# C0700-C1000: Staff Assessment of Mental Status Item

Staff Assessment for Mental Status			
Do not co	Do not conduct if Brief Interview for Mental Status (C0200-C0500) was completed		
C0700.	. Short-term Memory OK		
Enter Code		or appears to recall after 5 minutes Memory OK Memory problem	
C0800.	Long-t	erm Memory OK	
Enter Code		or appears to recall long past Memory OK Memory problem	
C0900. Memory/Recall Ability			
$\downarrow$	Check all that the resident was normally able to recall		
	A. Cur	rrent season	
	B. Loc	cation of own room	
		cation of own room  ff names and faces	
	C. Sta		
	C. Sta	ff names and faces	
	C. Sta D. Tha Z. Nor	ff names and faces at they are in a nursing home/hospital swing bed	

# C0700-C1000: Staff Assessment of Mental Status Item (cont.)

#### **Item Rationale**

### **Health-related Quality of Life**

Cognitive impairment is prevalent among some groups of residents, but not all residents are cognitively impaired.

Many persons with memory problems can function successfully in a structured, routine environment.

Residents may appear to be cognitively impaired because of communication challenges or lack of interaction but may be cognitively intact.

When cognitive impairment is incorrectly diagnosed or missed, appropriate communication, worthwhile activities, and therapies may not be offered.

## **Planning for Care**

Abrupt changes in cognitive status (as indicative of a delirium) often signal an underlying potentially life-threatening illness and a change in cognition may be the only indication of an underlying problem.

The level and specific areas of impairment affect daily function and care needs. By identifying specific aspects of cognitive impairment, nursing interventions can be directed toward facilitating greater function.

Probing beyond first, perhaps mistaken, impressions is critical to accurate assessment and appropriate care planning.