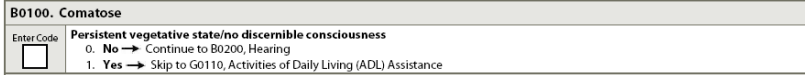



Track Changes
from Chapter 3 Section B v1.17.1
to Chapter 3 Section B v1.18.11

Chapter	Section	Page(s) in version 1.18.11	Change
3	—	—	Updated language throughout to be gender neutral.
3	—	—	Updated screen captures of all items.
3	—	B-1	<p>Intent: The intent of items in this section is to document whether the resident is comatose, the resident's ability to hear (with assistive hearing devices, if they are used), understand, and communicate with others, and whether the resident's experiences visual limitations or difficulties related ability to diseases commonsee objects nearby in aged persons their environment.</p>
3	B0100	B-1	<p>Replaced screenshot.</p> <p>OLD</p>  <p>NEW</p> 
3	B0100	B-1	<ul style="list-style-type: none"> Code 1, yes: if the record indicates that a physician, nurse practitioner or clinical nurse specialist has documented a diagnosis of coma or persistent vegetative state that is applicable during the 7-day look-back period. Skip to Section G0110, Activities of Daily Living (ADL) AssistanceGG, Functional Abilities and Goals.
3	B0200	B-3	<p>6. Consult the resident's family, caregivers, direct care staff, activities personnel, and speech or hearing specialists.</p> <p>Coding Instructions</p> <ul style="list-style-type: none"> Code 0, adequate: No difficulty in normal conversation, social interaction, or listening to TV. The resident hears all normal conversational speech and telephone or group conversation and announcements in group activities.
3	B0200– B1300	B-4– B-15	Page length changed due to revised content.

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B0200	B-4	<p>Examples</p> <p>1. “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.”</p> <p>Coding: B0200 would be coded 0, Adequate.</p> <p>Rationale: The resident hears normal conversational speech.</p>
3	B0200	B-4	<p>2. “Sitting at the dinner table, I can hear people who are sitting close by me within five feet, but not much if they are sitting down one end of the table speaking at a normal volume, and I’m at the other end of the table about eight feet away.”</p> <p>Coding: B0200 would be coded 1. Minimal Difficulty.</p> <p>Rationale: The resident has difficulty in some situations (when someone is sitting farther away) but can hear clearly when someone is sitting close.</p>
3	B0200	B-4	<p>3. The resident failed to respond during an interview with the assessor despite the interviewer increasing the volume of their voice and speaking distinctly. The resident’s family shared that the resident cannot hear the spoken word, even when they are directly facing the resident and speak loudly and distinctly, and they noted that they often use a picture board to point to things to communicate with the resident.</p> <p>Coding: B0200 would be coded 3, Highly Impaired.</p> <p>Rationale: The resident has no comprehension of conversational speech, even when the speaker makes maximum adjustments.</p>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B0200	B-5	<p>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.”</p> <p>Coding: B0200 would be coded 2. Moderate Difficulty.</p> <p>Rationale: The resident 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.</p>
3	B1000	B-11	<p>Steps for Assessment</p> <p>1. Ask family, caregivers, and/or direct care staff over all shifts, if possible, about the resident’s usual vision patterns during the 7-day look-back period (e.g., is the resident able to see newsprint, menus, greeting cards?).</p>
3	B1000	B-11	<p>Coding Instructions</p> <ul style="list-style-type: none"> • Code 0, adequate: if the resident sees fine detail, including regular print in newspapers/books. • Code 1, impaired: if the resident sees large print, but not regular print in newspapers/books. • Code 2, moderately impaired: if the resident has limited vision and is not able to see newspaper headlines but can identify objects nearby in his or her their environment. • Code 3, highly impaired: if the resident’s ability to identify objects nearby in his or her their environment is in question, but the resident’s eye movements appear to be following objects (especially people walking by).


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Chapter	Section	Page(s) in version 1.18.11	Change
3	B1000	B-11–B-12	<p>Coding Tips and Special Populations</p> <ul style="list-style-type: none"> Some residents have never learned to read or are unable to read English. In such cases, ask the resident 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 resident is unable to communicate or follow your directions for testing vision, observe the resident’s eye movements to see if his or her their eyes seem to follow movement of objects or people. Though These are gross measures of visual acuity, they may assist you in assessing whether or not the resident has any visual ability. For residents who appear to do this, code 3, highly impaired.
3	B1000	B-12	<p>Examples</p> <ol style="list-style-type: none"> When asked about whether they can see fine detail, including regular print in newspaper/books, the resident 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 would be coded 0, Adequate. Rationale: The resident can read regular print when wearing glasses.
3	B1000	B-12	<ol style="list-style-type: none"> The assessor asks the resident to read aloud from a newspaper, starting with larger headlines and then the smaller print. The resident is able to read the headlines but not the regular newspaper print. Coding: B1000 would be coded 1. Impaired. Rationale: The resident is able to read large, but not regular, print.

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B1000	B-12	<p>3. “I cannot read the newspaper headlines, even with glasses.” When the assessor presents the resident with newspaper text, while wearing glasses, the resident is not able to correctly read the headlines. The resident is able to identify the objects on the table a few feet away.</p> <p>Coding: B1000 would be coded 2, Moderately Impaired.</p> <p>Rationale: The resident is not able to read large print (i.e., newspaper headlines) but is able to identify objects in their environment.</p>
3	B1000	B-12	<p>4. During the assessment, the resident states, “I cannot see much of anything at this point, I can see blurry shapes and I can tell what large objects are, but I cannot 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 resident’s eyes appear to follow the assessor when they move about the room. When the assessor presents the resident with newspaper text, while wearing glasses, the resident is able to appropriately reach for and successfully hold the paper but is not able to correctly read the headlines.</p> <p>Coding: B1000 would be coded 3, Highly Impaired.</p> <p>Rationale: The resident 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.</p>

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B1300	B-14	<div>B1300. Health Literacy </div> <div>Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1.</div> <div> <p>B1300. Health Literacy Complete only if A0310B = 01 or A0310G = 1 and A0310H = 1</p> <p>Enter Code How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?</p> <p><input type="checkbox"/> 0. Never</p> <p>1. Rarely</p> <p>2. Sometimes</p> <p>3. Often</p> <p>4. Always</p> <p>7. Resident declines to respond</p> <p>8. Resident unable to respond</p> <p><small>The Single Item Literacy Screener is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License.</small></p> </div>
3	B1300	B-14	<div>Item Rationale</div> <div>Health-related Quality of Life</div> <ul style="list-style-type: none"> Similar to language barriers, low health literacy interferes with communication between provider and resident. Health literacy can also affect residents' ability 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, and higher medical costs and rates of emergency department use.
3	B1300	B-14	<div>DEFINITION</div> <div>HEALTH LITERACY</div> <p>Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.</p>
3	B1300	B-14	<div>Planning for Care</div> <ul style="list-style-type: none"> Assessing for health literacy will facilitate better care coordination and discharge planning.

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B1300	B-15	<p>Steps for Assessment</p> <p>This item is intended to be a resident self-report item. No other source should be used to identify the response.</p> <p>1. Ask the resident, “How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?”</p>
3	B1300	B-15	<p>Coding Instructions</p> <ul style="list-style-type: none"> • Code 0, Never: if the resident indicates never needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies. • Code 1, Rarely: if the resident indicates rarely needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies. • Code 2, Sometimes: if the resident indicates sometimes needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies. • Code 3, Often: if the resident indicates often needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies. • Code 4, Always: if the resident indicates always needing help reading instructions, pamphlets, or other written materials from doctors or pharmacies. • Code 7, Resident declines to respond: if the resident declines to respond. • Code 8, Resident unable to respond: if the resident is unable to respond.

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Chapter	Section	Page(s) in version 1.18.11	Change
3	B1300	B-15	<p>Example</p> <p>1. When asked how often they need help when reading the instructions provided by their doctor, the resident reports that they never need help. The resident's adult child is present and shares that a family member must always accompany the resident to doctors' visits and that the resident often needs someone to explain the written materials to them multiple times before they understand, providing examples of needing to frequently explain to the resident why they are on a special diet and why and how to take some of their medications.</p> <p>Coding: B1300, Health Literacy is coded as Code 0, Never.</p> <p>Rationale: The resident indicates they never need help reading instructions from their doctor or pharmacist. B1300, Health Literacy is intended to be a resident self-report item and no other sources, including family members/caregivers, should be used to identify the response to this item.</p>