

**Track Changes  
from Chapter 3 Section G V1.04  
to Chapter 3 Section G V1.05**

Chapter	Section	Page	Change
3	G0110	G-3	<p><b>Coding Instructions</b></p> <p>Added bullet</p> <ul style="list-style-type: none"> <li>For the purposes of completing Section G, "facility staff" pertains to direct employees and facility-contracted employees (e.g. rehabilitation staff, nursing agency staff). Thus, does not include individuals hired, compensated or not, by individuals outside of the facility's management and administration. Therefore, facility staff does not include, for example, hospice staff, nursing/CNA students, etc. Not including these individuals as facility staff supports the idea that the facility retains the primary responsibility for the care of the resident outside of the arranged services another agency may provide to facility residents.</li> </ul>
3	G0100	G-8	<ul style="list-style-type: none"> <li><b>Coding activity did not occur, 8:</b> <ul style="list-style-type: none"> <li><del>Eating would be coded 8, activity did not occur: if the resident received no nourishment by any route (oral, IV, TPN, enteral) during the 7-day look-back period, or if the resident was not fed by facility staff during the 7-day look-back period.</del> only if the resident received no nourishment by any route (oral, IV, TPN, enteral) during the 7-day look back period.</li> </ul> </li> </ul>
G	G0300	G-20	<div style="border: 1px solid black; padding: 5px;"> <p><b>DEFINITIONS</b></p> <p><del>INTER-DISCIPLINARY</del> <b>INTERDISCIPLINARY</b> TEAM</p> <p>Refers to a team that includes staff from multiple disciplines such as nursing, therapy, physicians, and other advanced practitioners.</p> </div>
3	G0300D	G26	<ul style="list-style-type: none"> <li>Code 2, not steady, only able to stabilize with staff assistance:</li> </ul> <p>Added second-level bullet</p> <ul style="list-style-type: none"> <li><del>— If lift device is used.</del></li> </ul>
3	G0400	G30	While resident is lying supine in a flat bed, instruct the resident to flex (pull toes up towards head) and extend (push toes down away

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			<p>from head) each foot. Then ask the resident to lift his or her leg one at a time, bending it at the knee to a right angle (90 degrees) Then ask the resident to slowly lower his or her leg and extend it flat on the mattress. If assessing lower extremity ROM by observing the resident, the flexion and extension of the <del>foot</del> <b>foot</b> mimics the motion on the pedals of a bicycle. Extension might also be needed to don a shoe. If assessing bending at the knee, the motion would be similar to lifting of the leg when donning lower body clothing.</p>
3	G0400	G-31	<p><b>Coding Tips</b></p> <ul style="list-style-type: none"> <li>Do not look at limited ROM in isolation. You must determine if the limited ROM impacts functional ability or places the resident at risk for injury. <b>For example, if the resident has an amputation it does not automatically mean that they are limited in function. He/she may not have a particular joint in which certain range of motion can be tested, however, it does not mean that the resident with an amputation has a limitation in completing activities of daily living, nor does it mean that the resident is automatically at risk of injury. There are many amputees who function extremely well and can complete all activities of daily living either with or without the use of prosthetics. If the resident with an amputation does indeed have difficulty completing ADLs and is at risk for injury, the facility should code this item as appropriate. This item is coded in terms of function and risk of injury, not by diagnosis or lack of a limb or digit.</b></li> </ul>