| **Care Area** | **Probe** | **Response Options** |
| --- | --- | --- |
| For **any resident marked as non-interviewable, refused, unavailable or out of facility** the following areas should be reviewed in the record regardless of whether the area is an indicator for the resident. | | |
| Pressure Ulcers | * Did the resident develop a pressure ulcer in the facility that has not healed? * Did the resident have a pressure ulcer that worsened and hasn’t improved recently? * *Does the resident currently have a pressure ulcer that became infected in the facility?*   Note: Exclude Stage 1 pressure ulcers. | No Issues/NA  Further Investigation  MDS Discrepancy |
| Dialysis | * Is the resident receiving peritoneal dialysis or hemodialysis? | No Issues  Further Investigation  NA  MDS Discrepancy |
| Nutrition | * Did the resident have an unplanned weight loss of 5% or more in the last month or 10% or more in the last 6 months? * Does the resident still have weight loss?   Note: Exclude residents currently receiving hospice or end of life services. | No Issues/NA  Further Investigation  MDS Discrepancy |
| Respiratory Infection | * Does the resident currently have a respiratory infection? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Urinary Tract Infection (UTI) | * Does the resident currently have a UTI? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Infections (not UTI, Pressure Ulcer, or Respiratory) | * Does the resident currently have any other infection (e.g., surgical infection, eye infection, *C. difficile, sepsis, or gastroenteritis such as norovirus*)? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Falls | * Did the resident have a fall(s) with major injury in the last 120 days? | No Issues/NA  Further Investigation  MDS Discrepancy |
| ADL Decline | * Has the resident had a decline in their bed mobility, transfer, eating or toilet use recently and is not receiving therapy or restorative for the decline in the last 120 days? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Low Risk B&B | * Is the resident incontinent of bowel or bladder and not at a high risk for incontinence issues?   Note: High risk means the resident is cognitively impaired, receives hospice or end of life services, or requires extensive to total assistance from staff with bed mobility, transfers, toileting or locomotion. | No Issues/NA  Further Investigation  MDS Discrepancy |
| Hospitalization | * Was the resident re-hospitalized in the last 120 days? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Elopement | * Is the resident at risk for elopement? * Has the resident eloped in the last *120 days*? | No Issues/NA  Further Investigation  MDS Discrepancy |
| Change of Condition | * Has the resident had a change of condition in the last 120 days that was not identified, monitored or treated appropriately? | No Issues/NA  Further Investigation |
| For **all residents** who are observed during the initial pool process, the record is reviewed for high risk meds and PASRR only if the resident has the indicator present. | | |
| Insulin | * Is the resident currently receiving insulin? | Yes  No  MDS Discrepancy |
| Anticoagulant | * Is the resident currently receiving an anticoagulant? | Yes  No  MDS Discrepancy |
| Antipsychotic with Alzheimer’s or Dementia | * Is the resident currently receiving an antipsychotic and has a diagnosis of Alzheimer’s or dementia? | Yes  No  MDS Discrepancy |
| *Antibiotic* | * *Is the resident currently receiving an antibiotic?* | *Yes*  *No*  *MDS Discrepancy* |
| *Antipsychotic with New Schizophrenia Diagnosis* | * *Is the resident currently receiving an antipsychotic and has a new diagnosis of schizophrenia?* | *Yes*  *No*  *MDS Discrepancy* |
| PASRR | * Was a Level II PASRR adequately completed and determined the resident does not qualify for Level II services even though the resident has a serious mental illness, ID or other organic condition related to ID/DD? | No Issues/NA  Further Investigations  MDS Discrepancy |
| For **all residents** who are observed during the initial pool process, the record is reviewed for Advanced Directives and Other. | | |
| Advance Directives | * Does the resident have an advance directive in place?   If information is kept in two places (e.g., EHR and the hard chart), ensure the information matches. | No Issues/NA  Further Investigation |
| Other | * Did you have any additional concerns that you identified from the record? | No Issues/NA  Further Investigation |
| For **new admissions** added to the Resident Listing who are observed during the initial pool process (i.e., they don’t have an MDS), the record is reviewed for high risk meds. | | |
| High Risk Meds | * Is the resident currently receiving any of the following medications at least one time in the last 30 days? (Mark all that apply)   Antipsychotic  Antianxiety  Antidepressant  Hypnotic  Anticoagulant  Antibiotic  Diuretic  Insulin  Opioids  None of the above  Note: Do not code aspirin or Plavix as an anticoagulant. Code medications according to a drug’s pharmacological classification, not how it is used. | Select all that apply. |
| Diagnoses | * Does the resident have any of the following diagnoses? (Mark all that apply)   Alzheimer’s or dementia  Huntington’s syndrome  Tourette’s Syndrome  Manic Depression (bipolar disease)  Schizophrenia  Cerebral Palsy  Multiple Sclerosis  Seizure Disorder/Epilepsy  None of the above | Select all that apply. |
| *New Schiz and Antipsychotic* | * *Is the resident at least 65 years of age, receiving an antipsychotic, and has a new diagnosis of schizophrenia since admission?* | *Yes*  *No* |
| Hospice | * Is the resident receiving hospice, end of life, or palliative care services? | Yes  No  MDS Discrepancy |