refer to the iQIES Assessment Management: Assessment Submitter Manual for details.*
- *….(**This process will transition to an iQIES-based process in the future, and the most up-to-date guidance regarding it will be available in the iQIES Assessment Management: Assessment Submitter Manual.)***

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Appendix A: Glossary and Common Acronyms

- **Active Assisted Range of Motion** ***A/AROM or AAROM***
- ***Case Mix Hierarchy*** *A system that assigns case mix weights that capture differences in the relative resources used for treating different types of residents.*
- **Fall** Unintentional change in position coming to rest on the ground, *floor,* or onto the next lower surface (e.g., onto a bed, chair, or bedside mat) *or the result of an overwhelming external force (e.g., a resident pushes another resident).*
- ***Interim Payment Assessment*** ***IPA*** *An optional assessment that may be completed by providers in order to report a change in the resident's PDPM classification.*

Appendix A: Glossary and Common Acronyms

- ***Non-Therapy Ancillary*** ***NTA*** *One of the five categories used to determine reimbursement under PDPM. NTA accounts for the non-therapy services and treatments a resident may need during their stay, such as medications, medical supplies, and specialized treatments.*
- **Passive Range of Motion** ***PROM***
- ***Prior to the Benefit of Services*** *Prior to provision of any care by facility staff that would result in more independent coding.*

Appendix A: Glossary and Common Acronyms

- ***Qualified Clinicians*** *Healthcare professionals practicing within their scope of practice and consistent with Federal, state, and local laws and regulations.*
- **Quality Measure QM** *Tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include care that is: effective, safe, efficient, patient-centered, equitable, and timely.*
- ***Total Parenteral Nutrition TPN*** *A method of feeding that bypasses the gastrointestinal tract. A special formula given through a vein provides most of the nutrients the body needs.*

Appendix A: Glossary and Common Acronyms

- **Usual Performance** *A resident's functional status can be impacted by the environment or situations encountered at the facility.* Observing the resident's interactions with others in different locations and circumstances is important for a comprehensive understanding of the resident's functional status. If the resident's functional status varies, record the resident's usual ability to perform each activity. Do not record the resident's best performance *and do not record the resident's* worst performance but rather record the resident's usual performance.
- *GDR Gradual Dose Reduction*

- Appendix H- Forms and Paperwork Disclosure Statement with updates