

**CENSUS SAMPLE RECORD REVIEW**

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_ Admit Date: \_\_\_\_\_ Resident Room: \_\_\_\_\_

<b>A MDS Items</b> (for risk adjustment and exclusions)	
<b>If the QIS DCT has MDS data for the resident, do not answer these questions (the MDS Items will be italicized and gray [inapplicable]).</b>	
<b>If the QIS DCT does not have MDS data for the resident, obtain the information from the MDS in the chart or other data sources as instructed for each item.</b>	
1) Comatose (MDS – B1): persistent vegetative state/no discernible consciousness. (If the MDS is not completed, reference other data sources such as the nursing assessment and physician progress notes.)	<input type="checkbox"/> 0) No <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) Information not available
2) Bed Mobility (MDS – G1aA): how resident moves to and from lying position, turns side to side, and positions body while in bed. (If the MDS is not completed, reference other data sources such as therapy notes and nursing notes.)	<input type="checkbox"/> 0) – Independent <input type="checkbox"/> 1) – Supervision <input type="checkbox"/> 2) – Limited assistance <input type="checkbox"/> 3) – Extensive assistance <input type="checkbox"/> 4) – Total dependence <input type="checkbox"/> 5) – Information not available <input type="checkbox"/> 8) – Activity did not occur
3) Transfer (MDS – G1bA): how resident moves between surfaces – to/from: bed, chair, wheelchair, standing position (Excludes to/from bath/toilet). (If the MDS is not completed, reference other data sources such as therapy notes and nursing notes.)	<input type="checkbox"/> 0) – Independent <input type="checkbox"/> 1) – Supervision <input type="checkbox"/> 2) – Limited assistance <input type="checkbox"/> 3) – Extensive assistance <input type="checkbox"/> 4) – Total dependence <input type="checkbox"/> 5) – Information not available <input type="checkbox"/> 8) – Activity did not occur

**CENSUS SAMPLE RECORD REVIEW**

<b>A MDS Items</b> (for risk adjustment and exclusions)	
<p>4) ICD-9-CM Codes (I3a – I3e): Were any of the following ICD-9-CM codes recorded? (Mark all that apply) (If the MDS is not completed, reference other data sources such as the physician diagnosis list on the physician orders or the nutrition assessment.)</p>	<p><input type="checkbox"/> a) 260 – Kwashiorkor  <input type="checkbox"/> b) 261 – Nutritional marasmus  <input type="checkbox"/> c) 262 – Other severe protein-calorie-malnutrition  <input type="checkbox"/> d) 263.0 – Malnutrition of moderate degree  <input type="checkbox"/> e) 263.1 – Malnutrition of mild degree  <input type="checkbox"/> f) 263.2 – Arrested development following protein-calorie malnutrition  <input type="checkbox"/> g) 263.8 – Other protein-calorie malnutrition  <input type="checkbox"/> h) 263.9 – Unspecified protein-calorie malnutrition  <input type="checkbox"/> i) 783.7 – Adult failure to thrive  <input type="checkbox"/> j) None of the above  <input type="checkbox"/> k) Information not available</p>
<p>5) Stability of Conditions (MDS – J5c): Does the resident have an end-stage disease, 6 or fewer months to live (terminal illness means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course)? (If the MDS is not completed, reference other data sources such as the physician orders and/or progress notes.)</p>	<p><input type="checkbox"/> 0) No  <input type="checkbox"/> 1) Yes  <input type="checkbox"/> 2) Information not available</p>

<b>B Pressure Ulcers</b> QP262 QP263	
<p>1) Does the resident currently have one or more pressure ulcers? If yes, indicate the stage of the most advanced pressure ulcer.</p> <p><input type="checkbox"/> 0) No pressure ulcer</p> <p><input type="checkbox"/> 1) Stage 1: A persistent area of skin redness (without a break in the skin) that does not disappear when pressure is relieved</p> <p><input type="checkbox"/> 2) Stage 2: A partial thickness loss of skin layers that presents clinically as an abrasion, blister, or shallow crater</p> <p><input type="checkbox"/> 3) Stage 3: A full thickness of skin is lost, exposing the subcutaneous tissues – presents as a deep crater with or without undermining adjacent tissue</p> <p><input type="checkbox"/> 4) Stage 4: A full thickness of skin and subcutaneous tissue is lost, exposing muscle or bone</p>	

**CENSUS SAMPLE RECORD REVIEW**

<b>C Psychotropic Medications QP063 QP066</b>	
1) Is this resident currently receiving an antipsychotic or benzodiazepine drug? (Record if given at least one time in the past seven days.)	<input type="checkbox"/> 0) No ( <b>skip to Weight Loss</b> ) <input type="checkbox"/> 1) Yes
2) Select the benzodiazepine and/or antipsychotic drug the resident is receiving: (Select the drug(s) from the list on the QIS DCT screen, and click the Add Drug button.)	<b>If resident is receiving only benzodiazepine(s), skip #3.</b> <b>If resident is receiving antipsychotic(s), answer #3.</b>
3) What is the diagnosis supporting the use of the antipsychotic? (Select the diagnosis from the list on the QIS DCT screen for each antipsychotic being used.)	<input type="checkbox"/> Acute Psychotic episodes <input type="checkbox"/> Atypical psychosis <input type="checkbox"/> Brief reactive psychosis <input type="checkbox"/> Delusional disorder <input type="checkbox"/> Huntington's disease <input type="checkbox"/> Psychotic mood disorder (including mania and depression with psychotic features) <input type="checkbox"/> Schizo-affective disorder <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizophreniform disorder <input type="checkbox"/> Tourette's disorder <input type="checkbox"/> Other, appropriate diagnoses (i.e., short-term nausea, hiccups) <input type="checkbox"/> None of the above diagnoses

### CENSUS SAMPLE RECORD REVIEW

<b>D Weight Loss QP081 QP084</b>			
<b>Do <u>not</u> complete this section if the resident has an explicit terminal prognosis.</b>			
1) Is the resident on a planned weight loss program?		<input type="checkbox"/> 0) No	<input type="checkbox"/> 1) Yes ( <b>review is complete</b> )
2) Height and Weights:			
<b>Height:</b> _____ ( <b>inches</b> ) If the QIS DCT has MDS data for the resident, the Height field will be gray (inapplicable), and the surveyor does not need to enter the resident's height.			
<b>Date and weight closest to <u>today's date</u>:</b>	____/____/____	<b>Weight:</b> _____ lbs.	<input type="checkbox"/> Unavailable <b>(review is complete)</b>
<b>Date and weight closest to <u>30 days prior to today's date</u>:</b>	____/____/____	<b>Weight:</b> _____ lbs.	<input type="checkbox"/> Unavailable
<b>Date and weight closest to <u>90 days prior to today's date</u>:</b>	____/____/____	<b>Weight:</b> _____ lbs.	<input type="checkbox"/> Unavailable
<b>Date and weight closest to <u>180 days prior to today's date</u>:</b>	____/____/____	<b>Weight:</b> _____ lbs.	<input type="checkbox"/> Unavailable
<b>Note: The QIS DCT calculates the requested dates and percentage weight loss. Weight loss QCIs are included in QIS DCT QCI Results.</b>			