

Section GG Coding Examples for PDPM Items

(Source: Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual Version 1.16, October 2018)

Note: The following are coding examples for each Self-Care item. Some examples describe a single observation of the person completing the activity; other examples describe a summary of several observations of the resident completing an activity across different times of the day and different days.

Examples for GG0130A, Eating	
Ms. S has multiple sclerosis, affecting her endurance and strength. Ms. S prefers to feed herself as much as she is capable. During all meals, after eating three-fourths of the meal by herself, Ms. S usually becomes extremely fatigued and requests assistance from the CNA to feed her the remainder of the meal.	
Coding: 03, Partial/moderate assistance	Rationale: The CNA provides less than half the effort for Ms. S to complete the activity of eating for all meals.
Mr. M has upper extremity weakness and fine motor impairments. The occupational therapist places an adaptive device onto Mr. M's hand that supports the eating utensil within his hand. At the start of each meal Mr. M can bring food and liquids to his mouth. Mr. M then tires and the CNA feeds him more than half of each meal.	
Coding: 02, Substantial/maximal assistance	Rationale: The helper provides more than half the effort for the resident to complete the activity of eating at each meal.
Mr. A eats all meals without any physical assistance or supervision from a helper. He has a gastrostomy tube (G-tube), but it is no longer used, and it will be removed later today.	
Coding: 06, Independent	Rationale: The resident can complete the activity without any assistance from a helper. In this scenario, the G-tube does not affect the eating score.
The dietary aide opens all of Mr. S's cartons and containers on his food tray before leaving the room. There are no safety concerns regarding Mr. S's ability to eat. Mr. S eats the food himself, bringing the food to his mouth using appropriate utensils and swallowing the food safely.	
Coding: 05, Setup or clean-up assistance	Rationale: The helper provided setup assistance prior to the eating activity.
Mrs. H does not have any food consistency restrictions, but often needs to swallow 2 or 3 times so that the food clears her throat due to difficulty with pharyngeal peristalsis. She requires verbal cues from the CNA to use the compensatory strategy of extra swallows to clear the food.	
Coding: 04, Supervision or touching assistance	Rationale: Mrs. H swallows all types of food consistencies and requires verbal cueing (supervision) from the helper.
Mr. R is unable to eat by mouth since he had a stroke one week ago. He receives nutrition through a gastrostomy tube (G-tube), which is administered by nurses.	
Coding: 88, Not attempted due to medical condition or safety concerns	Rationale: The resident does not eat or drink by mouth at this time due to his recent-onset stroke. This item includes eating and drinking by mouth only. Since eating and drinking did not occur due to his recent-onset medical condition, the activity is coded as 88, Not attempted due to medical condition and safety concerns. Assistance with G-tube feedings is not considered when coding this item.
Mr. F is fed all meals by the CNA, because Mr. F has severe arm weakness and he is unable to assist.	
Coding: 01, Dependent	Rationale: The helper does all of the effort for each meal. The resident does not contribute any effort to complete the eating activity.
Mr. J had a stroke that affects his left side. He is left-handed and feeds himself more than half of his meals, but tires easily. Mr. J requests assistance from the CNA with the remainder of his meals.	
Coding: 03, Partial/moderate assistance	Rationale: The CNA provides less than half the effort for the resident to complete the activity of eating.

Examples for GG0130B, Oral hygiene

In the morning and at night, Mrs. F brushes her teeth while sitting on the side of the bed. Each time, the CNA gathers her toothbrush, toothpaste, water, and an empty cup and puts them on the bedside table for her before leaving the room. Once Mrs. F is finished brushing her teeth, which she does without any help, the CNA returns to gather her items and dispose of the waste.

Coding: 05, Setup or clean-up assistance

Rationale: The helper provides setup and clean-up assistance. The resident brushes her teeth without any help.

Before bedtime, the nurse provides steady assistance to Mr. S as he walks to the bathroom. The nurse applies toothpaste onto Mr. S's toothbrush. Mr. S then brushes his teeth at the sink in the bathroom without physical assistance or supervision. Once Mr. S is done brushing his teeth and washing his hands and face, the nurse returns and provides steady assistance as the resident walks back to his bed.

Coding: 05, Setup or clean-up assistance

Rationale: The helper provides setup assistance (putting toothpaste on the toothbrush) every evening before Mr. S brushes his teeth. Do not consider assistance provided to get to or from the bathroom to score Oral hygiene.

At night, the CNA provides Mrs. K water and toothpaste to clean her dentures. Mrs. K cleans her upper denture plate. Mrs. K then cleans half of her lower denture plate, but states she is tired and unable to finish cleaning her lower denture plate. The CNA finishes cleaning the lower denture plate and Mrs. K replaces the dentures in her mouth.

Coding: 03, Partial/moderate assistance

Rationale: The helper provided less than half the effort to complete oral hygiene.

Mr. W is edentulous (without teeth) and his dentures no longer fit his gums. In the morning and evening, Mr. W begins to brush his upper gums after the helper applies toothpaste onto his toothbrush. He brushes his upper gums, but cannot finish due to fatigue. The CNA completes the activity of oral hygiene by brushing his back upper gums and his lower gums.

Coding: 02, Substantial/maximal assistance

Rationale: The resident begins the activity. The helper completes the activity by performing more than half the effort.

Ms. T has Lewy body dementia and multiple bone fractures. She does not understand how to use oral hygiene items nor does she understand the process of completing oral hygiene. The CNA brushes her teeth and explains each step of the activity to engage cooperation from Ms. T; however, she requires full assistance for the activity of oral hygiene.

Coding: 01, Dependent

Rationale: The helper provides all the effort for the activity to be completed.

Mr. D has experienced a stroke. He can brush his teeth while sitting on the side of the bed, but when the CNA hands him the toothbrush and toothpaste, he looks up at her puzzled. The CNA cues Mr. D to put the toothpaste on the toothbrush and instructs him to brush his teeth. Mr. D then completes the task of brushing his teeth.

Coding: 04, Supervision or touching assistance

Rationale: The helper provides verbal cues to assist the resident in completing the activity of brushing his teeth.

Ms. K suffered a stroke a few months ago that resulted in cognitive limitations. She brushes her teeth at the sink, but is unable to initiate the task on her own. The occupational therapist cues Ms. K to put the toothpaste onto the toothbrush, brush all areas of her teeth, and rinse her mouth after brushing. The occupational therapist remains with Ms. K providing verbal cues until she has completed the task of brushing her teeth.

Coding: 04, Supervision or touching assistance

Rationale: The helper provides verbal cues to assist the resident in completing the activity of brushing her teeth.

Mrs. N has early stage amyotrophic lateral sclerosis. She starts brushing her teeth and completes cleaning her upper teeth and part of her lower teeth when she becomes fatigued and asks the CNA to help her finish the rest of the brushing.

Coding: 03, Partial/moderate assistance

Rationale: The helper provided less than half the effort to complete oral hygiene.

Examples for GG0130C, Toileting hygiene

Mrs. J uses a bedside commode. The CNA provides steady (touching) assistance as Mrs. J pulls down her pants and underwear before sitting down on the toilet. When Mrs. J is finished voiding or having a bowel movement, the CNA provides steady assistance as Mrs. J wipes her perineal area and pulls up her pants and underwear without assistance.

Coding: 04, Supervision or touching assistance

Rationale: The helper provides steady (touching) assistance to the resident to complete toileting hygiene.

Mrs. L uses the toilet to void and have bowel movements. Mrs. L is unsteady, so the CNA walks into the bathroom with her in case she needs help. During the assessment period, a staff member has been present in the bathroom, but has not needed to provide any physical assistance with managing clothes or cleansing.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> The helper provides supervision as the resident performs the toilet hygiene activity. The resident is unsteady and the staff provide supervision for safety reasons.
Mrs. P has urinary urgency. As soon as she gets in the bathroom, she asks the CNA to lift her gown and pull down her underwear due to her balance problems. After voiding, Mrs. P wipes herself and pulls her underwear back up.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> The helper provides more than touching assistance. The resident performs more than half the effort; the helper does less than half the effort. The resident completes two of the three toileting hygiene tasks.
Mr. J is morbidly obese and has a diagnosis of debility. He requests the use of a bedpan when voiding or having bowel movements and requires two CNAs to pull down his pants and underwear and mobilize him onto and off the bedpan. Mr. J is unable to complete any of his perineal/perianal hygiene. Both certified nursing assistants help Mr. J pull up his underwear and pants.	
Coding: 01, Dependent	<u>Rationale:</u> The assistance of two helpers was needed to complete the activity of toileting hygiene.
Mr. C has Parkinson's disease and tremors that cause intermittent difficulty for him to perform perineal hygiene after having a bowel movement in the toilet. He walks to the bathroom with supervision and lowers his pants, but asks the CNA to help him with perineal hygiene after moving his bowels. He then pulls up his pants without assistance.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> The helper provides less than half the effort. The resident performs two of the three toileting hygiene tasks by himself. Walking to the bathroom is not considered when scoring toileting hygiene.
Ms. Q has a progressive neurological disease that affects her fine and gross motor coordination, balance, and activity tolerance. She wears a hospital gown and underwear during the day. Ms. Q uses a bedside commode as she steadies herself in standing with one hand and initiates pulling down her underwear with the other hand but needs assistance to complete this activity due to her coordination impairment. After voiding, Ms. Q wipes her perineal area without assistance while sitting on the commode. When Ms. Q has a bowel movement, a CNA performs perineal hygiene as Ms. Q needs to steady herself with both hands to stand for this activity. Ms. Q is usually too fatigued at this point and requires full assistance to pull up her underwear.	
Coding: 02, Substantial/maximal assistance	<u>Rationale:</u> The helper provided more than half the effort needed for the resident to complete the activity of toileting hygiene.
Examples for GG0170B, Sit to lying	
Mrs. H requires assistance from a nurse to transfer from sitting at the edge of the bed to lying flat on the bed because of paralysis on her right side. The helper lifts and positions Mrs. H's right leg. Mrs. H uses her arms to position her upper body and lowers herself to a lying position flat on her back.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> A helper lifts Mrs. H's right leg and helps her position it as she moves from a seated to a lying position; the helper performs less than half of the effort.
Mrs. F requires assistance from a CNA to get from a sitting position to lying flat on the bed because of postsurgical open reduction internal fixation healing fractures of her right hip and left and right wrists. The CNA cradles and supports her trunk and right leg to transition Mrs. F from sitting at the side of the bed to lying flat on the bed. Mrs. F assists herself a small amount by bending her elbows and left leg while pushing her elbows and left foot into the mattress only to straighten her trunk while transitioning into a lying position.	
Coding: 02, Substantial/maximal assistance	<u>Rationale:</u> The helper provided more than half the effort for the resident to complete the activity of sit to lying.
Mrs. H requires assistance from two CNAs to transfer from sitting at the edge of the bed to lying flat on the bed due to paralysis on her right side, obesity, and cognitive limitations. One of the CNAs explains to Mrs. H each step of the sitting to lying activity. Mrs. H is then fully assisted to get from sitting to a lying position on the bed. Mrs. H makes no attempt to assist when asked to perform the incremental steps of the activity	
Coding: 01, Dependent	<u>Rationale:</u> The assistance of two certified nursing assistants was needed to complete the activity of sit to lying. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.

Mr. F had a stroke about 2 weeks ago and is unable to sequence the necessary movements to complete an activity (apraxia). He can maneuver himself when transitioning from sitting on the side of the bed to lying flat on the bed if the CNA provides verbal instructions as to the steps needed to complete this task.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> A helper provides verbal cues in order for the resident to complete the activity of sit to lying flat on the bed.
Mrs. G suffered a traumatic brain injury three months prior to admission. She requires the CNA to steady her movements from sitting on the side of the bed to lying flat on the bed. Mrs. G requires steadying (touching) assistance throughout the completion of this activity.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> A helper provides steadying assistance in order for the resident to complete the activity of sit to lying flat on her bed.
Mrs. E suffered a pelvic fracture during a motor vehicle accident. Mrs. E requires the CNA to lift and position her left leg when she transfers from sitting at the edge of the bed to lying flat on the bed due to severe pain in her left pelvic area. Mrs. E uses her arms to position and lower her upper body to lying flat on the bed.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> A helper lifts Mrs. E's left leg and helps her position it as Mrs. E transitions from a seated to a lying position; the helper does less than half of the effort.
Mr. A suffered multiple vertebral fractures due to a fall off a ladder. He requires assistance from a therapist to get from a sitting position to lying flat on the bed because of significant pain in his lower back. The therapist supports his trunk and lifts both legs to assist Mr. A from sitting at the side of the bed to lying flat on the bed. Mr. A assists himself a small amount by raising one leg onto the bed and then bending both knees while transitioning into a lying position.	
Coding: 02, Substantial/maximal assistance	<u>Rationale:</u> The helper provided more than half the effort for the resident to complete the activity of sit to lying.
Examples for GG0170C, Lying to sitting on side of bed	
Mr. B pushes up from the bed to get himself from a lying to a seated position. The CNA provides steadying (touching) assistance as Mr. B scoots himself to the edge of the bed and lowers his feet onto the floor.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> The helper provides touching assistance as the resident moves from a lying to sitting position.
Mr. B pushes up on the bed to attempt to get himself from a lying to a seated position as the occupational therapist provides much of the lifting assistance necessary for him to sit upright. The occupational therapist provides additional lifting assistance as Mr. B scoots himself to the edge of the bed and lowers his feet to the floor.	
Coding: 02, Substantial/maximal assistance	<u>Rationale:</u> The helper provides lifting assistance (more than half the effort) as the resident moves from a lying to sitting position.
Ms. P is being treated for sepsis and has multiple infected wounds on her lower extremities. Full assistance from the CNA is needed to move Ms. P from a lying position to sitting on the side of her bed because she usually has pain in her lower extremities upon movement.	
Coding: 01, Dependent	<u>Rationale:</u> The helper fully completed the activity of lying to sitting on the side of bed for the resident.
Ms. H is recovering from a spinal fusion. She rolls to her right side and pushes herself up from the bed to get from a lying to a seated position. The therapist provides verbal cues as Ms. H safely uses her hands and arms to support her trunk and avoid twisting as she raises herself from the bed. Ms. H then maneuvers to the edge of the bed, finally lowering her feet to the floor to complete the activity.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> The helper provides verbal cues as the resident moves from a lying to sitting position and does not lift the resident during the activity.
Mrs. P is recovering from Guillain-Barre Syndrome with residual lower body weakness. The CNA steadies Mrs. P's trunk as she gets to a fully upright sitting position on the bed and lifts each leg toward the edge of the bed. Mrs. P then scoots toward the edge of the bed and places both feet flat on the floor. Mrs. P completes most of the effort to get from lying to sitting on the side of the bed.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> The helper provided lifting assistance and less than half the effort for the resident to complete the activity of lying to sitting on side of bed.
Examples for GG0170D, Sit to stand	
Mr. M has osteoarthritis and is recovering from sepsis. Mr. M transitions from a sitting to a standing position with the steadying (touching) assistance of the nurse's hand on Mr. M's trunk.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> The helper provides touching assistance only.

Mrs. L has multiple healing fractures and multiple sclerosis, requiring two CNAs to assist her to stand up from sitting in a chair.	
Coding: 01, Dependent	<u>Rationale:</u> Mrs. L requires the assistance of two helpers to complete the activity.
Mr. B has complete tetraplegia and is currently unable to stand when getting out of bed. He transfers from his bed into a wheelchair with assistance. The activity of sit to stand is not attempted due to his medical condition.	
Coding: 88, Not attempted due to medical condition or safety concerns	<u>Rationale:</u> The activity is not attempted due to the resident's diagnosis of complete tetraplegia.
Ms. Z has amyotrophic lateral sclerosis with moderate weakness in her lower and upper extremities. Ms. Z has prominent foot drop in her left foot, requiring the use of an ankle foot orthosis (AFO) for standing and walking. The CNA applies Ms. Z's AFO and places the platform walker in front of her; Ms. Z uses the walker to steady herself once standing. The CNA provides lifting assistance to get Ms. Z to a standing position and must also provide assistance to steady Ms. Z's balance to complete the activity.	
Coding: 02, Substantial/maximal assistance	<u>Rationale:</u> The helper provided lifting assistance and more than half of the effort for the resident to complete the activity of sit to stand.
Ms. R has severe rheumatoid arthritis and uses forearm crutches to ambulate. The CNA brings Ms. R her crutches and helps her to stand at the side of the bed. The CNA provides some lifting assistance to get Ms. R to a standing position but provides less than half the effort to complete the activity.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> The helper provided lifting assistance and less than half the effort for the resident to complete the activity of sit to stand.
Examples for GG0170E, Chair/bed-to-chair transfer	
Mr. L had a stroke and currently is not able to walk. He uses a wheelchair for mobility. When Mr. L gets out of bed, the CNA moves the wheelchair into the correct position and locks the brakes so that Mr. L can transfer into the wheelchair safely. Mr. L had been observed several other times to determine any safety concerns, and it was documented that he transfers safely without the need for supervision. Mr. L transfers into the wheelchair by himself (no helper) after the CNA leaves the room.	
Coding: 05, Setup or clean-up assistance	<u>Rationale:</u> Mr. L is not able to walk, so he transfers from his bed to a wheelchair when getting out of bed. The helper provides setup assistance only. Mr. L transfers safely and does not need supervision or physical assistance during the transfer.
Mr. C is sitting on the side of the bed. He stands and pivots into the chair as the nurse provides contact guard (touching) assistance. The nurse reports that one time Mr. C only required verbal cues for safety, but usually Mr. C requires touching assistance.	
Coding: 04, Supervision or touching assistance	<u>Rationale:</u> The helper provides touching assistance during the transfers.
Mr. F's medical conditions include morbid obesity, diabetes mellitus, and sepsis, and he recently underwent bilateral above-the-knee amputations. Mr. F requires full assistance with transfers from the bed to the wheelchair using a lift device. Two CNAs are required for safety when using the device to transfer Mr. F from the bed to a wheelchair. Mr. F is unable to assist in the transfer from his bed to the wheelchair.	
Coding: 01, Dependent	<u>Rationale:</u> The two helpers completed all the effort for the activity of chair/bed-to-chair transfer. If two or more helpers are required to assist the resident to complete an activity, code as 01, Dependent.
Ms. P has metastatic bone cancer, severely affecting her ability to use her lower and upper extremities during daily activities. Ms. P is motivated to assist with her transfers from the side of her bed to the wheelchair. Ms. P pushes herself up from the bed to begin the transfer while the therapist provides limited trunk support with weight-bearing assistance. Once standing, Ms. P shuffles her feet, turns, and slowly sits down into the wheelchair with the therapist providing trunk support with weight-bearing assistance.	
Coding: 03, Partial/moderate assistance	<u>Rationale:</u> The helper provided less than half of the effort for the resident to complete the activity of chair/bed-to-chair transfer.

<p>Mr. U had his left lower leg amputated due to gangrene associated with his diabetes mellitus and he has reduced sensation and strength in his right leg. He has not yet received his below-the-knee prosthesis. Mr. U uses a transfer board for chair/bed-to-chair transfers. The therapist places the transfer board under his buttock. Mr. U then attempts to scoot from the bed onto the transfer board. Mr. U has reduced sensation in his hands and limited upper body strength, but assists with the transfer. The physical therapist assists him in side scooting by lifting his trunk in a rocking motion across the transfer board and into the wheelchair.</p>	
<p>Coding: 02, Substantial/maximal assistance</p>	<p><u>Rationale:</u> The helper provided more than half of the effort for the resident to complete the activity of chair/bed-to-chair transfer.</p>
<p>Examples for GG0170F, Toilet transfer</p>	
<p>The CNA moves the wheelchair footrests up so that Mrs. T can transfer from the wheelchair onto the toilet by herself safely. The CNA is not present during the transfer, because supervision is not required. Once Mrs. T completes the transfer from the toilet back to the wheelchair, she flips the footrests back down herself.</p>	
<p>Coding: 05, Setup or clean-up assistance</p>	<p><u>Rationale:</u> The helper provides setup assistance (moving the footrest out of the way) before Mrs. T can transfer safely onto the toilet.</p>
<p>Mrs. Q transfers onto and off the elevated toilet seat with the CNA supervising due to her unsteadiness.</p>	
<p>Coding: 04, Supervision or touching assistance</p>	<p><u>Rationale:</u> The helper provides supervision as the resident transfers onto and off the toilet. The resident may use an assistive device.</p>
<p>Mrs. Y is anxious about getting up to use the bathroom. She asks the CNA to stay with her in the bathroom as she gets on and off the toilet. The CNA stays with her, as requested, and provides verbal encouragement and instructions (cues) to Mrs. Y.</p>	
<p>Coding: 04, Supervision or touching assistance</p>	<p><u>Rationale:</u> The helper provides supervision/verbal cues as Mrs. Y transfers onto and off the toilet.</p>
<p>The CNA provides steadying (touching) assistance as Mrs. Z lowers her underwear and then transfers onto the toilet. After voiding, Mrs. Z cleanses herself. She then stands up as the helper steadies her and Mrs. Z pulls up her underwear as the helper steadies her to ensure Mrs. Z does not lose her balance.</p>	
<p>Coding: 04, Supervision or touching assistance</p>	<p><u>Rationale:</u> The helper provides steadying assistance as the resident transfers onto and off the toilet. Assistance with managing clothing and cleansing is coded under item GG0130C, Toileting hygiene and is not considered when rating the Toilet transfer item.</p>
<p>The therapist supports Mrs. M's trunk with a gait belt by providing weight-bearing as Mrs. M pivots and lowers herself onto the toilet.</p>	
<p>Coding: 03, Partial/moderate assistance</p>	<p><u>Rationale:</u> The helper provides less than half the effort to complete the activity. The helper provided weight-bearing assistance as the resident transferred on and off the toilet.</p>
<p>Ms. W has peripheral vascular disease and sepsis, resulting in lower extremity pain and severe weakness. Ms. W uses a bedside commode when having a bowel movement. The CNA raises the bed to a height that facilitates the transfer activity. Ms. W initiates lifting her buttocks from the bed and in addition requires some of her weight to be lifted by the CNA to stand upright. Ms. W then reaches and grabs onto the armrest of the bedside commode to steady herself. The CNA provides weight-bearing assistance as she slowly rotates and lowers Ms. W onto the bedside commode.</p>	
<p>Coding: 02, Substantial/maximal assistance</p>	<p><u>Rationale:</u> The helper provided more than half of the effort for the resident to complete the activity of toilet transfer.</p>
<p>Mr. H has paraplegia incomplete, pneumonia, and a chronic respiratory condition. Mr. H prefers to use the bedside commode when moving his bowels. Due to his severe weakness, history of falls, and dependent transfer status, two CNAs assist during the toilet transfer.</p>	
<p>Coding: 01, Dependent</p>	<p><u>Rationale:</u> The activity required the assistance of two or more helpers for the resident to complete the activity.</p>
<p>Mrs. S is on bedrest due to a medical complication. She uses a bedpan for bladder and bowel management.</p>	
<p>Coding: 88, Not attempted due to medical condition or safety concerns</p>	<p><u>Rationale:</u> The resident does not transfer onto or off a toilet due to being on bedrest because of a medical condition.</p>

Examples for GG0170J, Walk 50 feet with two turns

A therapist provides steadying assistance as Mrs. W gets up from a sitting position to a standing position. After the therapist places Mrs. W's walker within reach, Mrs. W walks 60 feet down the hall with two turns without any assistance from the therapist. No supervision is required while she walks.

Coding: 05, Setup or clean-up assistance

Rationale: Mrs. W walks more than 50 feet and makes two turns once the helper places the walker within reach. Assistance with getting from a sitting to a standing position is coded separately under the item GG0170D, Sit to stand (04, Supervision or touching assistance).

Mrs. P walks 70 feet with a quad cane, completing two turns during the walk. The therapist provides steadying assistance only when Mrs. P turns.

Coding: 04, Supervision or touching assistance

Rationale: The helper provides touching assistance as the resident walks more than 50 feet and makes two turns. The resident may use an assistive device.

Mrs. L is unable to bear her full weight on her left leg. As she walks 60 feet down the hall with her crutches and makes two turns, the CNA supports her trunk providing weight-bearing assistance.

Coding: 03, Partial/moderate assistance

Rationale: The helper provides trunk support as the resident walks more than 50 feet and makes two turns.

Mr. T walks 50 feet with the therapist providing trunk support and the therapy assistant providing supervision. Mr. T walks the 50 feet with two turns.

Coding: 01, Dependent

Rationale: Mr. T requires two helpers to complete the activity.

Walk 50 feet with two turns: Mrs. U has an above-the-knee amputation, severe rheumatoid arthritis, and uses a prosthesis. Mrs. U is assisted to stand and, after walking 10 feet, requires progressively more help as she nears the 50-foot mark. Mrs. U is unsteady and typically loses her balance when turning, requiring significant support to remain upright. The therapist provides significant trunk support for about 30 to 35 feet.

Coding: 02, Substantial/maximal assistance

Rationale: The helper provided more than half of the effort for the resident to complete the activity of walk 50 feet with two turns.

Examples for GG0170K, Walk 150 feet

Mrs. D walks down the hall using her walker and the CNA usually needs to provide touching assistance to Mrs. D, who intermittently loses her balance while she uses the walker.

Coding: 04, Supervision or touching assistance

Rationale: The helper provides touching assistance intermittently throughout the activity.

Mr. R has endurance limitations due to heart failure and has only walked about 30 feet during the 3-day assessment period. He has not walked 150 feet or more during the assessment period, including with the physical therapist who has been working with Mr. R. The therapist speculates that Mr. R could walk this distance in the future with additional assistance.

Coding: 88, Activity not attempted due to medical condition or safety concerns

Rationale: the resident's ability to walk a shorter distance would be coded in item GG0170I. The resident did not complete the activity, and a helper cannot complete the activity for the resident.

Mrs. T has an unsteady gait due to balance impairment. Mrs. T walks the length of the hallway using her quad cane in her right hand. The physical therapist supports her trunk, helping her to maintain her balance while ambulating. The therapist provides less than half of the effort to walk the 160-foot distance.

Coding: 03, Partial/moderate assistance

Rationale: The helper provides less than half of the effort for the resident to complete the activity of walking at least 150 feet.

Mr. W, who has Parkinson's disease, walks the length of the hallway using his rolling walker. The physical therapist provides trunk support and advances Mr. W's right leg in longer strides with each step. The therapist occasionally prevents Mr. W from falling as he loses his balance during the activity.

Coding: 02, Substantial/maximal assistance

Rationale: The helper provides more than half the effort for the resident to complete the activity of walk 150 feet.