

## RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No.	Medicare <small style="text-align: right;">F75</small>	Medicaid <small style="text-align: right;">F76</small>	Other <small style="text-align: right;">F77</small>	Total Residents <small style="text-align: right;">F78</small>	
<b>ADL</b>	<b>Independent</b>		<b>Assist of One or Two Staff</b>		<b>Dependent</b>
Bathing	F79	F80		F81	
Dressing	F82	F83		F84	
Transferring	F85	F86		F87	
Toilet Use	F88	F89		F90	
Eating	F91	F92		F93	

### A. Bowel/Bladder Status

- F94 \_\_\_ With indwelling or external catheter
- F95 Of total number of residents with catheters, \_\_\_ were present on admission.
- F96 \_\_\_ Occasionally or frequently incontinent of bladder
- F97 \_\_\_ Occasionally or frequently incontinent of bowel
- F98 \_\_\_ On individually written bladder training program
- F99 \_\_\_ On individually written bowel training program

### B. Mobility

- F100 \_\_\_ Bedfast all or most of time
- F101 \_\_\_ In chair all or most of time
- F102 \_\_\_ Independently ambulatory
- F103 \_\_\_ Ambulation with assistance or assistive device
- F104 \_\_\_ Physically restrained
- F105 Of total number of residents restrained, \_\_\_ were admitted with orders for restraints.
- F106 \_\_\_ With contractures
- F107 Of total number of residents with contractures, \_\_\_ had contractures on admission.

### C. Mental Status

- F108 \_\_\_ With mental retardation
- F109 \_\_\_ With documented signs and symptoms of depression
- F110 \_\_\_ With documented psychiatric diagnosis (exclude dementias and depression)
- F111 \_\_\_ Dementia: multi-infarct, senile, Alzheimer's type, or other than Alzheimer's type
- F112 \_\_\_ With behavioral symptoms
- F113 Of the total number of residents with behavioral symptoms, the total number receiving a behavior management program \_\_\_.
- F114 \_\_\_ Receiving health rehabilitative services for MI/MR

### D. Skin Integrity

- F115 \_\_\_ With pressure sores (exclude Stage I)
- F116 Of the total number of residents with pressure sores excluding Stage I, how many residents had pressure sores on admission? \_\_\_.
- F117 \_\_\_ Receiving preventive skin care
- F118 \_\_\_ With rashes

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### E. Special Care

- F119 \_\_\_ Receiving hospice care benefit
- F120 \_\_\_ Receiving radiation therapy
- F121 \_\_\_ Receiving chemotherapy
- F122 \_\_\_ Receiving dialysis
- F123 \_\_\_ Receiving intravenous therapy, parenteral nutrition, and/or blood transfusion
- F124 \_\_\_ Receiving respiratory treatment
- F125 \_\_\_ Receiving tracheostomy care
- F126 \_\_\_ Receiving ostomy care

- F127 \_\_\_ Receiving suctioning
- F128 \_\_\_ Receiving injections (exclude vitamin B12 injections)
- F129 \_\_\_ Receiving tube feedings
- F130 \_\_\_ Receiving mechanically altered diets including pureed and all chopped food (not only meat)
- F131 \_\_\_ Receiving specialized rehabilitative services (Physical therapy, speech-language therapy, occupational therapy)
- F132 \_\_\_ Assistive devices while eating

### F. Medications

- F133 \_\_\_ Receiving any psychoactive medication
- F134 \_\_\_ Receiving antipsychotic medications
- F135 \_\_\_ Receiving antianxiety medications
- F136 \_\_\_ Receiving antidepressant medications
- F137 \_\_\_ Receiving hypnotic medications
- F138 \_\_\_ Receiving antibiotics
- F139 \_\_\_ On pain management program

### G. Other

- F140 \_\_\_ With unplanned significant weight loss/gain
- F141 \_\_\_ Who do not communicate in the dominant language of the facility (include those who use sign language)
- F142 \_\_\_ Who use non-oral communication devices
- F143 \_\_\_ With advance directives
- F144 \_\_\_ Received influenza immunization
- F145 \_\_\_ Received pneumococcal vaccine

**I certify that this information is accurate to the best of my knowledge.**

Signature of Person Completing the Form	Title	Date
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### TO BE COMPLETED BY SURVEY TEAM

- F146 Was ombudsman office notified prior to survey?      \_\_\_ Yes      \_\_\_ No
- F147 Was ombudsman present during any portion of the survey?      \_\_\_ Yes      \_\_\_ No
- F148 Medication error rate \_\_\_\_\_%

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# RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

## (use with Form CMS-672)

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### GENERAL INSTRUCTIONS:

**THIS FORM IS TO BE COMPLETED BY THE FACILITY AND REPRESENTS THE CURRENT CONDITION OF RESIDENTS AT THE TIME OF COMPLETION**

There is not a federal requirement for automation of the 672 form. The facility may continue to complete the 672 with manual methods. The facility may use the MDS data to start the 672 form, but must verify all information, and in some cases, re-code the item responses to meet the intent of the 672 to represent current resident status according to the definitions of the 672. Since the census is designed to be a representation of the facility during the survey, it does not directly correspond to the MDS in every item.

For the purpose of this form “the facility” equals certified beds (i.e., Medicare and/or Medicaid certified beds).

For the purpose of this form “residents” means residents in certified beds regardless of payor source.

Following the definition of each field, the related MDS codes and instructions will be noted within square brackets ([ ]).

Where coding refers to the admission assessment, use the first assessment done after the most recent admission or readmission event.

Complete each item by specifying the number of residents characterized by each category. If no residents fall into a category enter a “0”.

### INSTRUCTIONS AND DEFINITIONS:

**Provider No.:** Enter the facility’s assigned provider number. Leave blank for initial certifications.

**Block F75:** Enter the number of facility residents, whose primary payer is Medicare.  
[Code manually]

**Block F76:** Enter the number of facility residents, whose primary payer is Medicaid.  
[Code manually]

**Block F77:** Enter the number of facility residents, whose primary payer is neither Medicare nor Medicaid.  
[Code manually]

**Block F78:** Enter the number of total residents for whom a bed is maintained, on the day the survey begins, including those temporarily away in a hospital or on leave.  
[Total residents in nursing facility or on bedhold]

#### **ADLS (F79 – F93)**

To determine resident status, unless otherwise noted, consider the resident’s condition for the 7 days prior to the survey.  
[Horizontal totals must equal the number in F78; Manually re-code all “8” responses.]

#### **Bathing (F79 – F81)**

The process of bathing the body (excluding back and shampooing hair). This includes a full-body bath/shower, sponge bath, and transfer into and out of tub or shower.  
[F79: G0120A = 0; F80: G0120A = 1, 2, 3; F81: G0120A = 4]

Many facilities routinely provide “setup” assistance to all residents such as drawing water for a tub bath or laying out bathing materials. If this is the case and the resident requires no other assistance, count the resident as independent.

#### **Dressing (F82 – F84)**

How the resident puts on, fastens, and takes off all items of clothing, including donning or removing prostheses (e.g., braces and artificial limbs).  
[F82: G0110G1 = 0; F83: G0110G1 = 1, 2, 3; F84: G0110G1 = 4]

Many facilities routinely set out clothes for all residents. If this is the case and this is the only assistance the resident receives, count the resident as independent. However, if a resident receives assistance with donning a brace, elastic stocking, a prosthesis and so on, securing fasteners, or putting a garment on, count the resident as needing the assistance of 1 or 2 staff.

#### **Transferring (F85 – F87)**

How the resident moves between surfaces, such as to and from the bed, chair, wheelchair or to and from a standing position. (EXCLUDE transfers to and from the bath or toilet).  
[F85: G0110B1 = 0; F86: G0110B1 = 1, 2, 3; F87: G0110B1 = 4]

Many facilities routinely provide “setup” assistance to all residents, such as handing the equipment (e.g., sliding board) to the resident. If this is the case and is the only assistance required, count the resident as independent.

#### **Toilet Use (F88 – F90)**

How the resident uses the toilet room (or bedpan, bedside commode, or urinal). How resident transfers on and off toilet, cleans self after elimination, changes sanitary napkins, ostomy, external catheters, and adjusts clothing prior to and after using toilet. If all that is done for the resident is to open a package (e.g., a clean sanitary pad), count the resident as independent.  
[F88: G0110I1 = 0; F89: G0110I1 = 1, 2, 3; F90: G0110I1 = 4]

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### **Eating (F91 – F93)**

How resident eats and drinks regardless of skill. Many facilities routinely provide “setup” activities, such as opening containers, buttering bread, and organizing the tray; if this is the case and is the extent of assistance, count this resident as independent.

[F91: G0110H1 = 0; F92: G0110H1 = 1, 2, 3; F93: G0110H1 = 4]

### **A. BOWEL/BLADDER STATUS (F94 – F99)**

#### **F94: With an indwelling or an external catheter**

The number of residents whose urinary bladder is constantly drained by a catheter (e.g., a Foley catheter, a suprapubic catheter) or who wears an appliance that is applied over the penis and connected to a drainage bag to collect urine from the bladder (e.g., a Texas catheter).

[H0100A or B = check]

#### **F95: Of the total number of residents with catheters**

The number of residents who had a catheter present on admission. For a resident readmitted from a hospital with a catheter, count this resident as admitted with a catheter.

[(H0100A or B = checked) and (A0310A = 01 or A0310B = 01 or 06)]

#### **F96: Occasionally or frequently incontinent of bladder**

The number of residents who have an incontinent episode two or more times per week. Do not include residents with an indwelling or external catheter.

[(H0300 = 1, 2, or 3) and (H0100A and B = not checked)]

#### **F97: Occasionally or frequently incontinent of bowel**

The number of residents who have a loss of bowel control two or more times per week.

[H0400 = 1, 2, or 3]

#### **F98: On individually written bladder training program**

The number of residents with a detailed plan of care to assist the resident to gain and maintain bladder control (e.g., pelvic floor exercises). Count all residents on training programs including those who are incontinent.

[H0200A = 1 or code manually]

#### **F99: On individually written bowel training program**

The number of residents with a detailed plan of care to assist the resident to gain and maintain bowel control (e.g., use of diet, fluids, and regular schedule for bowel movements).

Count all residents on training programs including those who are incontinent.

[H0500 = 1 or code manually]

### **B. MOBILITY (F100 – F107)**

[Total for F100 – F103 should = F78; Algorithm to force mutual exclusivity: Test for each resident. If F100 = 1 then add 1 to F100, and go to the next resident; If F101 = 1 then add 1 to F101 and go to the next resident; If F103 = 1 then add 1 to F103 and go to the next resident; If F102 = 1 then add 1 and go to the next resident.]

#### **F100: Bedfast all or most of time**

The number of residents who were in bed or recliner 22 hours or more per day in the past 7 days. Includes bedfast with bathroom privileges.

[Code manually]

#### **F101: In chair all or most of time**

The number of residents who depend on a chair for mobility. Includes those residents who can stand with assistance to pivot from bed to wheelchair or to otherwise transfer. The resident cannot take steps without extensive or constant weight-bearing support from others and is not bedfast all or most of the time.

[Code manually]

#### **F102: Independently ambulatory**

The number of residents who require no help or oversight; or help or oversight was provided only 1 or 2 times during the past 7 days. Do not include residents who use a cane, walker or crutch.

[(G0110C1 or G0110D1 = 0 or 7) and (G0600A1 and G0600B1 = not checked)]

#### **F103: Ambulation with assistance or assistive devices**

The number of residents who required oversight, cueing, physical assistance or who used a cane, walker, crutch. Count the use of lower leg splints, orthotics, and braces as assistive devices.

[(G0110C1 or G0110D1 = 1, 2, or 3) or (G0600A1 or G0600B = checked)]

#### **F104: Physically restrained**

The number of residents whose freedom of movement and/or normal access to his/her body is restricted by any manual method or physical or mechanical device, material or equipment that is attached or adjacent to his/her body and cannot be easily removed by the resident.

[Any P0100B, C, D, E, F, G, or H = 1 or 2]

#### **F105: Of total number of restrained residents,**

number admitted or readmitted with an order for restraint.

[Code manually when criteria for F104 is met and P0100B, C, D, E, F, G, or H = 1 or 2 and A0310A = 01 or A0310B = 01 or 06]

#### **F106: With contractures**

The number of residents that have a restriction of full passive range of motion of any joint due to deformity, disuse, pain, etc. Includes loss of range of motion in fingers, wrists, elbows, shoulders, hips, knees and ankles.

[Code manually for neck; G0400A or B = 1 or 2]

#### **F107: Of total of residents with contractures, the number who had a contracture(s) on admission.**

[Code when criteria for F106 is met on admission or readmission assessment and A0310A = 01 or A0310B = 01 or 06]

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### C. MENTAL STATUS (F108 – F114)

#### F108: With mental retardation

Identify the total number of residents in all of the categories of developmental disability regardless of severity, as determined by the State Mental Health or State Mental Retardation Authorities. [Any A1550A, B, C, D, or E = check]

#### F109: With documented signs and symptoms of depression

The total number of residents with documented signs and symptoms of depression as defined by MDS. [D0300 > 0 or D0600 > 0]

#### F110: With documented psychiatric diagnosis (exclude dementias and depression)

The number of residents with primary or secondary psychiatric diagnosis including:

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Anxiety disorder
- Psychotic mood disorders (including mania and depression with psychotic features, acute psychotic episodes, brief reactive psychosis, and atypical psychosis).

[I5700, I5900, I5950, or I6000 = checked. Code manually for other psychiatric diagnoses listed here.]

#### F111: Dementia: Multi-infarct, senile, Alzheimer's type, or other than Alzheimer's type

The number of residents with a primary or secondary diagnosis of dementia or organic mental syndrome including multi-infarct, senile type, Alzheimer's type, or other than Alzheimer's type. [I4200 or I4800 = checked. Code manually for other dementia diagnoses listed here.]

#### F112: With behavioral symptoms

The number of residents with one or more of the following symptoms: wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, resistive to care. (See MDS Section (Behavior)).

[E0300 = 1 or E0800 = 1, 2, or 3 or E0900 = 1, 2, or 3]

**F113: Of the total number with behavioral symptoms, the number receiving a behavior management program.** The number of residents with behavior symptoms who are receiving an individualized care plan/program designed to address behavioral symptoms (as listed above).

[Code manually when criteria for F112 is met.]

#### F114: Receiving health rehabilitative services for MI/MR

The number of residents for whom the facility is providing health rehabilitative services for MI/MR as defined at 483.45(a). [Use item for Residents who meet F108 or F110, then code manually.]

### D. SKIN INTEGRITY (F115 – F118)

#### F115: With pressure sores

The number of residents with ischemic ulcerations and/or necrosis of tissues overlying a bony prominence (exclude Stage I).

[Any M0300B1, M0300C1, or M0300D1 > 0; Code for first assessment after latest admission or re-entry]

**F116: Of the total number of residents with pressure sores excluding Stage I,** the number who had pressure sores on admission or who were readmitted with a new pressure sore (exclude Stage I).

[Any M0300B2, M0300C2, or M0300D2 > 0]

#### F117: Receiving preventive skin care

The number of residents receiving non-routine skin care provided according to a physician's order, and/or included in the resident's comprehensive plan of care (e.g., hydrocortisone ointment to areas of dermatitis three times a day, granulex sprays, etc.)

[Any M1200A, B, C, D, E, F, G, H, or I = checked]

#### F118: With rashes

Enter the number of residents who have rashes which may or may not be treated with any medication or special baths, etc. (e.g., but not limited to antifungals, corticosteroids, emollients, diphenhydramines or scabidulids, etc.)

[Code manually]

### E. SPECIAL CARE (F119 – F132)

#### F119: Receiving hospice care

Number of residents who have elected or are currently receiving the hospice benefit.

[O0100K1 or O0100K2 = checked]

#### F120: Receiving radiation therapy

The number of residents who are under a treatment plan involving radiation therapy.

[O0100B1 or O0100B2 = checked]

#### F121: Receiving chemotherapy

The number of residents under a specific treatment plan involving chemotherapy.

[O0100A1 or O0100A2 = checked]

#### F122: Receiving dialysis

The number of residents receiving hemodialysis or peritoneal dialysis either within the facility or offsite.

[O0100J1 or O0100J2 = checked]

#### F123: Receiving intravenous therapy, IV nutritional feedings and/or blood transfusion

The number of residents receiving fluids, medications, all or most of their nutritional requirements and/or blood and blood products administered intravenously.

[K0500A = checked, or O0100H1 or O0100H2 = checked, or O0100I1 or O0100I2 = checked]

#### F124: Receiving respiratory treatment

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The number of residents receiving treatment by the use of respirators/ventilators, oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, and other methods to treat conditions of the respiratory tract. This does not include residents receiving tracheotomy care or respiratory suctioning. [O0100C1, O0100C2, O0100F1, O0100F2, O0100G1, or O0100G2 = checked or O0400D1 > 0]

#### **F125: Receiving tracheotomy care**

The number of residents receiving care involved in maintenance of the airway, the stoma and surrounding skin, and dressings/coverings for the stoma. [O0100E1 or O0100E2 = checked]

#### **F126: Receiving ostomy care**

The number of residents receiving care for a colostomy, ileostomy, uretostomy, or other ostomy of the intestinal and/or urinary tract. DO NOT include tracheotomy. [Code manually]

#### **F127: Receiving suctioning**

The number of residents that require use of a mechanical device which provides suction to remove secretions from the respiratory tract via the mouth, nasal passage, or tracheotomy stoma. [O0100D1 or O0100D2 = checked]

#### **F128: Receiving injections**

The number of residents that have received one or more injections within the past 7 days. (Exclude injections of Vitamin B 12.) [Review residents for whom N0300 > 0. Omit from count any resident whose only injection currently is B12.]

#### **F129: Receiving tube feeding**

The number of residents who receive all or most of their nutritional requirements via a feeding tube that delivers food/nutritional substances directly into the GI system (e.g., nasogastric tube, gastrostomy tube). [K0500B = checked]

#### **F130: Receiving mechanically altered diets**

The number of residents receiving a mechanically altered diet including pureed and/or chopped foods (not only meat). [K0500C = checked]

#### **F131: Receiving rehabilitative services**

The number of residents receiving care designed to improve functional ability provided by, or under the direction of a rehabilitation professional (physical therapist, occupational therapist, speech-language pathologist. (Exclude health rehab. for MI/MR.) [O0400A1, 2, or 3 or O0400B1, 2, or 3 or O0400C1, 2, or 3 > 0]

#### **F132: Assistive devices with eating**

The number of residents who are using devices to maintain independence and to provide comfort when eating (i.e., plates with guards, large handled flatware, large handle mugs, extend hand flatware, etc.). [Code manually]

### **F. MEDICATIONS (F133 – F139)**

#### **F133: Receiving psychoactive drugs**

The number of residents that receive drugs classified as antidepressants, antianxiety, sedative and hypnotics, and antipsychotics. [Any N0400A, B, C or D = checked].

Use the following lists to assist you in determining the number of residents receiving psychoactive drugs. These lists are not meant to be all inclusive; therefore, a resident receiving a psychoactive drug not on this list, should be counted under F133 and any other drug category that applies: F134, F135, F136, and/or F137.

#### **F134: Receiving antipsychotic medications**

[N0400A = checked]

- Clorazil (Clozapine)
- Haldol (Haloperidol)
- Haldol Deconate (Haloperidol Deconate)
- Inapsine ( Droperidol)
- Loxitane (Loxapine)
- Mellaril (Thioridazine)
- Moban (Molindone)
- Navane (Theothixene)
- Olazapine (Zyprexa)
- Orap (Pimozide)
- Prolixin, Deconoate (Fluphenazine Deconate)
- Prolixin, Permitil (Fluphenazine)
- Quetiapine (Seroquel)
- Risperdal (Risperidone)
- Serentil (Mesoridazine)
- Sparine (Promazine)
- Stelazine (Trifluoperazine)
- Taractan (Chlorprothixene)
- Thorazine (Chlorpromazine)
- Tindel (Acetophenazine)
- Trilafon (Perphenazine)

#### **F135: Receiving antianxiety medications**

[N0400B = checked]

- Ativan (Lorazepam) Serax (Oxazepam)
- Centrax (Prazepam) Valium (Diazepam)
- Klonopin (Clonazepam) Vistaril, Atarax (Hydrox- Librium (Chlordiazepoxide) yzine)
- Paxipam (Halazepam) Xanax (Alprazolam)

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**F136: Receiving antidepressant medications**

[N0400C = checked]

- Asendin (Amoxapine)
- Aventyl, Pamelor (Nortriptyline)
- Bupropion (Wellbutrin)
- Desyrel (Trazodone)
- Effexor (Venlafaxine)
- Elavil (Amtriptyline)
- Lithonate, Lithane (Lithium)
- Ludiomil (Maprotiline)
- Marplan (Isocarboxazid)
- Nardil (Phenelzine)
- Nefazodone (Serzone)
- Norpramin (Desipramine)
- Parnate (Tranlycypromine)
- Paroxetine (Paxil)
- Prozac (Fluoxetine)
- Sertraline (Zoloft)
- Sinequan (Doxepin)
- Tofranil (Imipramine)
- Vivactil (Protriptyline)

**F137: Receiving hypnotic medications**

[N0400D = checked]

- Dalmane (Flurazepam) Quazepam (Doral)
- Estazolam (ProSom) Restoril (Temazepam)
- Halcion (Triazolam) Zolpidem (Ambien)

**F138: Receiving antibiotics**

The number of residents receiving sulfonamides, antibiotics, etc., either for prophylaxis or treatment.

[N0400F = checked]

**F139: On a pain management program**

The number of residents with a specific plan for control of difficult to manage or intractable pain, which may include self medication pumps or regularly scheduled administration of medication alone or in combination with alternative approaches (e.g., massages, heat, etc.).

[J0100A, B, or C = 1]

**G. OTHER RESIDENT CHARACTERISTICS****(F140 – F146)****F140: With unplanned or significant weight loss/gain**

The number of residents who have experienced gain or loss of 5% in one month or 10% over six months.

[K0300 = 2]

**F141: Who do not communicate in the dominant language at the facility**

The number of residents who only express themselves in a language not dominant at the facility (e.g., this would include residents who speak only Spanish, but the majority of staff that care for the residents speak only English).

[Code manually]

**F142: Who use non-oral communication devices**

(e.g., picture board, computers, sign-language).

[Code manually]

**F143: Who have advanced directives (living will/durable power of attorney)**

The number of residents who have advanced directives, such as a living will or durable power of attorney for health care, recognized under state law and relating to the provisions of care when the individual is incapacitated.

[Code manually]

**F144: Received influenza immunization**

The number of residents known to have received the influenza immunization within the last 12 months.

[Code manually]

**F145: Received pneumococcal vaccine**

The number of residents known to have received the pneumococcal vaccine.

[Code manually]

**F146: Ombudsman notice: LEAVE BLANK**

This will be completed by survey team. Indicate yes or no whether Ombudsman office was notified prior to survey.

**F147: LEAVE BLANK**

This will be completed by the survey team. Indicate whether Ombudsman was present at any time during the survey, 1 (yes) or 2 (no).

**F148: Medication error rate: LEAVE BLANK**

This will be completed by the survey team.