

WHAT TO CONSIDER WHEN CODING SECTION GG IN POINT OF CARE

Highlighted areas are part of the PDPM Payment System

<p><u>EATING</u> <i>The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident.</i></p> <p><u>ORAL HYGIENE</u> <i>The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with the use of equipment.</i></p> <p><u>TOILETING HYGIENE</u> <i>The ability to maintain perineal hygiene, adjust clothes before and after voiding or having a bowel movement. If managing an ostomy, include wiping the opening but not managing equipment.</i></p> <p><u>SHOWER/BATHE SELF</u> <i>The ability to bathe self, including washing, rinsing, and drying self (excludes washing of back and hair). Does not include transferring in/out of tub/shower.</i></p> <p><u>UPPER BODY DRESSING</u> <i>The ability to dress and undress above the waist; including fasteners, if applicable.</i></p> <p><u>LOWER BODY DRESSING</u> <i>The ability to dress and undress below the waist; including fasteners; does not include footwear.</i></p> <p><u>PUTTING ON/TAKING OFF FOOTWARE</u> <i>The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable.</i></p>	<p><u>ROLL LEFT AND RIGHT</u> <i>The ability to roll from lying on back to left and right side, and return to lying on back on the bed.</i></p> <p><u>SIT TO LYING</u> <i>The ability to move from sitting on side of bed to lying flat on the bed.</i></p> <p><u>LYING TO SITTING ON SIDE OF BED</u> <i>The ability to move from lying on the back to sitting on the side of the bed with feet flat on the floor, and with no back support.</i></p> <p><u>SIT TO STAND</u> <i>The ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed.</i></p> <p><u>CHAIR/BED-TO-CHAIR TRANSFER</u> <i>The ability to transfer to and from a bed to a chair (or wheelchair).</i></p> <p><u>TOILET TRANSFER</u> <i>The ability to get on and off a toilet or commode.</i></p> <p><u>CAR TRANSFER</u> <i>The ability to transfer in and out of a car or van on the passenger side. Does not include the ability to open/close door or fasten seat belt.</i></p> <p><u>WALK 10 FEET</u> <i>Once standing, the ability to walk at least 10 feet in a room, corridor, or similar space.</i></p> <p><u>WALK 50 FEET w 2 TURNS</u> <i>Once standing, the ability to walk at least 50 feet and make 2 turns.</i></p>	<p><u>WALK 150 FEET</u> <i>Once standing, the ability to walk at least 150 feet in a corridor or similar space.</i></p> <p><u>WALKING 10 FEET ON UNEVEN SURFACES</u> <i>The ability to walk 10 feet on uneven or sloping surfaces (indoor or outdoor), such as turf or gravel.</i></p> <p><u>1 STEP (CURB)</u> <i>The ability to go up and down a curb and/or up and down one step.</i></p> <p><u>4 STEPS</u> <i>The ability to go up and down four steps with or without a rail.</i></p> <p><u>12 STEPS</u> <i>The ability to go up and down 12 steps with or without a rail.</i></p> <p><u>PICKING UP OBJECTS</u> <i>The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor.</i></p> <p><i>IF RESIDENT REQUIRES USE OF WHEELCHAIR OR SCOOTER:</i></p> <p><u>WHEEL 50 FEET w 2 TURNS</u> <i>Once seated in wheelchair/scooter, the ability to wheel at least 50 feet and make 2 turns.</i></p> <p><u>WHEEL 150 FEET</u> <i>Once seated in wheelchair/scooter, the ability to wheel at least 150 feet in a corridor or similar space.</i></p> <p><i>Code the residents usual performance for each activity using the 6 point scale. If the activity was not attempted, code the reason.</i></p>
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CODE WHAT ACTUALLY HAPPENED – NOT WHAT THE RESIDENT IS CAPABLE OF DOING

DO NOT CODE THE BEST PERFORMANCE – DO NOT CODE THE WORST PERFORMANCE

CODE THE RESIDENT'S USUAL PERFORMANCE

The 6-Point Scale and Activity Not Attempted Codes

Safety and Quality of Performance – If helper assistance is required because resident’s performance is unsafe or of poor quality, score according to amount of assistance provided.

Activities may be completed with or without assistive devices.

06. Independent – Resident safely completes the activity by him/herself with no assistance from a helper.

05. Setup or Clean-up Assistance – Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.

04. Supervision or Touching Assistance – Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.

03. Partial / Moderate Assistance – Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort.

02. Substantial / Maximal Assistance – Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.

01. Dependent – Helper does ALL of the effort. Resident does none of the effort to complete the activity. OR, the assistance of 2 or more helpers is required for the resident to complete the activity.

IF activity was not attempted, code reason:

07. Resident refused

09. Not applicable – Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury

10. Not attempted due to environmental limitations (e.g., lack of equipment, weather constraints)

88. Not attempted due to medical condition or safety concerns

START DECISION TREE HERE

