Maryland Monthly Assessment

Resident: _____ Room _____ Numeric Identifier: _____

		Day/Month													
SECTION G. FUNCTIONAL STATUS (for G0110 and G0120, use codes per MDS 3.0)															
G0110.A	BED MOBILITY	How resident moves to/from lying position, turns side to side, positions body while in bed or alternate sleep furniture.	S/P												
			Supp												
G0110.B	TRANSFER	How resident moves between surfaces including to/from bed/ chair/ wheelchair/ standing position (excludes to/from bath/toilet).	S/P												
			Supp												
G0110.C	WALK IN ROOM	How resident walks between locations in room.	S/P												
			Supp												
G0110.D	WALK IN CORRIDOR	How resident walks in corridor on unit.	S/P												
			Supp												
G0110.E	LOCOMOTION ON UNIT	How resident moves between locations in room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair.	S/P												
			Supp												
G0110.F	LOCOMOTION OFF UNIT	How resident moves to, returns from off-unit locations (e.g. dining, activities, treatment). If in wheelchair, self-sufficiency once in chair.	S/P												
			Supp												
G0110.G	DRESSING	How resident puts on/fastens/takes off all items of clothing, including donning/ removing prosthesis. Includes putting on and changing pajamas and housedresses.	S/P												
			Supp												
G0110.H	EATING	How resident eats/drinks (regardless of skill). Includes intake of nourishment by other means (e.g.tube feeding, TPN, IV for nutrition or hydration).	S/P												
			Supp												
G0110.I	TOILET USE	How resident uses toilet room, commode, bedpan, or urinal; transfer on/off toilet, cleanses, changes pad, manages ostomy/catheter, adjusts clothes.	S/P												
			Supp												
G0120	BATHING	How resident takes full-body bath/shower, sponge bath, transfers in/out of tub/ shower (excludes washing back and hair).	S/P												
			Supp												
G0600	MOBILITY DEVICES	C. Wheelchair (manual or electric) (check if used)													
SECTION H. BLADDER AND BOWEL															
H0100	APPLIANCES (check each that apply)	A. Indwelling catheter													
		B. External catheter													
		C. Ostomy (including urostomy, ileostomy, colostomy)													
H0200	URINARY TOILETING PROGRAM	C. Is a toileting program (e.g., scheduled toileting, promted voiding, bladder training) currently being used to manage urinary continence? (check if yes)													
H0300	URINARY CONTINENCE	Urinary continence													
H0400	BOWEL CONTINENCE	Bowel continence													
H0500	BOWEL TOILETING PROGRAM	Is a toileting program currently being used to manage the resident's bowel continence? (check if yes)													
SECTION K. SWALLOWING/NUTRITIONAL STATUS (for K0100, K0300, and K0500, check each that apply)															
K0100	SWALLOWING DISORDER	C. Coughing or choking during meals or when swallowing medication													
K0200	HEIGHT AND WEIGHT	A. Record height in inches													
		B. Record weight in pounds													
K0300	WEIGHT LOSS	Loss of 5% or more in the last month or loss of 10% or more in the last 6 months													
K0500	NUTRITIONAL APPROACHES	A. Parenteral IV.													
		B. Feeding tube.													
		C. Mechanically altered diet													
K0700	PERCENT INTAKE BY ARTIFICIAL ROUTE (if K0500A or B checked)	A. Proportion of total calories resident received through parenteral or													
		B. Average fluid intake per day by IV or tube feeding													

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		Day/Month												
SECTION M. SKIN CONDITIONS														
M0300	CURRENT NUMBER OF UNHEALED PRESSURE ULCERS AT EACH STAGE	C.1. Current Stage 3												
		C.2. Stage 3 ulcers that were present upon admission/reentry												
		D.1. Current Stage 4 ulcers												
		D.2. Stage 4 ulcers that were present upon admission												

FOOTNOTES: (Include Date, Section/Footnote/Initials)

SIGNATURE OF PERSON(S) COMPLETING FORM		
Name/Title	Signature	Date
Name/Title	Signature	Date
Name/Title	Signature	Date
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