



Welcome to  
MDS 3.0 Training 2024  
Session #2

- Janet Brooks, RN
  - RAI Education Coordinator
  - North Carolina
  - Department of Health and Human Services
  - Division of Health Service Regulation
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# Disclaimer

This presentation is not a substitute for reading and reviewing the

Long-Term Care Resident Assessment Instrument 3.0 User's Manual

Version 1.18.11, October 2023

Item Sets Version 1.18.11 v6 October 2023

or

State Operations Manual Appendix PP

Revised 2/3/23



RAI MDS 3.0 Version 1.18.11 October 2023

Item Sets Version 1.18.11 v6 October 2023

# Objectives:

## Session #2

- Review Section B- Hearing, Speech, and Vision
- Review Section F- Preferences for Customary Routine and Activities
- Review Section K- Swallowing/Nutritional Status
- Review Related Regulations

# Code of Federal Regulations (CFR)

- State Operations Manual Appendix PP revised 2/3/23:  
<https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf>
- Quality of Care Treatment/Devices to Maintain Hearing/Vision
  - Regulation F685
- Quality of Life- Activities
  - Regulation F679-F680
- Food and Nutrition Services
  - Regulation F800-F814

# F685 Treatment/Devices to Maintain Hearing/Vision

## **Regulation: Vision and hearing**

**To ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities, the facility must, if necessary, assist the resident—**

- 1. In making appointments, and**
- 2. By arranging for transportation to and from the office of a practitioner specializing in the treatment of vision or hearing impairment or the office of a professional specializing in the provision of vision or hearing assistive devices.**

## **INTENT**

The intent of this regulation is to ensure the facility assists the resident in gaining access to vision and hearing services by making appointments and by arranging for transportation.

# F685 Guidance

- This requirement does not mean that the facility must provide refraction, glasses, contact lenses or other assistive devices, conduct comprehensive audiological evaluations (other than the screening that is a part of the required) or provide hearing aids or other devices.
- The facility's responsibility is to assist residents and their representatives in locating and utilizing any available resources for the provision of the services the resident needs. This includes making appointments and arranging transportation to obtain needed services.
- In situations where the resident has lost their device, facilities must assist residents and their representative in locating resources, as well as in making appointments, and arranging for transportation to replace the lost devices.
- This does not absolve the facility from assisting residents to keep track of their devices

# Section B: Hearing, Vision, and Speech

Need examples and dates in documentation!

- B0100 Comatose: needs to be documented by a physician to count.
- B0200 Hearing: should be conducted in a private, quiet spot. The resident may need to use an amplifier. The resident does not need to own the device to use it for the assessment.
- B0600 Speech Clarity: if the resident is “aphasic” but is able to speak 1-2 words clearly, this should be coded as “clear speech.” It is about the clarity of the words, not the content or intended message.
- Section B0600 Speech Clarity and B0700 Makes Self Understood are assessing different things!



## Section B - Hearing, Speech, and Vision

### B0100. Comatose

- Enter Code  **Persistent vegetative state/no discernible consciousness**
0. **No** → Continue to B0200, Hearing
  1. **Yes** → Skip to GG0100, Prior Functioning: Everyday Activities

### B0200. Hearing

- Enter Code  **Ability to hear (with hearing aid or hearing appliances if normally used)**
0. **Adequate** - no difficulty in normal conversation, social interaction, listening to TV
  1. **Minimal difficulty** - difficulty in some environments (e.g., when person speaks softly or setting is noisy)
  2. **Moderate difficulty** - speaker has to increase volume and speak distinctly
  3. **Highly impaired** - absence of useful hearing

### B0300. Hearing Aid

- Enter Code  **Hearing aid or other hearing appliance used in completing B0200, Hearing**
0. **No**
  1. **Yes**

### B0600. Speech Clarity

- Enter Code  **Select best description of speech pattern**
0. **Clear speech** - distinct intelligible words
  1. **Unclear speech** - slurred or mumbled words
  2. **No speech** - absence of spoken words

### B0700. Makes Self Understood

- Enter Code  **Ability to express ideas and wants, consider both verbal and non-verbal expression**
0. **Understood**
  1. **Usually understood** - difficulty communicating some words or finishing thoughts but is able if prompted or given time
  2. **Sometimes understood** - ability is limited to making concrete requests
  3. **Rarely/never understood**

### B0800. Ability To Understand Others

- Enter Code  **Understanding verbal content, however able (with hearing aid or device if used)**
0. **Understands** - clear comprehension
  1. **Usually understands** - misses some part/intent of message but comprehends most conversation
  2. **Sometimes understands** - responds adequately to simple, direct communication only
  3. **Rarely/never understands**

### B1000. Vision

- Enter Code  **Ability to see in adequate light (with glasses or other visual appliances)**
0. **Adequate** - sees fine detail, such as regular print in newspapers/books
  1. **Impaired** - sees large print, but not regular print in newspapers/books
  2. **Moderately impaired** - limited vision; not able to see newspaper headlines but can identify objects
  3. **Highly impaired** - object identification in question, but eyes appear to follow objects
  4. **Severely impaired** - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

### B1200. Corrective Lenses

- Enter Code  **Corrective lenses (contacts, glasses, or magnifying glass) used in completing B1000, Vision**
0. **No**
  1. **Yes**

# B0700: Makes Self Understood

- This item cannot be coded as Rarely/Never understood if the resident completed any of the resident interviews. As the interviews are conducted during the look-back period for this item and should be factored in when determining the resident's ability to make them self understood during the entire 7 day look back.
- This includes the ability to express or communicate requests, needs, opinions and to conduct social conversations in their primary language, whether in speech, writing, sign language, gestures, or a combination of these. Deficits in the ability to make one's self understood can included reduced voice volume and difficulty in producing sounds, finding the right word, making sentences, writing and/or gesturing.
- This should be coded after 11:59 PM of the ARD, taking into account all information.
- While B0700 and resident interview items are not directly dependent on each other, inconsistencies should be evaluated.

# Section B1300 Health Literacy

<b>Section B</b>	<b>Hearing, Speech, and Vision</b>
<b>B1300. Health Literacy</b> Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1	
Enter Code <input type="checkbox"/>	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
<small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small>	

- Resident self-reported item
- Completed for 5-day PPS or Planned PPS Discharge
- Should include this information on the resident's care plan.
- F552 Right to be Informed/Make Treatment Decisions

## *Glossary A-10*

***Health Literacy*** *The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.*

# Section F: Preferences for Customary Routine and Activities

- F0300: If the resident is ever understood, the interview needs to be attempted. Use the resident's primary method of communication. *DO NOT* consult B0700 to decide to do the interview or not.
- If the interview is not possible, the resident is rarely or never understood, then conduct the interview with the family or significant other. If the interview could not be completed, then skip to the staff assessment.
- Documentation would be expected if the resident or family were not interviewed.
- If the assessment should have been done during the look back period and *WAS NOT*, code F0300 as YES and dash (-) the information.

## Section F (continued)

- Section F is about the quality of their life. These questions are only asked on comprehensive assessments, but it is okay to ask these questions more frequently.
- Please include preferences in the care plan!
- Surveyors ask many of these questions when interviewing residents. Get there before they do!

**Section F Preferences for Customary Routine and Activities**

**F0300. Should Interview for Daily and Activity Preferences be Conducted?** - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

- Enter Code
- 0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences
  - 1. **Yes** → Continue to F0400, Interview for Daily Preferences

**F0400. Interview for Daily Preferences**

Show resident the response options and say: "**While you are in this facility...**"

Enter Codes In Boxes	
<input type="checkbox"/>	A. how important is it to you to <b>choose what clothes to wear?</b>
<input type="checkbox"/>	B. how important is it to you to <b>take care of your personal belongings or things?</b>
<input type="checkbox"/>	C. how important is it to you to <b>choose between a tub bath, shower, bed bath, or sponge bath?</b>
<input type="checkbox"/>	D. how important is it to you to <b>have snacks available between meals?</b>
<input type="checkbox"/>	E. how important is it to you to <b>choose your own bedtime?</b>
<input type="checkbox"/>	F. how important is it to you to <b>have your family or a close friend involved in discussions about your care?</b>
<input type="checkbox"/>	G. how important is it to you to <b>be able to use the phone in private?</b>
<input type="checkbox"/>	H. how important is it to you to <b>have a place to lock your things to keep them safe?</b>

**Coding:**

- 1. **Very Important**
- 2. **Somewhat Important**
- 3. **Not very Important**
- 4. **Not Important at all**
- 5. **Important, but can't do or no choice**
- 9. **No response or non-responsive**

**F0500. Interview for Activity Preferences**

Show resident the response options and say: "**While you are in this facility...**"

Enter Codes In Boxes	
<input type="checkbox"/>	A. how important is it to you to <b>have books, newspapers, and magazines to read?</b>
<input type="checkbox"/>	B. how important is it to you to <b>listen to music you like?</b>
<input type="checkbox"/>	C. how important is it to you to <b>be around animals such as pets?</b>
<input type="checkbox"/>	D. how important is it to you to <b>keep up with the news?</b>
<input type="checkbox"/>	E. how important is it to you to <b>do things with groups of people?</b>
<input type="checkbox"/>	F. how important is it to you to <b>do your favorite activities?</b>
<input type="checkbox"/>	G. how important is it to you to <b>go outside to get fresh air when the weather is good?</b>
<input type="checkbox"/>	H. how important is it to you to <b>participate in religious services or practices?</b>

**Coding:**

- 1. **Very Important**
- 2. **Somewhat Important**
- 3. **Not very Important**
- 4. **Not Important at all**
- 5. **Important, but can't do or no choice**
- 9. **No response or non-responsive**

**F0600. Daily and Activity Preferences Primary Respondent**

Enter Code

**Indicate primary respondent** for Daily and Activity Preferences (F0400 and F0500)

- 1. **Resident**
- 2. **Family or significant other** (close friend or other representative)
- 9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items")

**Section F Preferences for Customary Routine and Activities**

**F0300. Should Interview for Daily and Activity Preferences be Conducted?** - Attempt to interview all residents able to communicate. If resident is unable to complete, attempt to complete interview with family member or significant other

- Enter Code
- 0. **No** (resident is rarely/never understood and family/significant other not available) → Skip to and complete F0800, Staff Assessment of Daily and Activity Preferences
  - 1. **Yes** → Continue to F0400, Interview for Daily Preferences

**F0400. Interview for Daily Preferences**

Show resident the response options and say: "**While you are in this facility...**"

Enter Codes In Boxes	
<input type="checkbox"/>	A. how important is it to you to <b>choose what clothes to wear?</b>
<input type="checkbox"/>	B. how important is it to you to <b>take care of your personal belongings or things?</b>
<input type="checkbox"/>	C. how important is it to you to <b>choose between a tub bath, shower, bed bath, or sponge bath?</b>
<input type="checkbox"/>	D. how important is it to you to <b>have snacks available between meals?</b>
<input type="checkbox"/>	E. how important is it to you to <b>choose your own bedtime?</b>
<input type="checkbox"/>	F. how important is it to you to <b>have your family or a close friend involved in discussions about your care?</b>
<input type="checkbox"/>	G. how important is it to you to <b>be able to use the phone in private?</b>
<input type="checkbox"/>	H. how important is it to you to <b>have a place to lock your things to keep them safe?</b>

**Coding:**

- 1. **Very Important**
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**F0500. Interview for Activity Preferences**

Show resident the response options and say: "**While you are in this facility...**"

Enter Codes In Boxes	
<input type="checkbox"/>	A. how important is it to you to <b>have books, newspapers, and magazines to read?</b>
<input type="checkbox"/>	B. how important is it to you to <b>listen to music you like?</b>
<input type="checkbox"/>	C. how important is it to you to <b>be around animals such as pets?</b>
<input type="checkbox"/>	D. how important is it to you to <b>keep up with the news?</b>
<input type="checkbox"/>	E. how important is it to you to <b>do things with groups of people?</b>
<input type="checkbox"/>	F. how important is it to you to <b>do your favorite activities?</b>
<input type="checkbox"/>	G. how important is it to you to <b>go outside to get fresh air when the weather is good?</b>
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**Coding:**

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- 9. **No response or non-responsive**

**F0600. Daily and Activity Preferences Primary Respondent**

Enter Code

**Indicate primary respondent** for Daily and Activity Preferences (F0400 and F0500)

- 1. **Resident**
- 2. **Family or significant other** (close friend or other representative)
- 9. **Interview could not be completed** by resident or family/significant other ("No response" to 3 or more items")

# Activities Meet Interest/Needs of Each Resident

## F679

- **The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident, encouraging both independence and interaction in the community.**

### **Intent**

- To ensure that facilities implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being and independence. To create opportunities for each resident to have a meaningful life by supporting his/her domains of wellness (security, autonomy, growth, connectedness, identity, joy and meaning).

# Section K: Swallowing/Nutritional Status

- The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.



# Section K: Swallowing/Nutritional Status

- K0100 Swallowing Disorder: need to observe the resident and ask staff who work with the resident if any of these signs and symptoms were present during the look back period.
- K0200B Weight: Record the weight, on the most recent measure in the last 30 days, *closest* to the ARD.
- K0300 Weight Loss: Since this looks back 6 months, it may not capture weight loss from 3 months ago. If weight loss has been recognized and the resident has already regained some weight this would still need to be addressed. Explain in the CAA or the resident's record.
  - This item does not consider weight fluctuation outside of these two time points, although 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

- Physician Prescribed Weight-loss Regimen
- A weight reduction plan ordered by the resident's physician with the care plan goal of weight reduction. May employ a calorie-restricted diet or other weight-loss diets and exercise. Also includes planned diuresis. It is important that weight loss is intentional.
- To code K0300 as 1, yes, the expressed goal of the weight loss diet or the expected weight loss of edema through the use of diuretics must be documented.

## Section K (continued)

- K0520 Nutritional Approaches:
  - Trial diets not captured RAI page K-13
- K0520 A Parenteral/IV feeding: Needs documentation that reflects the need for additional fluids to address nutrition, hydration or prevention.
- K0520B Feeding tube: Only mark this if used for nutrition or hydration.



## K0520A: Parenteral/IV Feeding

- Include only if given for nutrition or hydration and when there is documentation addressing the need.
  - IV fluids or hyperalimentation, including total parenteral nutrition (TPN), administered continuously or intermittently
  - IV fluids running at KVO (Keep Vein Open)
  - IV fluids contained in IV Piggybacks
  - Hypodermoclysis and subcutaneous ports in hydration therapy

# K0710

## K0710: Percent Intake by Artificial Route

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

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
2. <b>While a Resident</b> Performed <i>while a resident</i> of this facility and within the <i>last 7 days</i>		
3. <b>During Entire 7 Days</b> Performed during the entire <i>last 7 days</i>		
	↓ Enter Codes ↓	
A. Proportion of total calories the resident received through parenteral or tube feeding		
1. 25% or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 26-50%		
3. 51% or more		
B. Average fluid intake per day by IV or tube feeding		
1. 500 cc/day or less	<input type="checkbox"/>	<input type="checkbox"/>
2. 501 cc/day or more		

# Food and Nutrition Services

## F801 Qualified Dietary Staff (in part)

**A qualified dietitian or other clinically qualified nutrition professional either full-time, part-time, or on a consultant basis. A qualified dietitian or other clinically qualified nutrition professional.**

### **GUIDANCE**

...While these functions may be defined by facility management, at a minimum they should include, but are not limited to:

- Assessing the nutritional needs of residents

# F806 Resident Allergies, Preferences and Substitutes

**Each resident receives and the facility provides—**

**Food that accommodates resident allergies, intolerances, and preferences;**

**Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice...**

## **GUIDANCE**

Facilities should be aware of each resident's allergies, intolerances, and preferences, and provide an appropriate alternative. A food substitute should be consistent with the usual and/or ordinary food items provided by the facility.



# F806 (continued) Surveyor considerations

## POTENTIAL TAGS FOR FURTHER INVESTIGATION

- During the investigation of F806, the surveyor may have identified concerns with additional requirements related to outcome, process, and/or structure requirements. The surveyor is advised to investigate these related requirements before determining whether non-compliance may be present at these other tags. Examples of some of the related requirements that may be considered when non-compliance has been identified include, but are not limited to, the following:
- F636, **Comprehensive Assessments** ○ Determine if the resident's allergies, intolerances, preferences, or need for a therapeutic diet were comprehensively assessed.
- F656, **Comprehensive Care Plans** ○ Determine if a comprehensive care plan was developed to include the resident's allergies, intolerances, preferences, or need for a therapeutic diet.
- F657, **Comprehensive Care Plan Revision** ○ Determine if the care plan was reviewed and revised by appropriate staff, in conjunction with the interdisciplinary team and with input from the resident or his/her legal representative, to try to address any allergies, intolerances, preferences, or need for a therapeutic diet.
- F658, **Care provided by Qualified Persons** in Accordance with the Plan of Care ○ Determine whether the care plan for a resident with allergies, intolerance, preferences, or a therapeutic diet is adequately and/or correctly implemented.
- F692, **Nutrition/Hydration** ○ Determine if the facility has managed the resident's nutritional interventions to meet the resident's nutritional needs, while accommodating the resident's allergies, intolerances, preferences, or need for a therapeutic diet.

# F808 Therapeutic Diet Prescribed by Physician

- **Therapeutic diets must be prescribed by the attending physician. The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law.**
- **INTENT**

To assure that residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care, in accordance with their goals and preferences.

- **DEFINITIONS**

“**Therapeutic Diet**” means a diet ordered by a physician or delegated registered or licensed dietitian as part of treatment for a disease or clinical condition, or to eliminate or decrease specific nutrients in the diet, (e.g., sodium) or to increase specific nutrients in the diet (e.g., potassium), or to provide food the resident is able to eat (e.g., a mechanically altered diet).

“**Mechanically altered diet**” means one in which the texture of a diet is altered. When the texture is modified, the type of texture modification must be specific and part of the physicians' or delegated registered or licensed dietitian order.

# Contact Information

- Janet Brooks, RAI Education Coordinator
- 919-909-9256
- [janet.brooks@dhhs.nc.gov](mailto:janet.brooks@dhhs.nc.gov)
  
- Sandra McLamb, IT Automation Coordinator
- 919-855-3352
- [sandra.mclamb@dhhs.nc.gov](mailto:sandra.mclamb@dhhs.nc.gov)

# Thank you!

Thank you for all the work you do to ensure the care, comfort and safety of our most vulnerable in society. This is not an easy job you do, and it must come from the heart. Weariness and frustration can easily become your best friends, but don't let them take over! Know that you are not alone in your work. Reach out, make friends and contacts who will encourage your soul.

Please know that you are welcome to call or email me anytime.

Sincerely, Janet