Resident OBRA Review Huddle Form

Resident Name: _____

Primary Diagnosis	Section GG Functional Abilities and Goals		Section GG Coding		
Section I00200. Indicate the resident's primary medical condition category that best describes the primary reason for continued long-term services and support	GG0130A1	Self-Care : Eating			
	GG0130C1	Self-Care : Toilet Hygiene			
	GG0170B1	Mobility : Sit to Lying		Avg. Scores	
Section I0020B ICD-10 Code :	GG0170C1	Mobility : Lying to Sitting on the Side of Bed			
	GG0170D1	Mobility : Sit to Stand		Avg. Scores	
	GG0170E1	Mobility : Chair / Bed-to-Chair Transfer			
	GG0170F1	Mobility : Toilet Transfer			
		TOTAL :			

Section GG MDS Coding to Point conversion:			
	06 or 05 =	**Setup or clean-up assistance, Independent**	**= 4 points**
	04 =	**Supervision or Touching Assistance**	**= 3 points**
	03 =	**Partial/Moderate Assistance**	**= 2 points**
	02 =	**Substantial/Maximal Assistance**	**= 1 point**
	01, 07, 09, 88 =	**Dependent, Refused, Not Attempted**	**= 0 points**

BIMS or Cognitive Performance Scale Score		**PHQ-2 to 9 or PHQ-9-OV (staff assessment) Score**	
13-15 = Cognitively Intact, 8-12 = Moderately Impaired, 0-7 = Severe Impairment (BIMS Score of ≤ 9 suggests Cognitive Impairment)		1-4 = Minimal Depression, 5-9 = Mild Depression, 10-14 = Moderate Depression, 15-19 = Moderately Severe Depression, 20-27 = Severe Depression (PHQ Score of ≥ 10 suggests Depression)	

Nursing Component Case Mix Group

Place an 'X' in the box if any of the following items are being used:

☐ Tracheostomy Care **AND** Ventilator/Respirator *(while a resident)*	☐ Tube Feeding *(51% or more or 501 cc/day)*	☐ Transfusions *(while a resident)*
☐ Tracheostomy Care **OR** Ventilator/Respirator *(while a resident)*	☐ 2+ Stage II Pressure Ulcers w/ 2 or more Tx	☐ Oxygen Therapy *(while a resident)*
☐ Isolation for active infectious disease *(while a resident)*	☐ 1+ Stage III or IV Pressure Ulcers w/ 2 or more Tx	☐ Cognitive Impairment
☐ Comatose	☐ 2+ Skin Tx with Ven./Art. Ulcers or 1 Stage II & 1 Ven/Art Ulcer w/ 2 or more Tx	☐ Hallucinations
☐ Septicemia	☐	☐ Delusions
☐ Diabetes with daily inject. & 2 or more order changes	☐ Foot Infection / Diabetic Foot Ulcer / Foot lesion with application of dsg to feet	☐ Physical or Verbal Behavior
☐ Quadriplegia (GG ≤ 11)		☐ Rejection of Care
☐ Asthma, COPD, or Chronic Lung Disease with SOB while lying flat	☐ Radiation Therapy *(while a resident)*	☐ Wandering
☐ Fever with Pneumonia	☐ Respiratory Failure with Oxygen *(while a resident)*	☐ Urinary and/or Bowel Toileting Program
☐ Fever with Vomiting	☐ Dialysis *(while a resident)*	☐ Passive and/or Active Range of Motion
☐ Fever with Tube Feeding	☐ Pneumonia	☐ Splint or Brace Assistance
☐ Fever with Weight Loss	☐ Hemiplegia (GG ≤ 11)	☐ Bed Mobility and/or Walking Training
☐ Parenteral/IV Feedings	☐ Surgical Wounds with treatments	☐ Transfer Training
☐ Respiratory Therapy for all 7 days	☐ Open Lesions with treatment	☐ Dressing and/or Grooming Training
☐ Cerebral Palsy (GG ≤ 11)	☐ Burns	☐ Eating and/or Swallowing Training
☐ Multiple Sclerosis (GG ≤ 11)	☐ Chemotherapy *(while a resident)*	☐ Amputation/Prosthesis Care
☐ Parkinson's (GG ≤ 11)	☐ IV medications *(while a resident)*	☐ Communication Training

☐ **Extensive Services** ☐ **Special Care High** ☐ **Special Care Low** ☐ **Clinically Complex** ☐ **Behaviors & Cognitive Performance** ☐ **Reduced Physical Function**

Nursing Function Score	Depressed (Yes/No)	Nursing Clinical Category	Nsg Restorative Programs(Yes/No)	Nursing Case Mix Group

Notes