

GG0100. Prior Functioning: Everyday Activities

GG0100. Prior Functioning: Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury
Complete only if A0310B = 01

Coding:

3. **Independent** - Resident completed all the activities by themselves, with or without an assistive device, with no assistance from a helper.
2. **Needed Some Help** - Resident needed partial assistance from another person to complete any activities.
1. **Dependent** - A helper completed all the activities for the resident.
8. **Unknown.**
9. **Not Applicable.**

Enter Codes in Boxes

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A. Self-Care: Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury.

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B. Indoor Mobility (Ambulation): Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

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C. Stairs: Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury.

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D. Functional Cognition: Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury.

Item Rationale

Knowledge of the resident's functioning prior to the current illness, exacerbation, or injury may inform treatment goals.

Steps for Assessment

Ask the resident or *their* family about, or review the resident's medical records describing, the resident's prior functioning with everyday activities.

Coding Instructions

Code 3, Independent: if the resident completed the activities by *themselves*, with or without an assistive device, with no assistance from a helper.

Code 2, Needed Some Help: if the resident needed partial assistance from another person to complete the activities.

Code 1, Dependent: if the helper completed the activities for the resident, or the assistance of two or more helpers was required for the resident to complete the activities.

Code 8, Unknown: if the resident's usual ability prior to the current illness, exacerbation, or injury is unknown.

Code 9, Not Applicable: if the activities were not applicable to the resident prior to the current illness, exacerbation, or injury.

GG0100: Prior Functioning: Everyday Activities (cont.)

Coding Tips

Record the resident's usual ability to perform self-care, indoor mobility (ambulation), stairs, and functional cognition prior to the current illness, exacerbation, or injury.

If no information about the resident's ability is available after attempts to interview the resident or *their* family and after reviewing the resident's medical record, code as 8, Unknown.

Completing the stair activity for GG0100C indicates that a resident went up and down the stairs, by any safe means, with or without handrails or assistive devices or equipment (such as a cane, crutch, walker, or stair lift) and/or with or without some level of assistance.

Going up and down a ramp is not considered going up and down stairs for coding GG0100C.

Examples for Coding Prior Functioning: Everyday Activities

Self-Care: *Resident* T was admitted to an acute care facility after sustaining a stroke and subsequently admitted to the SNF for rehabilitation. Prior to the stroke, *Resident* T was independent in eating and using the toilet; however, *Resident* T required assistance for bathing and putting on and taking off *their* shoes and socks. The assistance needed was due to severe arthritic lumbar pain upon bending, which limited *their* ability to access *their* feet.

Coding: GG0100A would be coded 2, Needed Some Help.

Rationale: *Resident* T needed partial assistance from a helper to complete the activities of bathing and dressing. While *Resident* T did not need help for all self-care activities, *they* did need some help. Code 2 is used to indicate that *Resident* T needed some help for self-care.

Self-Care: *Resident* R was diagnosed with a progressive neurologic condition five years ago. *They* live in a long-term nursing facility and *were* recently hospitalized for surgery and *have* now been admitted to the SNF for skilled services. According to *Resident* R's *spouse*, prior to the surgery, *Resident* R required complete assistance with self-care activities, including eating, bathing, dressing, and using the toilet.

Coding: GG0100A would be coded 1, Dependent.

Rationale: *Resident* R's *spouse* has reported that *Resident* R was completely dependent in self-care activities that included eating, bathing, dressing, and using the toilet. Code 1, Dependent, is appropriate based upon this information.

Indoor Mobility (Ambulation): Approximately three months ago, *Resident* K had a cardiac event that resulted in anoxia, and subsequently a swallowing disorder. *Resident* K has been living at home with *their spouse* and developed aspiration pneumonia. After this most recent hospitalization, *they were* admitted to the SNF for a diagnosis of aspiration pneumonia and severe deconditioning. Prior to the most recent acute care hospitalization, *Resident* K needed some assistance when walking.

GG0100: Prior Functioning: Everyday Activities (cont.)

Coding: GG0100B would be coded 2, Needed Some Help.

Rationale: While the resident experienced a cardiac event three months ago, *they* recently had an exacerbation of a prior condition that required care in an acute care hospital and skilled nursing facility. The resident's prior functioning is based on the time immediately before *their* most recent condition exacerbation that required acute care.

Indoor Mobility (Ambulation): *Resident* L had a stroke one year ago that resulted in *their* using a wheelchair to self-mobilize, as *they were* unable to walk. *Resident* L subsequently had a second stroke and was transferred from an acute care unit to the SNF for skilled services.

Coding: GG0100B would be coded 9, Not Applicable.

Rationale: The resident did not ambulate immediately prior to the current illness, injury, or exacerbation (the second stroke).

Stairs: Prior to admission to the hospital for bilateral knee surgery, followed by *their* recent admission to the SNF for rehabilitation, *Resident* V experienced severe knee pain upon ascending and particularly descending *their* internal and external stairs at home. *Resident* V required assistance from *their spouse* when using the stairs to steady *them* in the event *their* left knee would buckle. *Resident* V's *spouse* was interviewed about *their spouse's* functioning prior to admission, and the therapist noted *Resident* V's prior functional level information in *their* medical record.

Coding: GG0100C would be coded 2, Needed Some Help.

Rationale: Prior to admission, *Resident* V required some help in order to manage internal and external stairs.

Stairs: *Resident* P has expressive aphasia and difficulty communicating. SNF staff have not received any response to their phone messages to *Resident* P's family members requesting a return call. *Resident* P has not received any visitors since *their* admission. The medical record from *their* prior facility does not indicate *Resident* P's prior functioning. There is no information to code item GG0100C, but there have been attempts at seeking this information.

Coding: GG0100C would be coded 8, Unknown.

Rationale: Attempts were made to seek information regarding *Resident* P's prior functioning; however, no information was available.

Functional Cognition: *Resident* K has mild dementia and recently sustained a fall resulting in complex multiple fractures requiring multiple surgeries. *Resident* K has been admitted to the SNF for rehabilitation. *Resident* K's caregiver reports that when living at home, *Resident* K needed reminders to take *their* medications on time, manage *their* money, and plan tasks, especially when *they were* fatigued.

Coding: GG0100D would be coded 2, Needed Some Help.

Rationale: *Resident* K required some help to recall, perform, and plan regular daily activities as a result of cognitive impairment.

GG0100: Prior Functioning: Everyday Activities (cont.)

Functional Cognition: *Resident* R had a stroke, resulting in a severe communication disorder. *Their* family members have not returned phone calls requesting information about *Resident* R's prior functional status, and *their* medical records do not include information about *their* functional cognition prior to the stroke.

Coding: GG0100D would be coded 8, Unknown.

Rationale: Attempts to seek information regarding *Resident* R's prior functioning were made; however, no information was available.