

Saint Anne Rehab Center

Minimum Data Set (MDS) - Version 2.0

Patient:	Adams, Adam	Period:	1	ARD:	12/14/2009	RUG's:	RV	
Section T. THERAPY SUPPLEMENT FOR MEDICARE PPS								
1	Special Treatments and Procedures	<p>Skip unless this is a Medicare 5-day or readmission assessment or return assessment.</p> <p>b. ORDERED THERAPIES - Has physician ordered any of the following therapies to begin in the first 14 days of stay: physical therapy, occupational therapy, or speech pathology services? 0. No 1. Yes</p>					1	
		<p>If not ordered, skip to item 2.</p> <p>c. Through day 15, provide an estimate of the number of days when at least one therapy service can be expected to have been delivered.</p>					10	
		<p>d. Through day 15, provide an estimate of the number of therapy minutes (across the therapies) that can be expected to have been delivered.</p>					1250	
Section P. SPECIAL TREATMENTS AND PROCEDURES								
1	Special Treatments, Procedures and Programs	<p>b. THERAPIES - Record the number of days and total minutes each of the following therapies was administered (for at least 15 minutes a day) in the last 7 calendar days. (Enter "0" if none or less than 15 minutes daily.) Note: Count only post-admission therapies.</p> <p>Box A = # of days administered for 15 minutes or more Box B = total number of minutes provided in last 7 days</p>						
		a. Speech language pathology, audiology services	5	195				
		b. Occupational Therapy	5	145				
		c. Physical Therapy	5	180				
Section I. DISEASE DIAGNOSES								
3	Other Current or More Detailed Diagnoses and ICD-9-CM Codes	<p>Check only those diseases that have a relationship to current ADL status, cognitive status, mood and behavior status, medical treatments, nurse monitoring, or risk of death. (Do not list inactive diagnoses.)</p>						
		a. Instability of joint, unclassified, other site				718.88		
		b. Bursitis of hip				726.5		
		c. Lack of coordination, ataxia, not specified				781.3		
		d.						
		e.						
Therapist's Signature:								