Track Changes
from Chapter 3 Section C v1.17.1
to Chapter 3 Section C 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	—	C-1	**Intent:** The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information and whether the resident has signs and symptoms of delirium. These items are crucial factors in many care-planning decisions.
3	C0100	C-1	**Health-related Quality of Life** • Most residents are able to attempt the Brief Interview for Mental Status (BIMS), a structured cognitive interview.
3	C0100	C-1	**Steps for Assessment** 1. Interact with the resident using ~~his or her~~their preferred language (See A1110). Be sure ~~he or she~~they can hear you and/or ~~has~~have access to ~~his or her~~their preferred method for communication. If the resident needs or requires an interpreter, complete the interview with an interpreter. If the resident appears unable to communicate, offer alternatives such as writing, pointing, sign language, or cue cards. 2. Determine if the resident is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, skip to C0~~7~~600 ~~C1000~~, Should the Staff Assessment ~~of~~for Mental Status be Conducted?, unless the assessment being completed is a stand-alone Part A PPS Discharge; if that is the case, then skip to C1310. Signs and Symptoms of Delirium. ~~3. Review Language item (A1100), to determine if the resident needs or wants an interpreter.~~ • ~~If the resident needs or wants an interpreter, complete the interview with an interpreter.~~

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0100	C-2	**Coding Instructions** • **Code 0, no:** if the interview should not be conducted because the resident is rarely/never understood; cannot respond verbally, in writing, or using another method; or an interpreter is needed but not available. ~~Skip to C0700, Staff Assessment of Mental Status.~~ • **Code 1, yes:** if the interview should be conducted because the resident is at least sometimes understood verbally, in writing, or using another method, and if an interpreter is needed, one is available. ~~Proceed to C0200, Repetition of Three Words.~~
3	C0100	C-2	**Coding Tips** • If the resident needs an interpreter, <mark>including a resident who uses American Sign Language (ASL),</mark> every effort should be made to have an interpreter present for the BIMS. If it is not possible for a needed interpreter to participate on the day of the interview, code C0100 = 0 to indicate interview not attempted and complete C0<mark>6</mark>00-C1000, **Staff Assessment** ~~of Mental Status,~~ ~~instead of C0200-C0500,~~ **~~Brief Interview~~** <mark>for</mark> **Mental Status.** • ~~Includes residents who use American Sign Language (ASL).~~ • If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, item C0100 must be coded 1, Yes, and the standard "no information" code (a dash "-") entered in the resident interview items. • Do not complete the Staff Assessment for Mental Status items (C0700-C1000) if the resident interview should have been conducted~~,~~ but was not done.
3	C0200– C0500– C1310	C-4– C-35	Page length changed due to revised content.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0200– C0500	C-4	**Health-related Quality of Life** • Direct or performance-based testing of cognitive function decreases the chance of incorrect labeling of cognitive ability and improves detection of delirium. • Cognitively intact residents may appear to be cognitively impaired because of extreme frailty, hearing impairment or lack of interaction. • Some residents may appear to be more cognitively intact than they actually are. • ~~When~~If cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities and therapies may not be offered. • ~~A resident's performance on cognitive tests can be compared over time.~~ — ~~If performance worsens, then an assessment for delirium and or depression should be considered.~~ • The BIMS is an opportunity to observe residents for signs and symptoms of delirium ~~(C1310)~~.

**Track Changes
from Chapter 3 Section C v1.17.1
to Chapter 3 Section C v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change

3	C0200–C0500	C-4	### Planning for Care
			
			• Assessment of a resident's mental state provides a direct understanding of resident function that may:
			  — enhance future communication and assistance and
			  — direct nursing interventions to facilitate greater independence such as posting or providing reminders for self-care activities.
			• A resident's performance on cognitive tests can be compared over time.
			  — An abrupt change in cognitive status may indicate delirium and may be the only indication of a potentially life-threatening illness.
			  — A~~If performance worsens, then an assessment for delirium and/or depression should be considered, as a~~ decline in mental status may also be associated with a mood disorder.
			• Awareness of possible impairment may be important for maintaining a safe environment and providing safe discharge planning.

3	C0200–C0500	C-4	### Steps for Assessment: Basic Interview Instructions for BIMS (C0200-C0500) 1. Refer to Appendix D for a review of basic approaches to effective interviewing techniques. 2. Interview any resident not screened out by **Should Brief Interview for Mental Status Be Conducted?** (Item C0100). 3. Conduct the interview in a private setting, if possible. 4. Be sure the resident can hear you.
3	C0200–C0500	C-5	9. If the resident chooses not to answer a particular item, accept ~~his or her~~their refusal and move on to the next questions. For C0200 through C0400, code refusals as incorrect/no answer or could not recall.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0200–C0500	C-5	• ~~On occasion, the interviewer may not be able to state the items clearly because of an accent or slurred speech.~~ If the interviewer is unable to ==articulate or== pronounce any cognitive ==interview== items clearly, ==for any reason (e.g., accent or speech impairment),== have a different staff member ~~complete~~==conduct== the BIMS. • ~~Nonsensical responses should be coded as zero.~~
3	C0200–C0500	C-5	**DEFINITION** ==**COMPLETE INTERVIEW**== ==The BIMS is considered complete if the resident attempted and provided relevant answers to at least four of the questions included in C0200-C0400C. Relevant answers do not have to be correct but do need to be related to the question that was asked.==

3	C0200–C0500	C-5	• Rules for stopping the ~~interview~~==BIMS== before it is complete:
			
			— Stop the interview after completing (C0300C) "Day of the Week" if:
			  1. all responses ==up to this point== have been nonsensical (i.e., any response that is unrelated, incomprehensible, or incoherent; not informative with respect to the item being rated), OR
			  2. there has been no verbal or written response to any of the questions up to this point, OR
			  3. there has been no verbal or written response to some questions up to this point and for all others, the resident has given a nonsensical response.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0200–C0500	C-6	• If the interview is stopped, do the following: 1. Code -(——), **dash** in C0400A, C0400B, and C0400C. 2. Code **99** in the BIMS Summary Score (C0500), and if the assessment being completed is a stand-alone Part A PPS Discharge, continue to C1310. Signs and Symptoms of Delirium. Otherwise, proceed to step 3. 3. Code **1, yes** in **C0600, Should the Staff Assessment for Mental Status (C0700-C1000) be Conducted?** 4. Complete the **Staff Assessment for Mental Status**. • If all responses to C0200, C0300A, C0300B, and C0300C are coded 0 because answers are incorrect, continue interview. • When staff identify that the resident's primary method of communication is in written format, the BIMS can be administered in writing. **The administration of the BIMS in writing should be limited to only this circumstance.** • See Appendix E for details regarding how to administer the BIMS in writing. • Code 0 is used to represent three types of responses: incorrect answers (unless the item itself provides an alternative response code), nonsensical responses, and questions the resident chooses not to answer (or "refusals"). Since 0s resulting from these three situations are treated differently when coding the BIMS Summary Score in C0500, the interviewer may find it valuable to track the reason for each 0 response to aid in accurately calculating the summary score.

**Track Changes
from Chapter 3 Section C v1.17.1
to Chapter 3 Section C v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0200–C0500	C-7	3. Interviewer asks the resident to name the day of the week. Resident answers, "Sylvia, she's my daughter." <mark>The interviewer asks the resident the question again to confirm the resident is not hearing the question incorrectly, and the resident answers with the same response.</mark> **Coding:** The answer is **coded 0, incorrect**; the response is illogical and nonsensical. **Rationale:** The answer is wrong, and the resident's comment clearly does not relate to the question; it is nonsensical.
3	C0200	C-7	### Health-related Quality of Life • Inability to repeat three words on first attempt may indicate: — <mark>a memory impairment,</mark> — a hearing impairment, — a language barrier, or — inattention that may be a sign of delirium <mark>or another health issue</mark>.
3	C0200	C-8	### Steps for Assessment *Basic BIMS interview instructions are shown on pages C-3~~4~~<mark>4</mark> and C-4~~5~~<mark>5</mark>. In addition, for repetition of three words:*
3	C0200	C-8	### ~~Coding Tips~~ • ~~On occasion, the interviewer may not be able to state the words clearly because of an accent or slurred speech. If the interviewer is unable to pronounce any of the 3 words clearly, have a different staff member conduct the interview.~~

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0200	C-9	3. The interviewer says, "The words are sock, blue, and bed. Now please tell me the three words." The resident says, "Blue socks belong in the dresser." The interviewer codes according to the resident's response. Then the interviewer repeats the three words plus the category cues., saying, "Let me say the three words again. They are sock, something to wear; blue, a color; and bed, a piece of furniture. Now tell me the three words." The resident says, "Oh yes, that's right, sock, blue, bed." **Coding:** C0200 would be **coded 2, two** of the three words correct. **Rationale:** The resident repeated two of the three items—blue and sock on the first attempt. The resident put the words into a sentence, resulting in the resident repeating two of the three words.
3	C0200	C-9	4. The interviewer says, "The words are sock, blue, and bed. Now please tell me the three words." The resident replies, "What were those three words?" The resident's response is coded, and then tThe interviewer repeats the three words plus the category cues. **Coding:** C0200 would be **coded 0, none** of the words correct. **Rationale:** The resident did not repeat any of the three words after the first time the interviewer said them.
3	C0300	C-10	### Planning for Care • If staff know that a resident has a problem with orientation, they can provide reorientation aids and verbal reminders that may reduce anxiety and encourage resident participation in activities. • Reorienting those who are disoriented or at risk of disorientation may be useful in treating symptoms of delirium and cognitive problems associated with other medical conditions. • Residents who are not oriented may need further assessment for delirium, especially if this fluctuates or is recent in onset.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0300	C-10	**Steps for Assessment** *Basic BIMS interview instructions are shown on pages C-3̶4̶ and C-4̶5̶.* 1. Ask the resident each of the 3̶three questions in Item C0300 separately. 2. Allow the resident up to 30 seconds for each answer and do not provide clues. 3. If the resident specifically asks for clues (e.g., "i̶Is it bingo day?") respond by saying, "I need to know if you can answer this question without any help from me."
3	C0300	C-11	**Coding Instructions for C0300A, Able to Report Correct Year** • **Code 0, missed by >5 years or no answer:** if the resident's answer is incorrect and is greater than 5 years from the current year or the resident chooses not to a̶n̶s̶w̶e̶r̶ ̶t̶h̶e̶ ̶i̶t̶e̶m̶respond or the answer is nonsensical.

3	C0300	C-11	**Examples**
			
			1. The date of interview is May 5, 201̶1̶23. The resident, responding to the statement, "Please tell me what year it is right now," states that it is 201̶1̶23.
			
			    Coding: C0300A would be **coded 3, correct.**
			    Rationale: 201̶1̶23 is the current year at the time of this interview.

3	C0300	C-11	2. The date of interview is June 16, 201̶1̶23. The resident, responding to the statement, "Please tell me what year it is right now," states that it is 200̶7̶20.
			
			    Coding: C0300A would be **coded 1, missed by 2-5 years.**
			    Rationale: 200̶7̶20 is within 2 to 5 years of 201̶1̶23.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0300	C-11	3. The date of interview is January 10, 20~~11~~23. The resident, responding to the statement, "Please tell me what year it is right now," states that it is 19~~11~~23. **Coding:** C0300A would be **coded 0, missed by more than 5 years.** **Rationale:** Even though the '~~11~~23 part of the year would be correct, 19~~11~~23 is more than 5 years from 20~~11~~23.
3	C0300	C-11	4. The date of interview is April 1, 20~~11~~23. The resident, responding to the statement, "Please tell me what year it is right now," states that it is "'~~11~~23". The interviewer asks, "Can you tell me the full year?" The resident still responds "'~~11~~23," and the interviewer asks again, "Can you tell me the full year, for example, nineteen-eighty-two." The resident states, "20~~11~~23." **Coding:** C0300A would be **coded 3, correct.** **Rationale:** Even though '~~11~~23 is partially correct, the only correct answer is the exact year. The resident must state "20~~11~~23," not "'~~11~~23" or "18~~11~~23" or "19~~11~~23."
3	C0300	C-12	• **Code 0, missed by >1 month or no answer:** if the resident's answer is incorrect by more than 1 month or if the resident chooses not to answer the item or the answer is nonsensical.
3	C0300	C-12	### Examples 1. The date of interview is June 25, 20~~11~~23. The resident, responding to the question, "What month are we in right now?" states that it is June. **Coding:** C0300B would be **coded 2, accurate within 5 days.** **Rationale:** The resident correctly stated the month.

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

Chapter	Section	Page(s) in version 1.18.11	Change

3	C0300	C-12	2. The date of interview is June 28, 2011~~11~~**23**. The resident, responding to the question, "What month are we in right now?" states that it is July.
			
			    Coding: C0300B would be **coded 2, accurate within 5 days.**
			    Rationale: The resident correctly stated the month within 5 days, even though the correct month is June. June 28th (day 1) + 4 more days is July 2nd, so July is within 5 days of the interview.

3	C0300	C-12	3. The date of interview is June 25, 2011~~11~~**23**. The resident, responding to the question, "What month are we in right now?" states that it is July.
			
			    Coding: C0300B would be **coded 1, missed by 6 days to 1 month.**
			    Rationale: The resident missed the correct month by six days. June 25th (day 1) + 5 more days = June 30th. Therefore, the resident's answer is incorrect within 6 days to 1 month.

3	C0300	C-13	4. The date of interview is June 30, 2011~~11~~**23**. The resident, responding to the question, "What month are we in right now?" states that it is August.
			
			    Coding: C0300B would be **coded 0, missed by more than 1 month.**
			    Rationale: The resident missed the month by more than 1 month.

3	C0300	C-13	~~5. The date of interview is June 2, 2011. The resident, responding to the question, "What month are we in right now?" states that it is May.~~
			
			    ~~**Coding:** C0300B would be **coded 2, accurate within 5 days.**~~
			    ~~**Rationale:** June 2 minus 5 days = May 29th. The resident correctly stated the month within 5 days even though the current month is June.~~

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0300	C-13	• **Code 0, incorrect, or no answer:** if the answer is incorrect or the resident chooses not to answer the item <mark>or the answer is nonsensical</mark>.

3	C0300	C-13	### Examples
			
			1. The day of interview is Monday, June 25~~7~~, 20~~11~~23. The interviewer asks: "What day of the week is it today?" The resident responds, "It's Monday."
			
			    Coding: C0300C would be **coded 1, correct**.
			    Rationale: The resident correctly stated the day of the week.

3	C0300	C-13	2. The day of interview is Monday, June 25~~7~~, 20~~11~~23. The resident, responding to the question, "What day of the week is it today?" states, "Tuesday."
			
			    Coding: C0300C would be **coded 0, incorrect**.
			    Rationale: The resident incorrectly stated the day of the week.

3	C0300	C-13	3. The day of interview is Monday, June 25~~7~~, 20~~11~~23. The resident, responding to the question, "What day of the week is it today?" states, "Today is a good day."
			
			    Coding: C0300C would be **coded 0, incorrect**.
			    Rationale: The resident did not answer the question correctly.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0400	C-14	**Steps for Assessment** *Basic BIMS interview instructions are shown on pages C-~~3~~4 and C-~~4~~5.* 1. Ask the resident the following: "Let's go back to an earlier question. What were those three words that I asked you to repeat?" 2. Allow up to 5 seconds for spontaneous recall of each word. 3. For any word that is not correctly recalled after 5 seconds, provide a category cue (refer to "Steps for Assessment," pages C-~~6 C-7~~8 for the definition of category cue). Category cues should be used only after the resident is unable to recall one or more of the three words. 4. Allow up to 5 seconds after category cueing for each missed word to be recalled.
3	C0500	C-17	• If the resident chooses not to answer a specific question(s), that question is coded as incorrect and the item(s) counts in the total score. If, however, the resident chooses not to answer four or more items, then the interview is coded as incomplete and ~~a~~ the ~~s~~Staff ~~a~~Assessment for Mental Status is completed. • To be considered a completed interview, the resident had to attempt and provide relevant answers to at least four of the questions included in C0200-C0400. To be relevant, a response only has to be related to the question (logical); it does not have to be correct. See general coding tips below for residents who choose not to participate at all.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0500	C-17	• **Code 99, unable to complete interview:** if (a) the resident chooses not to participate in the BIMS, (b) if four or more items were coded 0 because the resident chose not to answer or gave a nonsensical response, *or* (c) if any <mark>but not all</mark> of the BIMS items <mark>are</mark> coded with a dash (—). — Note: a ~~zero~~<mark>0</mark> score does not mean the BIMS was incomplete. ~~To~~<mark>For the BIMS to</mark> be incomplete, a resident ~~had to~~<mark>must</mark> choose not to answer or <mark>must</mark> give completely unrelated, nonsensical responses to four or more items. <mark>If one or more of the 0s in C0200–C0300 are due to incorrect answers, the interview should continue.</mark>
3	C0500	C-17	## Coding Tips • Occasionally, a resident can communicate but chooses not to participate in the BIMS and therefore does not attempt any of the items in the section. This would be considered an incomplete interview; enter 99 for C0500, **BIMS Summary Score**, and complete the <mark>s</mark>~~S~~taff <mark>a</mark>~~A~~ssessment ~~of~~<mark>for</mark> <mark>m</mark>~~M~~ental <mark>s</mark>~~S~~tatus.
3	C0500	C-18	1. The resident's scores on items C0200-C0400 were as follows: C0200 (repetition) 3 C0300A (year) 2 C0300B (month) 2 C0300C (day) 1 C0400A (recall "sock") 2 C0400B (recall "blue") 2 C0400C (recall "bed") 0 **Coding:** C0500 would be **coded 12** <mark>(Sum of C0200–C0400C). C0600. Should the Staff Assessment for Mental Status be Conducted? is **coded as 0, No,** and the skip pattern is followed.</mark>

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0500	C-18	2. The resident's scores on items C0200–C0400C were as follows: C0200 (repetition) 2 C0300A (year) 2 C0300B (month) 2 C0300C (day) 1 C0400A (recall "sock") 0 C0400B (recall "blue") 0 C0400C (recall "bed") 0 **Coding:** C0500 would be **coded 07** (Sum of C0200–C0400C). C0600. Should the Staff Assessment for Mental Status be Conducted? is **coded as 0, No,** and the skip pattern is followed.
3	C0500	C-18	3. The resident's score on items C0200–C0400C were as follows: C0200 (repetition) 0 (no response provided) C0300A (year) 0 (nonsensical response provided) C0300B (month) 0 (nonsensical response provided) C0300C (day) 0 (no response provided and the interview was stopped) C0400A (recall "sock") (—) C0400B (recall "blue") (—) C0400C (recall "bed") (—) **Coding:** C0500 would be **coded 99, resident was unable to complete the interview**. **Rationale:** The interview was stopped because the resident did not respond to two questions and provided nonsensical responses to two questions. Since the resident did not attempt to answer two questions and did not provide relevant answers to two questions, the BIMS interview is considered incomplete.

Track Changes
from Chapter 3 Section C v1.17.1
to Chapter 3 Section C v1.18.11
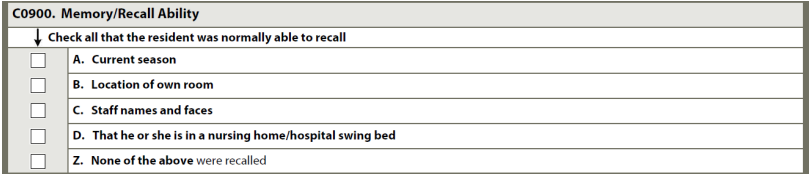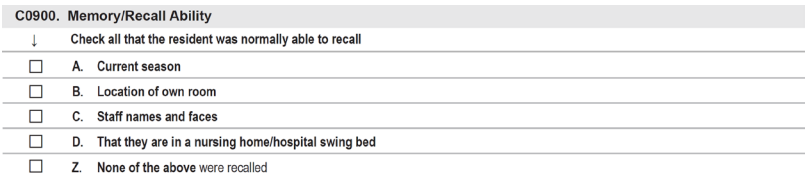
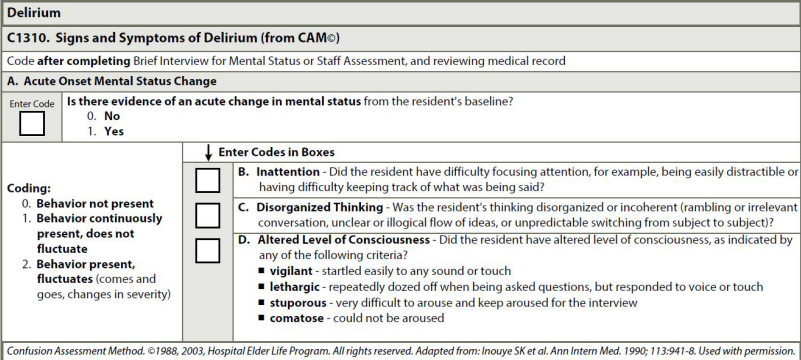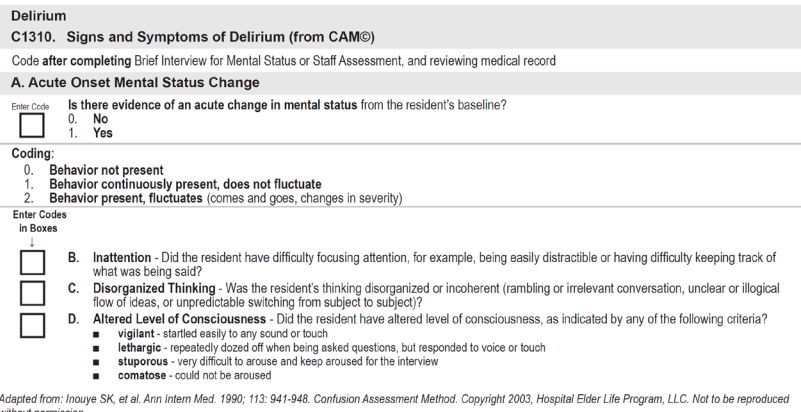| Chapter	Section	Page(s) in version 1.18.11	Change
3	C0600	C-20	**Coding Instructions** • **Code 0, no:** if the BIMS was completed and scored between 00 and 15. Skip to C1310. • **Code 1, yes:** if the resident chooses not to participate in the BIMS or if four or more items were **coded 0** because the resident chose not to answer or gave a nonsensical response. Continue to C0700–C1000, Short-term Memory OK, andto perform the Staff Assessment for Mental Status. Note: C0500 should be **coded 99**.
3	C0600	C-20	**Coding Tips** • If a resident is scored 00 on C0500, C0700-C1000,the Staff Assessment, for Mental Status should not be completed. **00** is a legitimate value for C0500 and indicates that the interview was complete. To have an incomplete interview, a resident had to choose not to answer or had to give completely unrelated, nonsensical responses to four or more BIMS items.

**Track Changes
from Chapter 3 Section C v1.17.1
to Chapter 3 Section C v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change

3	C0700–C1000	C-20	Replaced screenshot.
			
			OLD
			
			Staff Assessment for Mental Status
			Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed
			C0700. Short-term Memory OK
			Enter Code — Seems or appears to recall after 5 minutes
			   0. Memory OK
			   1. Memory problem
			C0800. Long-term Memory OK
			Enter Code — Seems or appears to recall long past
			   0. Memory OK
			   1. Memory problem
			C0900. Memory/Recall Ability
			↓ Check all that the resident was normally able to recall
			☐ A. Current season
			☐ B. Location of own room
			☐ C. Staff names and faces
			☐ D. That he or she is in a nursing home/hospital swing bed
			☐ Z. None of the above were recalled
			C1000. Cognitive Skills for Daily Decision Making
			Enter Code — Made decisions regarding tasks of daily life
			   0. Independent - decisions consistent/reasonable
			   1. Modified independence - some difficulty in new situations only
			   2. Moderately impaired - decisions poor; cues/supervision required
			   3. Severely impaired - never/rarely made decisions
			
			NEW
			
			Staff Assessment for Mental Status
			Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed
			C0700. Short-term Memory OK
			Enter Code — Seems or appears to recall after 5 minutes
			   0. Memory OK
			   1. Memory problem
			C0800. Long-term Memory OK
			Enter Code — Seems or appears to recall long past
			   0. Memory OK
			   1. Memory problem
			C0900. Memory/Recall Ability
			↓ Check all that the resident was normally able to recall
			☐ A. Current season
			☐ B. Location of own room
			☐ C. Staff names and faces
			☐ D. That they are in a nursing home/hospital swing bed
			☐ Z. None of the above were recalled
			C1000. Cognitive Skills for Daily Decision Making
			Enter Code — Made decisions regarding tasks of daily life
			   0. Independent - decisions consistent/reasonable
			   1. Modified independence - some difficulty in new situations only
			   2. Moderately impaired - decisions poor; cues/supervision required
			   3. Severely impaired - never/rarely made decisions

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C0900	C-24	Replaced screenshot. OLD C0900. Memory/Recall Ability ↓ Check all that the resident was normally able to recall ☐ A. Current season ☐ B. Location of own room ☐ C. Staff names and faces ☐ D. That he or she is in a nursing home/hospital swing bed ☐ Z. None of the above were recalled NEW C0900. Memory/Recall Ability ↓ Check all that the resident was normally able to recall ☐ A. Current season ☐ B. Location of own room ☐ C. Staff names and faces ☐ D. That they are in a nursing home/hospital swing bed ☐ Z. None of the above were recalled
3	C1000	C-28	5. ~~Mr.~~Resident G enjoys congregate meals in the dining room and is friendly with the other residents at ~~his~~their table. Recently, ~~he~~they ~~has~~have started to lose weight. ~~He~~They appears to have little appetite, rarely eat~~s~~ without reminders and willingly gives ~~his~~their food to other residents at the table. ~~Mr.~~Resident G requires frequent cueing from staff to eat and supervision to prevent ~~him~~them from sharing ~~his~~their food. **Coding:** C1000 would be **coded 2, moderately impaired.** **Rationale:** The resident is making poor decisions by giving ~~his~~their food away. ~~He~~They require~~s~~ cueing to eat and supervision to be sure that ~~he~~they ~~is~~are eating the food on ~~his~~their plate.
3	C1310	C-29	C1310: Signs and Symptoms of Delirium (from CAM©)

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C1310	C-29	Replaced screenshot. OLD *[Screenshot of Delirium C1310. Signs and Symptoms of Delirium (from CAM©) form]* NEW *[Screenshot of Delirium C1310. Signs and Symptoms of Delirium (from CAM©) form]*
3	C1310	C-30	4. ~~Interview~~Observe the resident's behavior during interactions and consult with other staff, family members/caregivers and others in a position to observe the resident's behavior during the 7-day look-back period. ~~For a~~Additional guidance on the signs and symptoms of delirium can be found in Appendix C.

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C1310	C-30	### Coding Instructions for C1310A, Acute Mental Status Change • **Code 0, no:** if there is no evidence of acute mental status change from the resident's baseline. • **Code 1, yes:** if resident has an alteration in mental status observed in the ~~past 7 days~~observation period ~~or in the BIMS~~ that represents a~~n acute~~ change from baseline.
3	C1310	C-30	### Coding Tips • ~~Interview resident's family or significant others.~~ • ~~Review medical record prior to 7-day look-back to determine the resident's usual mental status.~~ • Examples of acute mental status change: — A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive. — A resident who is normally quiet and content suddenly becomes restless or noisy. — A resident who is usually able to find their way around their living environment begins to get lost.
3	C1310	C-31	### ~~Other Examples of Acute Mental Status Changes~~ • ~~A resident who is usually noisy or belligerent becomes quiet, lethargic, or inattentive.~~ • ~~A resident who is normally quiet and content suddenly becomes restless or noisy.~~ • ~~A resident who is usually able to find his or her way around the unit begins to get lost.~~

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

Chapter	Section	Page(s) in version 1.18.11	Change
3	C1310	C-32	2. Questions during the BIMS must be frequently repeated because ==the== resident's attention wanders. This behavior occurs throughout the interview and medical records and staff agree that this behavior is consistently present. The resident has a diagnosis of dementia.
3	C1310	C-32	3. During the BIMS interview, the resident was not able to focus on all questions asked and ~~his~~==their== gaze wandered. However, several notes in the resident's medical record indicate that the resident was attentive when staff communicated with ~~him~~==them, and family confirmed this==. **Coding:** Item C1310B would be **coded 2, behavior present, fluctuates.** **Rationale:** Evidence of inattention was found during the BIMS but was noted to be absent in the medical record. This disagreement shows possible fluctuation in the behavior. If any information source reports the symptom as present, C1310B **cannot be coded as 0, Behavior not present.**