

## SECTION B: HEARING, SPEECH, AND VISION

**Intent:** The intent of these items is to document the patient's ability to hear (with assistive devices, if they are used), understand and communicate with others, process health information, and see objects nearby in their environment.

### B0100. Comatose

#### Admission

B0100. Comatose	
Enter Code	<b>Persistent vegetative state/no discernible consciousness</b> 0. No → Continue to B0200, Hearing 1. Yes → Skip to GG0100, Prior Functioning: Everyday Activities

#### Planned Discharge

B0100. Comatose	
Enter Code	<b>Persistent vegetative state/no discernible consciousness</b> 0. No → Continue to B1300, Health Literacy 1. Yes → Skip to GG0130, Self-Care

#### Item Rationale

- Patients who are in a coma or persistent vegetative state are at risk for the complications of immobility, including skin breakdown and joint contractures.

#### Steps for Assessment

- Review the medical record to determine whether a neurological diagnosis of comatose or persistent vegetative state has been documented by a physician, nurse practitioner, physician assistant, or clinical nurse specialist, as allowable under State licensure laws.

#### Coding Instructions

*Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.*

- Code 0, No**, if a diagnosis of coma or persistent vegetative state is not present at the time of admission or discharge.

#### DEFINITIONS

##### COMATOSE (COMA)

A pathological state in which neither arousal (wakefulness, alertness) nor awareness exists. The person is unresponsive and cannot be aroused; they do not open their eyes, do not speak, and do not move their extremities on command or in response to noxious stimuli (e.g., pain).

##### PERSISTENT VEGETATIVE STATE

Sometimes patients who were comatose after an anoxic-ischemic injury (i.e., not enough oxygen to the brain) from a cardiac arrest, head trauma, or massive stroke, regain wakefulness but do not evidence any purposeful behavior or cognition. Their eyes are open, and they may grunt, yawn, pick with their fingers, and have random body movements. Neurological exam shows extensive damage to both cerebral hemispheres.

- **Code 1, Yes**, if the record indicates that a physician, physician assistant, nurse practitioner, or clinical nurse specialist has documented a diagnosis of coma or persistent vegetative state that is applicable at admission or discharge.

## Coding Tips

- Only code 1, Yes, if a diagnosis of coma or persistent vegetative state is documented in the patient's medical record. Other terms such as "unresponsive" and "severe encephalopathy" should not be used to infer a diagnosis of "comatose".
- Determine the patient's status as close to the time of admission and discharge as possible to most accurately represent patient's admission and discharge status. CMS allows up to 3 calendar days to determine a patient's status.

## Examples

1. The patient was admitted to the Long Term Care Hospital (LTCH) for severe wound care, is non-communicative, and often sleeps. The patient's medical record includes the diagnosis of Lewy body disease (type of dementia). The patient's medical record does not include a diagnosis of coma or persistent vegetative state.

**Coding:** B0100, Comatose would be **coded 0, No**.

**Rationale:** There is no documentation in the medical record that states the patient's diagnoses include coma or persistent vegetative state.

2. The patient arrived at the LTCH comatose due to a severe anoxic brain injury. The patient's medical record includes the diagnosis of persistent vegetative state.

**Coding:** B0100, Comatose would be **coded 1, Yes**.

**Rationale:** It was documented in the medical record that the patient was in a persistent vegetative state since admission.

3. The patient was admitted to the LTCH with their eyes open and making periodic random body movements. The patient's medical record includes the diagnosis of persistent vegetative state.

**Coding:** B0100, Comatose would be **coded 1, Yes**.

**Rationale:** It was documented in the medical record that the patient has the diagnosis of persistent vegetative state.

## B0200. Hearing

B0200. Hearing	
Enter Code	<p><b>Ability to hear</b> (with hearing aid or hearing appliances if normally used)</p> <p>0. <b>Adequate</b> - no difficulty in normal conversation, social interaction, listening to TV</p> <p>1. <b>Minimal difficulty</b> - difficulty in some environments (e.g., when person speaks softly or setting is noisy)</p> <p>2. <b>Moderate difficulty</b> - speaker has to increase volume and speak distinctly</p> <p>3. <b>Highly impaired</b> - absence of useful hearing</p>

### Item Rationale

- Problems with hearing can contribute to sensory deprivation, social isolation, and mood and behavior disorders.
- Unaddressed communication problems related to hearing impairment can be mistaken for confusion or cognitive impairment.

### Steps for Assessment

- Ensure that the patient is using their normal hearing appliance if they have one. Hearing devices may not be as conventional as a hearing aid. Some patients by choice may use hearing amplifiers or a microphone and headphones as an alternative to hearing aids. Ensure the hearing appliance is operational.
- Interview the patient and ask about hearing function in different situations (e.g., hearing staff or family members, talking to visitors, using the telephone, watching TV, participation in group discussion).
- Observe the patient during your verbal interactions and when interacting with others throughout the day.
- Think through how you can best communicate with the patient. For example, you may need to speak more clearly, use a louder tone, speak more slowly, or use gestures. The patient may need to see your face to understand what you are saying, or you may need to take the patient to a quieter area for them to hear you. All of these are cues that there is a hearing problem.
- Review the medical record.
- Consult the patient's family, caregivers, direct care staff, activities personnel, and speech or hearing specialists.

### Coding Instructions

*Complete only if A0250 = 01 Admission.*

*Complete based on an assessment that occurs within the 3-day admission assessment time period.*

- Code 0, Adequate**, no difficulty hearing in normal conversation and social interactions, or listening to TV. The patient hears all normal conversational speech and telephone or group conversations.

- **Code 1, Minimal difficulty**, difficulty in some environments (e.g., when a person speaks softly or the setting is noisy). The patient hears speech at conversational levels but has difficulty hearing when not in quiet listening conditions or when not in one-on-one situations. The patient's hearing is adequate after environmental adjustments are made, such as reducing background noise by moving to a quiet room or by lowering the volume on television or radio.
- **Code 2, Moderate difficulty**, speaker has to increase volume and speak distinctly. Although hearing-deficient, the patient compensates when the speaker adjusts tonal quality and speaks distinctly; or the patient can hear only when the speaker's face is clearly visible.
- **Code 3, Highly impaired**, absence of useful hearing. The patient hears only some sounds and frequently fails to respond even when the speaker adjusts tonal quality, speaks distinctly, or is positioned face-to-face. There is no comprehension of conversational speech, even when the speaker makes maximum adjustments.

## Coding Tips

- Patients who are unable to respond to a standard hearing assessment due to cognitive impairment will require alternate assessment methods. The patient can be observed in their normal environment. Do they respond (e.g., turn their head) when a noise is made at a normal level? Does the patient seem to respond only to specific noise in a quiet environment? Assess whether the patient responds only to loud noise or does not respond at all.

## Examples

1. When asked about whether they can hear normal conversation without difficulty, the patient responds, "When I'm at home, I usually keep the TV on a low volume and hear it just fine. When I have visitors, I can hear people from across the room."

**Coding:** B0200, Hearing would be coded as **0, Adequate**.

**Rationale:** Patient hears normal conversational speech.

2. "Sitting at the dinner table, I can hear people who are sitting closer to me (e.g., within 5 feet) but not from farther across the table (e.g., 8 feet) speaking at a normal volume."

**Coding:** B0200, Hearing would be coded as **1, Minimal difficulty**.

**Rationale:** Patient has difficulty in some situations (when someone is sitting farther away), but can hear clearly when someone is sitting close.

3. "I cannot hear one person speaking, even at a high volume, if others are speaking at the same time. I tend to listen to the TV at a high volume even if I am alone and I still struggle to hear what is being said. People complain that they need to scream at me for me to hear anything."

**Coding:** B0200, Hearing would be coded as **3, Highly impaired**.

**Rationale:** Patient cannot hear people in conversation even if the speaker is making maximum adjustments of speaking at high volume and sitting close.

4. “I have trouble following normal conversations, especially when a lot of different people are talking at the same time. I can usually make out what someone is saying if they talk a little louder and make sure they speak clearly and I can see their face when they are talking to me.”

**Coding:** B0200, Hearing would be coded as **2, Moderate difficulty**.

**Rationale:** Patient has difficulty hearing people in conversation, but comprehension is improved when the speaker makes adjustments like speaking at high volume, speaking clearly, and sitting close by so that the speaker’s face is visible.

## B1000. Vision

B1000. Vision	
Enter Code	<p><b>Ability to see in adequate light</b> (with glasses or other visual appliances)</p> <p>0. <b>Adequate</b> - sees fine detail, such as regular print in newspapers/books</p> <p>1. <b>Impaired</b> - sees large print, but not regular print in newspapers/books</p> <p>2. <b>Moderately impaired</b> - limited vision; not able to see newspaper headlines but can identify objects</p> <p>3. <b>Highly impaired</b> - object identification in question, but eyes appear to follow objects</p> <p>4. <b>Severely impaired</b> - no vision or sees only light, colors, or shapes; eyes do not appear to follow objects</p>

### Item Rationale

- A person's reading vision often diminishes over time.
- If uncorrected, vision impairment can limit the enjoyment of everyday activities such as reading newspapers, books, or correspondence, and maintaining and enjoying hobbies and other activities. It also limits the ability to manage personal business, such as reading and signing consent forms.
- Moderate, high, or severe impairment can contribute to sensory deprivation, social isolation, and depressed mood.

### Steps for Assessment

1. Ask family, caregivers, and/or direct care staff over all shifts, if possible, about the patient's usual vision patterns at admission (e.g., is the patient able to see newsprint, menus, greeting cards?).
2. Then, ask the patient about their visual abilities.
3. Test the accuracy of your findings:
  - Ensure that the patient's customary visual appliance for close vision is in place (e.g., eyeglasses, magnifying glass).
  - Ensure adequate lighting.
  - Ask the patient to look at regular-size print in a book or newspaper. Then, ask the patient to read aloud, starting with larger headlines and ending with the finest, smallest print. If the patient is unable to read a newspaper, provide material with larger print, such as a flyer or large textbook.
  - When the patient is unable to read out loud (e.g., due to aphasia, illiteracy), you should test this by another means such as, but not limited to:
    - Substituting numbers or pictures for words that are displayed in the appropriate print size (regular-size print in a book or newspaper).

#### DEFINITION

##### ADEQUATE LIGHTING

Lighting that is sufficient or comfortable for a person with normal vision to see fine detail.

## Coding Instructions

*Complete only if A0250 = 01 Admission.*

*Complete based on an assessment that occurs within the 3-day admission assessment time period.*

- **Code 0, Adequate**, if the patient sees fine detail, including regular print in newspapers/books.
- **Code 1, Impaired**, if the patient sees large print, but not regular print in newspapers/books.
- **Code 2, Moderately impaired**, if the patient has limited vision and is not able to see newspaper headlines but can identify objects nearby in their environment.
- **Code 3, Highly impaired**, if the patient's ability to identify objects nearby in their environment is in question, but the patient's eye movements appear to be following objects (especially people walking by).
- **Code 4, Severely impaired**, if the patient has no vision, sees only light, colors, or shapes, or does not appear to follow objects with eyes.

## Coding Tips

- Some patients have never learned to read or are unable to read English. In such cases, ask the patient to read numbers, such as dates or page numbers, or to name items in small pictures. Be sure to display this information in two sizes (equivalent to regular and large print).
- If the patient is unable to communicate or follow your directions for testing vision, observe the patient's eye movements to see if their eyes seem to follow movement and objects. Though these are gross measurements of visual acuity, they may assist you in assessing whether or not the patient has any visual ability. For patients who appear to follow movement and objects, Code 3, Highly impaired.

## Examples

1. When asked about whether they can see fine detail, including regular print in newspapers/books, patient responds, "When I wear my glasses, I can read the paper fine. If I forget to wear glasses, it is harder to see unless I hold the paper a little closer."

**Coding:** B1000, Vision would be coded as **0, Adequate**.

**Rationale:** The patient can read regular print when wearing glasses.

2. The assessor asks the patient to read aloud from a newspaper, starting with larger headlines and then the smaller print. The patient is able to read the headlines but not the regular newspaper print.

**Coding:** B1000, Vision would be coded as **1, Impaired**.

**Rationale:** The patient sees large print, but not regular print in newspapers/books.

3. “I cannot read the newspaper headlines, even with glasses.” When the assessor presents the patient with newspaper text, while wearing glasses, the patient is not able to correctly read the headlines. The patient can identify objects in their environment.

**Coding:** B1000, Vision would be coded as **2, Moderately impaired**.

**Rationale:** Patient cannot read newspaper headlines but can identify objects nearby in their environment.

4. “I can’t see much of anything at this point. I can see blurry shapes and I can tell what things are, but I can’t read books anymore – even the ones with giant print. I do okay recognizing my caregivers by their voices, but I couldn’t tell you what they look like. Everyone’s just a blob of color, even with my glasses on.” The patient’s eyes appear to follow the assessor when the assessor moves about the room. When the assessor presents the patient with newspaper text, while wearing glasses, the patient is able to appropriately reach for and successfully hold the paper, but is not able to correctly read the headlines.

**Coding:** B1000, Vision would be coded as **3, Highly impaired**.

**Rationale:** Patient is able to follow objects and track movement in the environment (e.g., people moving throughout the room), but is unable to see people or objects in detail.



## B1300. Health Literacy

### B1300. Health Literacy (from Creative Commons©)

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

Enter Code

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

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### Item Rationale

- Similar to language barriers, low health literacy interferes with communication between provider and patient. Health literacy can also affect the ability of patients to understand and follow treatment plans, including medication management.
- Poor health literacy is linked to lower levels of knowledge of health, worse outcomes, the receipt of fewer preventive services, higher medical costs, and rates of emergency department use.

#### DEFINITION

#### 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.

### Steps for Assessment

This item is intended to be a patient self-report item. No other source should be used to identify the response.

- Ask the patient, “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”

### Coding Instructions

*Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.*

*Complete during the 3-day admission assessment period and within 3 days of discharge.*

- Code 0, Never**, if the patient indicates never needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- Code 1, Rarely**, if the patient indicates rarely needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- Code 2, Sometimes**, if the patient indicates sometimes needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- Code 3, Often**, if the patient indicates often needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.

- **Code 4, Always,** if the patient indicates always needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies.
- **Code 7, Patient declines to respond,** if the patient declines to respond.
- **Code 8, Patient unable to respond,** if the patient was unable to respond.

## Example

1. When asked how often they need help when reading the instructions provided by their doctor, the patient reports that they never need help. The patient's son is present and shares that a family member must always accompany the patient to doctors' visits and that the patient often needs someone to explain the written materials to them multiple times before they understand, providing examples of needing to frequently explain to the patient why they are on a special diet and why and how to take some of their medications.

**Coding:** B1300, Health Literacy is **coded as 0, Never.**

**Rationale:** The patient indicated they never need help reading instructions from their doctor or pharmacist. B1300, Health Literacy is intended to be a patient self-report item and no other sources, including proxies/caregivers, should be used to identify the response to this item.

## BB0700. Expression of Ideas and Wants

BB0700. Expression of Ideas and Wants (3-day assessment period)	
Enter Code	<p><b>Expression of ideas and wants</b> (consider both verbal and non-verbal expression and excluding language barriers)</p> <ol style="list-style-type: none"> <li>Expresses complex messages <b>without difficulty</b> and with speech that is clear and easy to understand</li> <li>Exhibits some <b>difficulty</b> with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear</li> <li><b>Frequently</b> exhibits difficulty with expressing needs and ideas</li> <li><b>Rarely/Never</b> expresses self or speech is very difficult to understand.</li> </ol>

### Item Rationale

- Unaddressed communication problems can be inappropriately mistaken for confusion or cognitive impairment. Problems making oneself understood can be very frustrating for the patient and can contribute to social isolation and mood and behavior disorders. It may be more challenging to take care of and meet the needs of patients with unaddressed communication problems. Staff can assist patients in expressing their wants and needs by not rushing the patient, breaking longer questions into smaller and simpler parts and waiting longer for the reply, using closed-ended questions (that require a yes or no answer), and maintaining eye contact to detect non-verbal feedback (if appropriate).
- If a patient has difficulty expressing their ideas or wants:
  - Identify the underlying cause or causes.
  - Identify the best methods to facilitate communication for that patient.

### Steps for Assessment

- Assess using the patient's preferred language.
- Interact with the patient. Be sure the patient can hear you or has access to their preferred method for communication, such as an electronic device or paper and pencil. If appropriate, be sure the patient has access to their hearing aid or hearing appliance and glasses or other visual appliances. If appropriate, offer alternative means of communication such as an electronic device (smart phone, tablet, laptop, etc.), writing, pointing, nodding, or using cue cards.
- Observe the patient's interactions with others in different locations and circumstances.
- Consult with the direct care staff (all shifts) and, if available, the patient's family, and speech-language pathologist.

### Coding Instructions

*Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.  
Complete during the 3-day admission assessment period and within 3 days of discharge.*

- Code 4, Expresses without difficulty**, if the patient expresses complex messages without difficulty and with speech that is clear and easy to understand.

- **Code 3, Expresses with some difficulty**, if the patient exhibits some difficulty expressing needs and ideas (e.g., difficulty with some words or finishing thoughts) or speech is not clear.
- **Code 2, Frequently exhibits difficulty with expression**, if the patient frequently exhibits difficulty with expressing needs and ideas.
- **Code 1, Rarely/Never expresses self**, if the patient rarely/never expresses themselves, or if speech is very difficult to understand.

## Coding Tips

- Complex messages would include discussion about medication administration, discharge planning, and caregiver issues.
- Consider both verbal and non-verbal expression, use of a hearing aid or other device, and exclusion of language barriers.
- Conduct the assessment in the patient's preferred language. The need for an interpreter is not an inability to make oneself understood.

## Examples

1. The patient experienced a stroke and has been undergoing treatments due to medical complications. The nurse reviews the patient's medications with them in anticipation of their upcoming discharge. The patient asks appropriate questions, including how long they will remain on their blood thinner medication and describes for the nurse the number of pills they need to take each day and names of the medications. The patient's speech is clear and the nurse has no difficulty understanding them.

**Coding:** BB0700, Expression of Ideas and Wants would be **coded 4, Expresses complex messages without difficulty and with speech that is clear and easy to understand**.

**Rationale:** The patient engaged in a conversation about a complex topic, a review of their medications. The patient's speech is clear and they asked appropriate questions.

2. The patient underwent surgery for a glioblastoma and is now admitted to the LTCH for further treatments. When the patient needs to go to the bathroom, they use the call light. When the certified nursing assistant arrives, the patient points to the bathroom and with garbled speech says, "Go." The certified nursing assistant reports to the nurse that they often have difficulty understanding the patient.

**Coding:** BB0700, Expression of Ideas and Wants would be **coded 2, Frequently exhibits difficulty with expressing needs and ideas**.

**Rationale:** The patient gets their point across regarding the need to go to the bathroom, but staff often have difficulty understanding them.

3. The patient has had a history of severe anoxic brain injury and is currently undergoing treatment for sepsis. When conversing with the nurse, the patient has difficulty sometimes finding a word and, after struggling to identify the word, will eventually compensate by using

other descriptive words. For example, the patient recently described coffee as “that black, hot stuff that I drink in the morning.”

**Coding:** BB0700, Expression of Ideas and Wants would be **coded 3, Exhibits some difficulty with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear.**

**Rationale:** The patient has some difficulty expressing needs and ideas. Specifically, the patient experiences word-finding problems.

4. The patient had a stroke several weeks ago and has a diagnosis of expressive aphasia. The certified nursing assistant asks the patient if they need help with bathing. The patient looks at the certified nursing assistant and smiles but does not respond verbally. The certified nursing assistant reports to the nurse that they have not been able to determine the patient’s preferences and needs with any of their activities of daily living since they were admitted the day before. The nurse interacts with the patient and determines they rarely express themselves. The nurse offered alternative means of communication with no response from the patient. The nurse plans to collaborate with the speech language pathologist, other care team members, and the patient to increase the patient’s ability to express themselves.

**Coding:** BB0700, Expression of Ideas and Wants would be **coded 1, Rarely/Never expresses self or speech is very difficult to understand.**

**Rationale:** Due to the patient’s expressive aphasia, they are unable to verbally express their needs.

## BB0800. Understanding Verbal and Non-Verbal Content

BB0800. Understanding Verbal and Non-Verbal Content (3-day assessment period)	
Enter Code	<p><b>Understanding verbal and non-verbal content</b> (with hearing aid or device, if used, and excluding language barriers)</p> <p>4. <b>Understands:</b> Clear comprehension without cues or repetitions</p> <p>3. <b>Usually understands:</b> Understands most conversations, but misses some part/intent of message. Requires cues at times to understand</p> <p>2. <b>Sometimes understands:</b> Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand</p> <p>1. <b>Rarely/never understands</b></p>

### Item Rationale

- Inability to understand direct person-to-person communication:
  - Can severely limit association with other people.
  - Can inhibit the individual's ability to follow instructions that can affect health and safety.

### Steps for Assessment

1. Assess using the patient's preferred language.
2. Interact with the patient. Be sure the patient can hear you or has access to their preferred method for communication. In addition, if appropriate, be sure the patient has access to their hearing aid or hearing appliance and glasses or other visual appliances. If the patient seems unable to communicate, offer alternatives such as using an electronic device, writing, pointing, nodding, or using cue cards. Observe their interactions with others in different settings and circumstances.
3. Consult with the direct care staff (all shifts) and, if available, the patient's family, and speech-language pathologist.

### Coding Instructions

*Complete only if A0250 = 01 Admission or A0250 = 10 Planned Discharge.  
Complete during the 3-day admission assessment period and within 3 days of discharge.*

- **Code 4, Understands,** if the patient has clear comprehension without cues or repetitions.
- **Code 3, Usually understands,** if the patient understands most conversations, but misses some part/intent of message or requires cues at times to understand.
- **Code 2, Sometimes understands,** if the patient understands only basic conversations or simple, direct phrases or if the patient frequently requires cues to understand.
- **Code 1, Rarely/never understands,** if the patient rarely/never understands conversations.

## Coding Tips

- The ability to understand others includes comprehension of direct person-to-person communication and the ability to understand and process language. Deficits can include a decline in hearing and comprehension. Do not include comprehension problems due to lack of an interpreter.
- Comprehension includes direct person-to-person communication whether spoken, written, or in sign language or Braille. Includes the patient's ability to process and understand language.
- Deficits in one's ability to understand (receptive communication deficits) can involve a decline in hearing, comprehension (spoken or written), or recognition of facial expressions.
- If appropriate, ensure the patient has access to hearing or visual devices and make sure any devices are operational.

## Examples

1. The patient had a stroke. In preparing for the patient's discharge, the nurse asks them if they have someone at home to help with their activities of daily living. The patient responds that their spouse can help on a daily basis, and that the patient's daughter lives nearby and can help in the evenings and weekends. The patient also provides accurate responses when asked about side effects of their medications.

**Coding:** BB0800, Understanding Verbal Content would be **coded 4, Understands: Clear comprehension without cues or repetition.**

**Rationale:** The patient understands complex conversation without cues or repetition.

2. The patient has been participating in physical therapy to improve their bed mobility skills. The physical therapist reports that the patient occasionally requires repetition of simple instructions during therapy. The nurse also reports that they had to repeat information once yesterday to reinforce verbal communication with the patient.

**Coding:** BB0800, Understanding Verbal Content would be **coded 3, Usually understands: Understands most conversations, but misses some part/intent of message. Requires cues at times to understand.**

**Rationale:** The patient requires cues at times to understand instructions from the physical therapist and nurse.

3. The patient recently had a cancerous brain tumor removed, and it affected their ability to comprehend others. The certified nursing assistant asks the patient if they are ready to bathe. The patient nods and reaches for the washcloth. When the certified nursing assistant tells the patient to be careful not to get their head bandages wet, the patient continues to bring the washcloth toward their head, and looks puzzled and asks why. The certified nursing assistant explains to the patient that the patient had surgery, but the patient doesn't understand until the certified nursing assistant shows the patient a reflection of their head in the mirror. The nurse notes that cues or repetition are frequently required for the patient to understand.

**Coding:** BB0800, Understanding Verbal Content would be **coded 2, Sometimes understands: Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand.**

**Rationale:** The patient understands only basic conversation and needs repetition or cues to understand.

4. The patient had a stroke several weeks ago and was diagnosed with receptive aphasia. The certified nursing assistant asks the patient if they need help with their meal. The patient does not respond. The certified nursing assistant demonstrates eating, motioning a fork to the patient's mouth, but they still do not respond. The certified nursing assistant has checked with the nurse if the patient has a hearing impairment and is told that they do not have a hearing impairment. The nurse notes that the patient rarely understands what the nurse is saying or demonstrating whenever the nurse communicates with them.

**Coding:** BB0800, Understanding Verbal Content would be **coded 1, Rarely/never understands.**

**Rationale:** The patient does not appear to understand basic or simple conversations or interactions.

5. The patient had respiratory failure and their breathing is supported by a ventilator. The patient uses a communication device to respond to staff and visitor questions. Staff report that the patient occasionally requires cues to understand what is being asked. Family members report that they have at times had to repeat themselves during their conversation to elicit an accurate response to their questions.

**Coding:** BB0800, Understanding Verbal Content would be **coded 3, Usually understands: Understands most conversations, but misses some part/intent of message or requires cues at times to understand.**

**Rationale:** The patient understands conversations with occasional cues or repetition of questions.

6. The patient has expressive aphasia resulting from a previous stroke. The patient uses an electronic communication device to express themselves. Staff report no difficulty in communicating with the patient. The patient responds accurately to questions and follows multiple-step directions without any cueing or repetition.

**Coding:** BB0800, Understanding Verbal Content would be **coded 4, Understands: Clear comprehension without cues or repetitions.**

**Rationale:** The patient has used their electronic communication device to respond to questions in the LTCH and demonstrated their understanding through the accuracy of their replies.