



Welcome to the Centers for Medicare & Medicaid Services' OASIS-C Online Training. This module will provide foundational education on the Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) domain of the OASIS data set. This module is divided into two parts. Part 1 will focus on items M1800 through M1845.

Introduction

This program provides an introduction to OASIS-C items found in the ADLs / IADLs domain.

Discussion includes relevant guidance found in Chapter 3 of the December 2012 OASIS-C Guidance Manual.

The following information is provided in this lesson:

- Specific OASIS conventions that apply to the domain
- Item intent for each specific item
- Time points for item completion
- Response-specific item instructions
- Data sources and resources



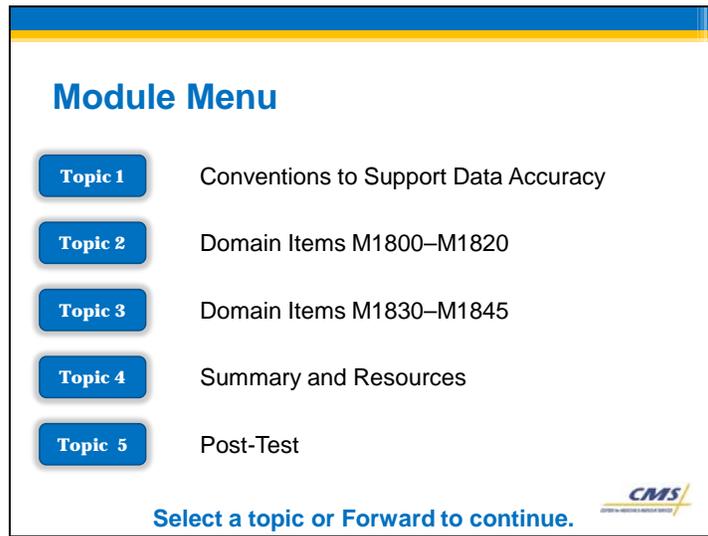
This program provides an introduction to OASIS-C items located in the ADLs / IADLs domain. This module includes relevant guidance found in the December 2012 version of the OASIS-C Guidance Manual, specifically from Chapter 3, which contains OASIS item-specific guidance. Topics covered in this module include specific OASIS conventions that apply to the ADLs / IADLs domain, item intent or clarification about what each item is intended to report, time points when each item should be completed, response-specific item instructions clarifying the differences between the various responses which could be selected for each item, and data sources and resources related to the ADLs / IADLs domain.

Module Objectives

- Identify conventions that support accuracy in completing the ADLs / IADLs domain.
- Identify the intent of each item in the ADLs / IADLs domain.
- Specify the data collection time points for each item in the ADLs / IADLs domain.
- Identify response-specific guidelines for completing each item in the ADLs / IADLs domain.
- Identify data sources for each item in the ADLs / IADLs domain.



Following the presentation of this module on the ADLs / IADLs domain, you will be able to identify four conventions that support data collection accuracy, identify the intent of each item, specify the data collection time points for each item, identify response-specific guidelines for completing each item, and identify data sources for each item in the domain.

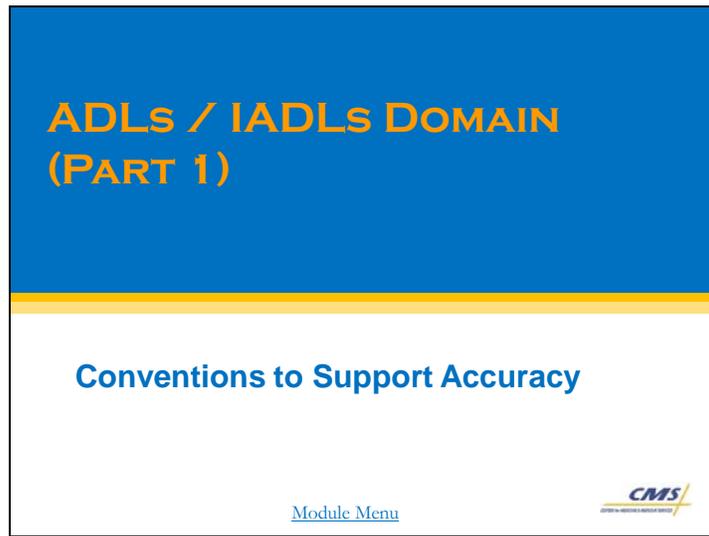


The screenshot shows a 'Module Menu' interface. At the top, there is a blue header bar with a yellow and white gradient. Below the header, the title 'Module Menu' is displayed in a bold blue font. The menu consists of five items, each with a blue button labeled 'Topic 1' through 'Topic 5' on the left and a corresponding text description on the right. The items are: Topic 1: Conventions to Support Data Accuracy; Topic 2: Domain Items M1800–M1820; Topic 3: Domain Items M1830–M1845; Topic 4: Summary and Resources; Topic 5: Post-Test. At the bottom of the menu, there is a blue text prompt: 'Select a topic or Forward to continue.' To the right of this prompt is the CMS logo, which includes the text 'CMS' in a stylized font and 'CENTERS FOR MEDICARE & MEDICAID SERVICES' in smaller text below it.

Topic	Description
Topic 1	Conventions to Support Data Accuracy
Topic 2	Domain Items M1800–M1820
Topic 3	Domain Items M1830–M1845
Topic 4	Summary and Resources
Topic 5	Post-Test

Select a topic or Forward to continue.

Select the Forward button to review the entire module, or you may select a topic from the Module Menu to review a specific topic of interest.



This topic addresses conventions to support OASIS-C accuracy.

OASIS-C Conventions

- Understand the time period under consideration for each item.
- Report the usual status of the patient.
- Respond based on the patient's current status.
- Combine observation, interview, and other relevant strategies to complete OASIS items.



There are specific conventions or general rules that you should follow when completing OASIS-C items. Although all the conventions are important to observe and apply when appropriate, there are several that will be especially important to remember when completing OASIS-C items in the ADLs / IADLs domain. Key conventions that we will review in this module include understanding the time period under consideration for each item, reporting the usual status of the patient, responding to items based on the patient's current status, and using multiple strategies as needed to complete each item.

Time Period Under Consideration

- Refers to how far back into the past you should consider when assessing the patient's functional status.
- Report what is true on the day of assessment.
- "Day of assessment" is defined as the time spent in the home and the previous 24 hours.



The image shows a calendar grid with a red arrow pointing from the 17th to the 24th. Handwritten in red on the 17th is 'Home Visit 10:30am'. The CMS logo is in the bottom right corner of the slide.

Let's begin with understanding the time period under consideration. This convention refers to how far back into the past you should consider when assessing the patient's functional status. The majority of items in this domain direct you to report what is true on the day of assessment. This is defined as the time spent in the home and the previous 24 hours.

Report Usual Status

- Patient’s ability or status may vary on the day of assessment.
- Report the patient’s “usual status.”
- “Usual status” is defined as what is true more than 50% of the assessment time frame unless otherwise indicated.



The next convention that supports accurate data collection directs us in what to do if the patient’s ability or status varies on the day of assessment. This convention instructs us to report the patient’s “usual status” or what is true greater than 50% of the assessment time frame, unless the item specifies differently.

Report Current Status

- Report based on independent observation of the patient's condition and ability at the time of assessment.
- Do not refer back to prior assessments unless directed to do so (e.g., for process items).
- Guidance is provided within the item if reference to the patient's prior status is appropriate.



The next convention we must consider directs us to respond to items that document a patient's current status based on independent observation of the patient's condition and ability at the time of assessment without referring back to prior assessments. For process measure items that require review of prior care or reporting of a patient's previous status, the item will direct you how far back into the patient's past you should go to select the appropriate response. For example, M1900 Prior Functioning directs you to indicate the patient's usual ability in four functional areas prior to this current illness, exacerbation, or injury. When reference to prior status is appropriate, this guidance will be found within the item itself.

Use Multiple Strategies

- Combine observation, interview, and other relevant strategies to complete OASIS items.
- Recognize opportunities to gather data from multiple sources:
 - Patient observation
 - Physical assessment
 - Interviews with patient, caregivers, or physicians



The final OASIS convention important to remember when collecting data is the ability to combine observation, interview, and other relevant strategies to complete OASIS data items as needed. For accuracy of data collection in this domain, it will be important to recognize the opportunity to gather data from multiple sources such as patient observation, physical assessment, and interview with caregivers or physicians.

ADLs / IADLs-Specific Conventions

- Track which tasks are included and excluded for each item.
- Report ability, not performance.
- Apply correct definition of “ability.”
- Apply correct definition of “assistance.”
- Consider the impact of medical restrictions when determining ability.
- Report patient’s ability when it varies between multiple tasks in an item.



In addition to these standard OASIS conventions, there are also conventions that are specific to the ADLs / IADLs domain. Applying these conventions will help you to accurately complete ADLs / IADLs items. Let’s review each of these conventions.

**ADLs / IADLs-Specific Conventions
Included & Excluded Tasks**

- Track which tasks are included and excluded for each item.
- For example, M1800 Grooming:
 - Includes washing face and hands, hair care, shaving or makeup, teeth or denture care, and fingernail care.
 - Excludes bathing , shampooing hair, and toileting hygiene.



First, to select the correct response in the ADLs / IADLs domain it is important to understand what tasks are included and excluded in each of the items in this domain. For example, M1800 Grooming only includes washing face and hands, hair care, shaving or make up, teeth or denture care, and fingernail care. It specifically excludes bathing, shampooing hair, and toileting hygiene.

**ADLs / IADLs-Specific Conventions
Ability vs. Performance**

- Report ability, not performance.
- Presence/absence of caregiver may impact actual performance but not ability to complete a task.
- Observe the patient performing several tasks.
- Identify the level of assistance the patient needs to safely perform a task.
- Presence of a caregiver should not influence scoring.



For items in the ADLs / IADLs domain, report the patient’s ability to perform the task, not the actual performance or willingness to perform the task. The presence or absence of a caregiver may impact a patient’s actual performance but does not impact the patient’s ability to complete a task. A good way to assess the patient for this convention is to observe the patient performing several tasks to identify the level of assistance the patient needs in order to be safe. Do not let the fact that the patient either has or does not have a caregiver influence your scoring decision.

ADLs / IADLs-Specific Conventions
Definition of Ability

- Apply correct definition of “ability.”
- Consider the patient’s physical and cognitive ability to safely complete the task.
- If a patient is not safe, they are not able.
- Assessing clinician determines how much assistance is required to safely perform task.



The requirement to report ability, not performance, depends on two key concepts: ability and assistance. The next convention clarifies the term “ability.” When the term “able” is stated in an item, consider the patient’s physical and cognitive ability to safely complete the tasks identified in the item. For example, the patient may be walking alone without equipment, but if he is using furniture and the wall for support, then he is not ambulating safely. It is up to the assessing clinician to determine how much assistance the patient needs to perform the task safely.

ADLs / IADLs-Specific Conventions
Definition of Assistance

- Refers to assistance from another person(s) unless otherwise specified.
- Types of assistance:
 - Not limited to physical contact.
 - Includes verbal cues and supervision.



The second concept to consider is what constitutes assistance when performing a task. When an OASIS item refers to assistance, this means assistance from another person or persons, unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.

ADLs / IADLs-Specific Conventions Medical Restrictions

- Consider the impact of medical restrictions when determining a patient's ability to perform a task.
- Consider physician-ordered restrictions when selecting a response for an item.
- For example, M1860 Ambulation/Locomotion:
 - Physician orders indicate strict bed rest.
 - You observe the patient walking safely.
 - Select Response 6 - Bedfast to reflect that the physician's order has established the patient's safe ability to be bedfast.



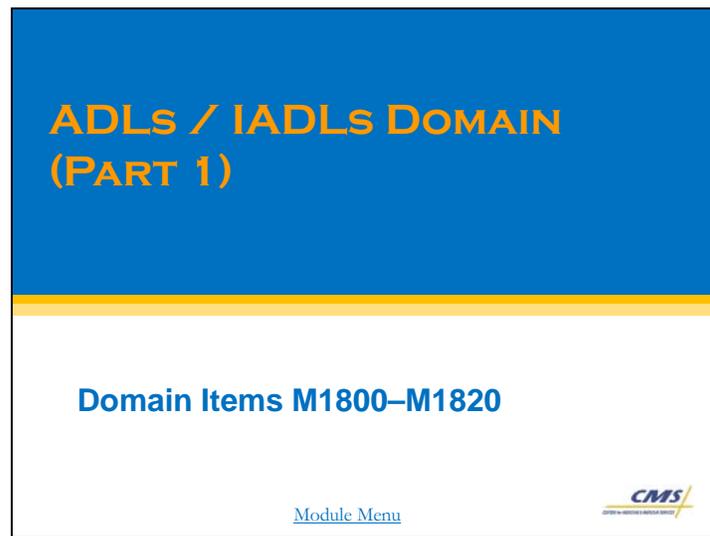
When selecting the correct score for items in this domain, consider the impact of medical restrictions on a patient's ability to perform a task. If the physician has ordered an activity restriction such as bed rest, take this restriction into account when selecting the best response to functional items such as ambulation and transferring. For example, a physician orders strict bed rest for a patient. Yet you observe the patient walking, and he appears to be walking safely. If strict bed rest is ordered for a patient, the response to item M1860 Ambulation will be Response 6 – Bedfast since the physician order has established the patient's safe ability to be bedfast. You would select this option even though you observed the patient walking.

ADLs / IADLs-Specific Conventions
Variable Ability to Perform Tasks

- A patient’s ability to perform tasks may vary in a multi-task item (such as M1800 Grooming).
- Report based on what the patient is able to perform safely in the majority of included tasks.
- Give more weight to tasks that are performed more frequently.
- For example, M1800 Grooming:
 - Is able to wash hands and face multiple times and comb hair.
 - Needs help shaving and brushing teeth.
 - Score as 0 - Able to groom self unaided because patient can perform a majority of the more frequently performed tasks independently.



The last convention provides guidance on what to do if the patient’s ability varies between multiple tasks in an item. If the patient’s ability varies between tasks in a multi-task item, report based on what the patient is able to safely perform in the majority of included tasks. When making this determination, give more weight to tasks that are performed more frequently. For example, M1800 Grooming includes multiple tasks, such as hair care and denture care. If the patient’s ability to perform these tasks varies, base your response on how the patient performs in the majority of tasks that are performed more frequently. If the patient is able to wash hands and face multiple times and comb hair, but needs help with shaving and brushing teeth, the patient would be scored a “0” – Able to groom self unaided. The patient is able to perform independently in a majority of the more frequently performed tasks.



This topic addresses ADLs / IADLs domain items M1800 through M1820.

Summary of M- Items

- M1800 Grooming
- M1810 Dressing Upper Body
- M1820 Dressing Lower Body
- M1830 Bathing
- M1840 Toilet Transferring
- M1845 Toileting Hygiene
- M1850 Transferring
- M1860 Ambulation/ Locomotion
- M1870 Feeding or Eating
- M1880 Plan & Prepare Light Meals
- M1890 Telephone Use
- M1900 Prior Functioning
- M1910 Fall Risk Assessment



There are 13 OASIS items in the ADLs / IADLs domain. This topic addresses M1800 Grooming, M1810 Dressing Upper Body, and M1820 Dressing Lower Body.

Items M1800–M1900
General Item Intent

- Identify the patient’s ability to perform each task.
- Ability does not necessarily reflect actual performance.
- The patient’s “willingness” and “compliance” are not the focus.
- Do not score an item at a more dependent level because the patient is capable of a task but chooses not to do the task.
- Observe the patient.
- Score each item based on the patient’s ability to perform the task safely.
- Does not matter if the patient performs the task routinely.

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources 

Items M1800 through M1900 share the same general item intent. The intent of these items is to identify the patient’s ability to perform each task, not necessarily the patient’s actual performance. The patient’s “willingness” and “compliance” are not the focus of these items. In other words, do not score a patient at a more dependent level because they choose not to do something that they are capable of doing. Observe the patient performing the task and score them based on their safe ability, regardless of whether or not they perform the task routinely. You may choose to explain willingness and compliance issues in your clinical notes.

Items M1800–M1900
Limitations on the Patient’s Ability

- Consider physical status, mental/emotional/cognitive status, permitted activities, and the patient’s environment.
- Physical impairments, e.g.,
 - Limited range of motion
 - Impaired balance
- Emotional/cognitive/behavioral impairments, e.g.,
 - Memory deficits
 - Impaired judgment
 - Fear
- Sensory impairments, e.g.,
 - Impaired vision
 - Pain
- Environmental barriers, e.g.,
 - Access to grooming aids, a mirror, and a sink
 - Location of bathroom or laundry
 - Stairs or narrow doorways
- View the patient from a holistic perspective.

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



We are also directed to consider the patient’s ability to perform the stated tasks given the patient’s current physical and mental/emotional/cognitive status, the activities they are permitted, and their environment. Ability can be temporarily or permanently limited by several factors. These include physical impairments such as limited range of motion or impaired balance. Emotional/cognitive/behavioral impairments including memory deficits, impaired judgment, or fear and sensory impairments such as impaired vision or pain can also affect a patient’s ability to perform ADLs. Also consider environmental barriers such as access to grooming aids, a mirror, and a sink; the location of the bathroom or laundry; and stairs or narrow doorways. View the patient from a holistic perspective in assessing the ability to perform ADLs.

M1800 Grooming
Item Intent & Time Points

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the patient to groom self.
- 3 - Patient depends entirely upon someone else for grooming needs.

Collected at SOC, ROC & DC Not to Inpatient

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



The first item in this domain is M1800 Grooming. The intent of this item is for the assessing clinician to identify the patient’s ability to tend to personal hygiene needs. This item is collected at the Start of Care, Resumption of Care, and Discharge assessment time points.

M1800 Grooming
Response-Specific Instructions

(M1800) **Grooming:** Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the patient to groom self.
- 3 - Patient depends entirely upon someone else for grooming needs.

- Responses proceed from the most independent level to the most dependent.
- Use of devices does not impact scoring for this item.
- Amount of assistance needed does impact the scoring decision.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

When selecting the correct response for M1800 Grooming, read all the response options to identify which one best fits your patient’s status on the day of assessment. Notice how the grooming responses present the most independent level first then proceed to the most dependent. The use of devices does not impact scoring for this item; however, the amount of assistance needed does impact the scoring decision. For example, to select Response 0, the patient must be able to obtain grooming aids and groom unaided. If your patient is totally dependent on another person to complete the stated grooming tasks, then Response 3 – Patient depends entirely upon someone else for grooming needs is the appropriate response.

M1800 Grooming
Response-Specific Instructions, cont'd

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the patient to groom self.
- 3 - Patient depends entirely upon someone else for grooming needs.

- Pay careful attention to what is included and excluded in this item.
- Includes activities such as washing face and hands, hair care, shaving or make up, teeth or denture care, and fingernail care.
- Does not include bathing, shampooing hair, and toileting hygiene.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

When selecting a response, pay careful attention to what is included and excluded in the item. Grooming includes several activities such as washing face and hands, hair care, shaving or make up, teeth or denture care, and fingernail care. This item excludes bathing, shampooing hair, and toileting hygiene.

M1800 Grooming
Response-Specific Instructions, cont'd

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).



- Consider the frequency with which selected activities are necessary.
- Select the response that best describes the patient's level of ability in a majority of the more frequently performed grooming tasks.

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/
Resources 

The frequency with which selected activities are necessary must also be considered. For example, washing face and hands might be performed several times a day vs. nail care, which might be performed once a week. Patients able to do more frequently-performed activities like washing face and hands several times a day but unable to do less frequently performed activities like trimming fingernails should be considered to have more ability in grooming. Therefore, in cases where a patient's ability is different for various grooming tasks, select the response that best describes the patient's level of ability in a majority of the more frequently performed grooming tasks.

M1800 Grooming
Response-Specific Instructions, cont'd

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).



- A patient's ability may change as their condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified.
- Consider what the patient is able to do on the day of assessment.
- Choose the response that describes the patient's ability more than 50% of the time period under consideration.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



Consider that a patient's ability may change as their condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. You must consider what the patient is able to do on the day of assessment. If the patient's ability varies over time, choose the response describing the patient's ability more than 50% of the time period under consideration.

**M1800 Grooming
Data Sources / Resources**

- Gather information from several sources:
 - Have patient demonstrate a task for you to observe.
 - Interview the patient and/or caregiver.
 - Make observations during the physical assessment and environmental assessment.



When assessing your patient’s ability to groom, you may gather information to help you select an appropriate response from several sources. The preferred method is to have the patient demonstrate the tasks for you to observe. You can supplement your observation by interviewing the patient and/or caregiver for additional information. You can obtain additional valuable information related to the patient’s level of function while performing your physical assessment and environmental assessment.

M1800 Scenario

Your patient is able wash his hands and face, comb his hair, and brush his teeth.

Due to his Parkinson’s disease, he no longer possesses the fine motor skills to safely shave his face and depends on his wife to shave him every morning.

You observe his hand tremors and agree he would not be safe using a razor.



Let’s practice applying the data collection rules we have just learned. Your patient is able to wash his hands and face, comb his hair, and brush his teeth. Due to his Parkinson’s disease, he no longer possesses the fine motor skills to safely shave his face and depends on his wife to shave him every morning. You observe his hand tremors and agree he would not be safe using a razor.

M1800 Scenario Question

How would you score M1800 Grooming?

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the patient to groom self.
- 3 - Patient depends entirely upon someone else for grooming needs.

Select the correct response for this scenario.

[Review Scenario](#) 

How would you score item M1800 Grooming?

M1800 Scenario Answer

How would you score M1800 Grooming?

(M1800) Grooming: Current ability to tend safely to personal hygiene needs (i.e., washing face and hands, hair care, shaving or make up, teeth or denture care, fingernail care).

- 0 - Able to groom self unaided, with or without the use of assistive devices or adapted methods.**
- 1 - Grooming utensils must be placed within reach before able to complete grooming activities.
- 2 - Someone must assist the patient to groom self.
- 3 - Patient depends entirely upon someone else for grooming needs.

That is correct! Did you remember to apply the Majority of Tasks convention? We are directed to select the response that reports the patient's ability in a majority of the grooming tasks when ability varies between the different included tasks. In this scenario, your patient can perform three tasks safely. There is only one task that he performs once a day that requires assistance. Therefore, his ability to groom would be reported as Response 0 - Able to groom self unaided.

The correct response is 0 – Able to groom self unaided with or without the use of assistive devices or adaptive methods. Did you remember to apply the Majority of Tasks convention? We are directed to select the response that reports the patient’s ability in a majority of the grooming tasks when ability varies between the different included tasks. In this scenario, your patient can perform three tasks safely. There is only one task that he performs once a day that requires assistance. Therefore, his ability to groom would be reported as Response 0 – Able to groom self unaided.

M1810 / M1820 Dressing Upper & Lower Body Item Intent

(M1810) Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes

- Includes the ability to obtain, put on, and remove upper and lower body clothing.
- Identify the patient's ability, not performance.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



Items M1810 and M1820 identify the patient's ability to dress the upper and lower body, including the ability to obtain, put on, and remove upper and lower body clothing. The clinician must assess the patient's ability to put on whatever clothing the patient routinely wears. As with all the ADL / IADL items, identify the patient's ability, not performance. Don't forget that ability can be temporarily or permanently limited by factors such as physical impairments, emotional/cognitive/behavioral impairments, sensory impairments, and/or environmental barriers.

M1810 / M1020 Dressing Upper & Lower Body Time Points

(M1810) Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes

Collected at SOC, ROC, FU & DC Not to Inpatient

Item Intent — Time Points — Response-Specific Instructions — Data Sources/Resources 

We will address items M1810 Dressing the Upper Body and M1820 Dressing the Lower Body together because the guidance is the same for both items. Both of these items are collected at the Start of Care, Resumption of Care, Follow-up, and Discharge assessment time points.

M1810 / M1820 Dressing Upper & Lower Body
Definition: Routine

- “Routine” means the clothing the patient usually wears and will continue to wear.
- Identify the level of assistance required to dress the upper and lower body in routinely worn clothes.
- Also includes the ability to manage zippers, buttons, and snaps if these are routinely worn.
 - If routine clothes do not utilize these features, then you would not assess the patient’s ability in these tasks.



A key aspect of scoring these items is determining what clothes the patient wears routinely. “Routine” means the clothing the patient usually wears and will continue to wear. Determine through observation and interview if what the patient is wearing on the day of assessment represents the patient’s “routine clothing.” If not, identify the level of assistance required to dress the upper and lower body in routinely worn clothes, not what they are currently wearing. This item also specifically includes the ability to manage zippers, buttons, and snaps if these are routinely worn. If the patient’s clothes do not utilize these features, then you would not assess the patient’s ability in these tasks.

M1810 / M1820 Dressing Upper & Lower Body Modified Clothing

- Consider clothing modified due to physical impairment as routine if there is no reasonable expectation that the patient could return to their previous style of dressing.
- There is no specified time frame at which the modified clothing style will become the routine clothing.



If a patient modifies the clothing they wear due to a physical impairment, the modified clothing selection will be considered routine if there is no reasonable expectation that the patient could return to their previous style of dressing. For example, your patient has had a stroke and now has hemiparesis. Therefore, he can't use buttons or snaps and has changed permanently from pants that zip and snap to pants with an elastic waist. There is no specified time frame at which the modified clothing style will become the routine clothing. The clinician determines which clothing should be considered routine.

M1810 / M1820 Dressing Upper & Lower Body Support Devices

- Consider prosthetics, orthotics, or other support devices that are applied to the upper or lower body as dressing items. For example:
 - Cervical collars
 - Ankle foot orthoses
 - Arm slings
 - TED hose



Prosthetic, orthotic, or other support devices such as cervical collars, arm slings, ankle foot orthoses, and TED hose are considered upper or lower body dressing items if the patient is wearing them or is ordered to wear them on the day of assessment.

M1810 / M1820 Dressing Upper & Lower Body Response-Specific Instructions

(M1810) Current **Ability to Dress Upper Body** safely (with or without dressing aids) including undergarments, pullovers, front-opening shirts and blouses, managing zippers, buttons, and snaps:

- 0 - Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- 1 - Able to dress upper body without assistance if clothing is laid out or handed to the patient.
- 2 - Someone must help the patient put on upper body clothing.
- 3 - Patient depends entirely upon another person to dress the upper body.

[Select this link to view item M1820.](#)

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

Now let’s review the response options for these items. Notice how the options for the ability to dress the upper and lower body present the most independent level first then proceed to the most dependent. Be sure to read each response carefully to determine which one best describes what the patient is able to do. In cases where a patient’s ability is different for various dressing tasks in the upper and lower body, select the response that best describes your patient’s level of ability to perform the majority of dressing tasks. If the patient requires standby assistance or verbal cueing for all or most of their dressing tasks, select Response 2 – Someone must help the patient put on upper body clothing / Someone must help the patient put on undergarments, slacks, socks, and shoes.

M1810 / M1820 Dressing Upper & Lower Body Response-Specific Instructions

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
- 3 - Patient depends entirely upon another person to dress lower body.

[Select this link to view item M1810.](#)

Item Intent — Time Points — **Response-Specific Instructions** — Data Sources/ Resources 

**M1810 / M1820 Dressing Upper & Lower Body
Factors That Affect a Patient's Ability**

- A patient's ability may change as
 - The patient's condition improves or declines
 - Medical restrictions are imposed or lifted
 - The environment is modified
- Consider what the patient is able to do on the day of the assessment.
- If ability varies over time, choose the response that describes the patient's ability more than 50% of the time period under consideration.



The patient's ability may change as the patient's condition improves or declines, as medical restrictions are imposed or lifted, or as the environment is modified. Consider what the patient is able to do on the day of the assessment. If their ability varies over time, choose the response that describes the patient's ability more than 50% of the time period under consideration.

**M1810 / M1820 Dressing Upper & Lower Body
Factors That Affect a Patient's Ability, cont'd**



Patient is independent for first 6 hours.

Patient requires assistance for next 18 hours.

- Select Response 2 - Someone must help the patient



For example, you determine that for the first six hours of the day, your patient is rested and is able to perform dressing tasks independently. As the day wears on and for the next 18 hours, however, his endurance decreases and pain increases, and he requires someone to help him with dressing the upper and lower body. Since the patient requires someone to assist for 18 hours, we would score the patient as a 2 – Someone must help, even though he can dress independently in the mornings.

**M1810 / M1820 Dressing Upper & Lower Body
Data Sources / Resources**

- Use a combined observation and interview approach.
- Ask the patient or caregiver if the patient is having difficulty dressing the upper or lower body.
- Observe the patient’s general appearance and clothing to determine if the patient has been able to dress appropriately.

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources 

When assessing the patient’s ability to dress the upper and lower body, gather data from various sources. A combined observation/interview approach with the patient and/or caregivers will provide the best opportunity for selecting accurate responses. Ask the patient or caregiver if he or she is having difficulty dressing the upper or lower body. Observe the patient’s general appearance and clothing to determine if the patient has been able to dress appropriately.

**M1810 / M1820 Dressing Upper & Lower Body
Data Sources / Resources, cont'd**

- Observe the patient during the physical assessment.
 - Provides an opportunity to evaluate the extremity range of motion, coordination, and manual dexterity needed for dressing.
- Perform an environmental assessment to identify where the patient stores their clothes.



Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



Observing the patient manipulating or removing upper and lower body garments during the physical assessment of the heart and lungs or during toileting provides an excellent opportunity to evaluate the extremity range of motion, coordination, and manual dexterity needed for dressing. The patient can also be asked to demonstrate body motions involved in dressing. You will also want to perform an environmental assessment to identify where the patient stores his or her clothes. Then determine if the patient is able to independently retrieve the clothes from where they are routinely stored.

M1810 / M1820 Scenario

You arrive to perform your Start of Care assessment and find the patient dressed in very baggy sweat pants, a large, loose-fitting T-shirt, and slippers.

When asked if this is his “typical clothing,” he states he usually wears zippered pants, a buttoned shirt, underwear, shoes, and socks. When his rheumatoid arthritis flares up, his wife usually helps him with the buttons, zipper, and shoelaces, but she is out of town visiting her sister.

This morning he put on his current clothing by himself because he was in pain and too weak to obtain and put on his “regular” clothes without his wife’s assistance.



Let’s apply the guidance we just covered by scoring item M1820 for this scenario. You arrive to perform your Start of Care assessment and find the patient dressed in very baggy sweat pants, a large, loose-fitting T-shirt, and slippers. When asked if this is his “typical clothing,” he states he usually wears zippered pants, a buttoned shirt, underwear, shoes, and socks. When his rheumatoid arthritis flares up, his wife usually helps him with the buttons, zipper, and shoelaces, but she is out of town visiting her sister. This morning he put on his current clothing by himself because he was in pain and too weak to obtain and put on his “regular” clothes without his wife’s assistance.

M1810 / M1820 Scenario Question

How would you score M1820 Ability to Dress Lower Body?

(M1820) Current **Ability to Dress Lower Body** safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- 2 - Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.
- 3 - Patient depends entirely upon another person to dress lower body.

Select the correct response for this scenario.

[Review Scenario](#) 

How would you score M1820 Ability to Dress Lower Body?

M1810 / M1820 Scenario Answer

How would you score M1820 Ability to Dress Lower Body?

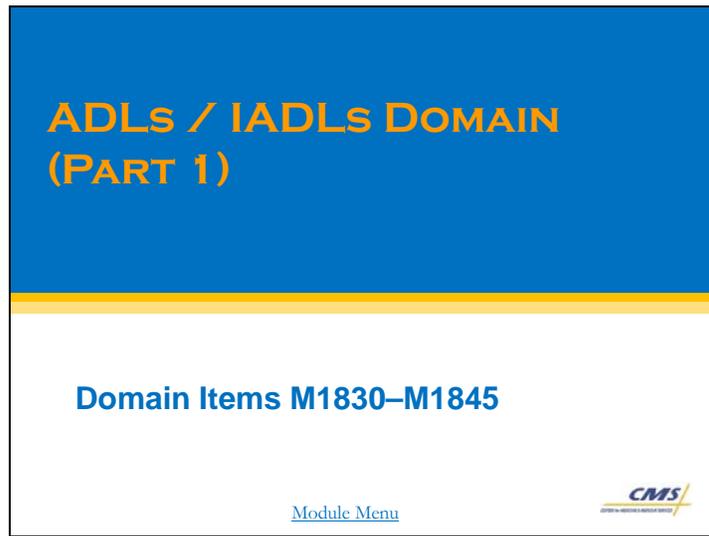
(M1820) Current Ability to Dress Lower Body safely (with or without dressing aids) including undergarments, slacks, socks or nylons, shoes:

- 0 - Able to obtain, put on, and remove clothing and shoes without assistance.
- 1 - Able to dress lower body without assistance if clothing and shoes are laid out or handed to the patient.
- 2 - **Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes.**
- 3 - Patient depends entirely upon another person to dress lower body.

That is correct! Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. To answer this question correctly, remember to identify what the patient routinely wears and score the item based on those articles of clothing instead of what the patient might be wearing temporarily. In this scenario, the patient was independent with the clothing he was wearing at the time of the assessment, but due to weakness and pain, he needed help to put on and remove his routine clothing.



That is correct! Someone must help the patient put on undergarments, slacks, socks or nylons, and shoes. To answer this question correctly, remember to identify what the patient routinely wears and score the item based on those articles of clothing instead of what the patient might be wearing temporarily. In this scenario, the patient was independent with the clothing he was wearing at the time of the assessment, but due to weakness and pain, he needed help to put on and remove his routine clothing.



This topic addresses ADLs / IADLs domain items M1830 through M1845.

Summary of M- Items

- M1800 Grooming
- M1810 Dressing Upper Body
- M1820 Dressing Lower Body
- M1830 Bathing
- M1840 Toilet Transferring
- M1845 Toileting Hygiene
- M1850 Transferring
- M1860 Ambulation/ Locomotion
- M1870 Feeding or Eating
- M1880 Plan & Prepare Light Meals
- M1890 Telephone Use
- M1900 Prior Functioning
- M1910 Fall Risk Assessment



There are 13 OASIS items in the ADLs / IADLs domain. This topic addresses M1830 Bathing, M1840 Toilet Transferring, and M1845 Toileting Hygiene.

M1830 Bathing
Item Intent & Time Points

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.

Response options continued on next screen.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



Item M1830 Bathing identifies the patient’s ability to bathe the entire body and the assistance that may be required to bathe safely, including the transfer in and out of the tub or shower. Assistance includes transferring in/out of the tub/shower. As with all ADLs / IADLs items, remember that the intent of this item is to identify the patient’s ability to perform this task safely, not necessarily their actual performance. This means the clinician must assess whether the patient is capable of bathing, even if the patient chooses not to bathe routinely.

M1830 Bathing
Item Intent & Time Points

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

Collected at SOC, ROC, FU & DC Not to Inpatient

Item Intent Time Points Response-Specific Instructions Data Sources/ Resources



Assess your patient holistically, keeping in mind that ability can be temporarily or permanently limited as previously discussed. This item is collected at the Start of Care, Resumption of Care, Follow-up, and Discharge assessment time points.

M1830 Bathing
Includes & Excludes

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- The item itself provides direction related to tasks that are excluded from scoring consideration.
- Evaluate the patient's ability to wash the entire body.
- Bold print indicates to exclude grooming tasks such as washing the face and hands and shampooing hair.
- Grooming tasks are captured in M1800 Grooming (note that shampooing hair is not included in either M1800 or M1830).



The item itself provides direction related to tasks that are excluded from scoring consideration. Read the bold print in the item. It directs us to evaluate the patient's ability to wash the entire body, excluding grooming tasks such as washing the face and hands and shampooing hair. Grooming tasks are captured in item M1800 Grooming. Note that shampooing hair is not included in either M1800 Grooming or M1830 Bathing.

M1830 Bathing
Response-Specific Instructions

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.

- Select the response describing the patient's ability more than 50% of the time period under consideration.
- The patient's status should not be based on an assumption regarding their ability to perform a task safely with equipment they do not currently have.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

When assessing your patient's ability to bathe, identify whether the ability to perform this task changes during the day of assessment. If there is a change throughout the day, choose the response describing the patient's ability more than 50% of the time period under consideration. The patient's status should not be based on an assumption that they can perform a task safely with equipment they don't have. For example, if you determine that your patient is unsteady in the shower, but you think he would be safe bathing if he used a shower chair, do not score Response 1 – With the use of devices. If you have not observed the patient using the shower chair, you cannot be sure he can bathe safely with just that device.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.
- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.

- Responses 0-3 are appropriate for a patient who is able to bathe in the tub or shower.


Data Sources/
Resources

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

When determining the correct response for your patient, notice how the responses are grouped. Responses 0 through 3 would be appropriate for a patient who is able to bathe in the tub or shower.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

- Responses 4 and 5 are appropriate for sink bathers.
- Response 6 describes the patient who is unable to effectively participate in bathing and is bathed by another person.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

Responses 4 and 5 are appropriate for sink bathers and Response 6 describes the patient who is unable to effectively participate in bathing and is bathed by another person.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.

1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.

- Select Response 0 if the patient does not require any human assistance or assistive devices to bathe safely in a shower or tub.
- Select Response 1 if the patient is able to bathe safely and independently in a shower or tub without human assistance using assistive devices only.
- Both responses include getting in and out of the shower or tub.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



Select Response 0 – Able to bathe self in shower or tub independently if your patient does not require any human assistance or assistive devices to bathe safely. This includes getting in and out of the shower or tub. Select Response 1 – With the use of devices if your patient is able to bathe safely and independently in a shower or tub without human assistance using assistive devices only. This also includes getting in and out of the shower or tub.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.

3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.

- Select Response 2 if the patient requires intermittent assistance to bathe safely.
- Assistance includes verbal cueing, supervision, and hands-on assistance.
- Select Response 3 if the patient requires continuous assistance to bathe safely.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

Select Response 2 – Able to bathe in shower or tub with the intermittent assistance of another person if the patient requires intermittent assistance to bathe safely. Remember, the definition of assistance is broad and includes verbal cueing, supervision, and hands-on assistance. Therefore, select Response 2 if the patient requires intermittent supervision, encouragement, or reminders; assistance getting in or out of the shower or tub; or assistance washing difficult to reach areas. If your patient requires continuous assistance, then select Response 3 – Able to participate in bathing self in shower or tub but requires presence of another person throughout the bath for assistance or supervision.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

- If your patient bathes outside of the tub or shower, identify the reason.
- Identify what their safe ability would be for bathing in a tub or shower if the reason is due to personal choice and not an impairment or restriction.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

If your patient bathes outside of the tub or shower, identify the reason. If the reason is due to personal choice and not an impairment or restriction, identify what their safe ability would be for bathing in a tub or shower. When holistically assessing your patient, remember how ability can be temporarily or permanently limited. For example, if your patient is medically restricted from stair climbing and the only tub or shower requires climbing stairs, the patient is temporarily unable to bathe in the tub or shower due to combined medical restrictions and environmental barriers. Responses 4, 5, or 6 could apply, depending on your patient’s ability to bathe outside the tub/shower.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

- Select Response 4 if the patient is able to bathe safely and independently outside the tub/shower (requires no human assistance).
- Select Response 5 if the patient needs some assistance (either intermittently or continuously) to wash their entire body safely at a sink, in a chair, or on a commode.

Item Intent Time Points **Response-Specific Instructions** Data Sources/ Resources



To select Response 4, the patient must be able to bathe safely and independently outside the tub/shower. This includes the patient being able to independently access water at a sink or set up a basin at the bedside. In other words, your patient is totally independent at bathing outside the tub or shower and requires no human assistance. Select Response 5 if the patient is unable to bathe in the tub/shower and needs some assistance (either intermittently or continuously) to wash their entire body safely at a sink, in a chair, or on a commode.

M1830 Bathing
Response-Specific Instructions, cont'd

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

- Select Response 4 or 5 based on the patient's ability to bathe outside the tub/shower if the patient does not have a tub or shower in the home or the tub or shower is nonfunctioning or not safe.
- Select Response 6 if the patient is completely unable to participate in bathing and is bathed totally by another person.

Item Intent Time Points **Response-Specific Instructions** Data Sources/  Resources

If the patient does not have a tub or shower in the home or the tub or shower is nonfunctioning or not safe for the patient to use, consider the patient as unable to bathe in the tub or shower. If the patient can assist with bathing tasks, select Response 4 or 5 based on the patient's ability to bathe outside the tub/shower. If your patient is totally unable to participate in bathing and is totally bathed by another person, select Response 6 regardless of where the bathing occurs or if the patient has a functioning tub or shower.

M1830 Bathing
Data Sources / Resources

- Use a combined observation and interview approach.
- Observe the patient’s general appearance to determine if the patient has been able to bathe as needed.
- Observe the patient stepping into the shower or tub to determine how much assistance the patient needs to perform the activity safely.
- Ask the patient what type of assistance is needed to wash their entire body in the tub or shower.
- Gather information while performing the physical assessment of the patient and environmental assessment of the patient’s living situation.

Item Intent Time Points Response-Specific Instructions Data Sources/Resources 

When assessing the patient’s ability to bathe, gather data from a variety of sources. A combined observation/interview approach with the patient or caregiver is helpful in determining the most accurate response for this item. Observe the patient’s general appearance to determine if the patient has been able to bathe as needed. Observe the patient stepping into the shower or tub to determine how much assistance the patient needs to perform the activity safely. Ask the patient what type of assistance is needed to wash their entire body in the tub or shower. You may also gather this information while performing your physical assessment of the patient and environmental assessment of the patient’s living situation.

M1830 Bathing Scenario

You ask your patient to show you where she bathes, and she states that she bathes at the sink in the bathroom.

When asked why she doesn't bathe in the shower, the patient states a sink bath is a personal preference.

When asked, the patient demonstrates that she can safely get in and out of the shower. You do not observe any physical, neuro/emotional/behavioral, or cognitive issues that would present a barrier to showering independently.



Let's apply what we just learned about M1830 Bathing. You ask your patient to show you where she bathes, and she states that she bathes at the sink in the bathroom. When asked why she doesn't bathe in the shower, the patient states a sink bath is a personal preference. When asked, the patient demonstrates that she can safely get in and out of the shower. You do not observe any physical, neuro/emotional/behavioral or cognitive issues that would present a barrier to showering independently.

M1830 Bathing Scenario Question

How would you score M1830 Bathing?

(M1830) Bathing: Current ability to wash entire body safely. **Excludes grooming (washing face, washing hands, and shampooing hair).**

- 0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- 1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- 2 - Able to bathe in shower or tub with the intermittent assistance of another person:
 - (a) for intermittent supervision or encouragement or reminders, OR
 - (b) to get in and out of the shower or tub, OR
 - (c) for washing difficult to reach areas.

Response options continued on next screen.

[Review Scenario](#) **Select the correct response for this scenario.** 

How would you score M1830 Bathing?

M1830 Bathing Scenario Question

How would you score M1830 Bathing?

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

- 3 - Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.
- 4 - Unable to use the shower or tub, but able to bathe self independently with or without the use of devices at the sink, in chair, or on commode.
- 5 - Unable to use the shower or tub, but able to participate in bathing self in bed, at the sink, in bedside chair, or on commode, with the assistance or supervision of another person throughout the bath.
- 6 - Unable to participate effectively in bathing and is bathed totally by another person.

[Review Scenario](#) **Select the correct response for this scenario.** 

M1830 Bathing Scenario Answer

How would you score M1830 Bathing?

(M1830) Bathing: Current ability to wash entire body safely. Excludes grooming (washing face, washing hands, and shampooing hair).

0 - Able to bathe self in shower or tub independently, including getting in and out of tub/shower.

1 - With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.

2 - Able to bathe in shower or tub with the intermittent assistance of another person:
(a) for intermittent supervision or encouragement or reminders, OR
(b) to get in and out of the shower or tub, OR
(c) for washing difficult to reach areas.

*That is correct! In this scenario, this patient demonstrates the ability to safely get in and out of the shower, and based on assessment, there are no physical, neuro/emotional/behavioral, or cognitive barriers to prevent the patient from washing her body independently. Therefore, the correct response is 0 - Able to bathe self in the shower or tub independently.

That is correct! You are required to score the patient based on her ability to perform the task safely, not personal choice. Therefore, you must assess what the patient is able to do safely in relation to the tasks included in this item. Did you remember not to consider willingness or compliance? In this scenario, this patient demonstrates the ability to safely get in and out of the shower, and based on assessment, there are no physical, neuro/emotional/behavioral, or cognitive barriers to prevent the patient from washing their body independently. Therefore, the correct response is 0 – Able to bathe self in the shower or tub independently.

M1840 Toilet Transferring
Item Intent & Time Points

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- 0 - Able to get to and from the toilet and transfer independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.

Collected at SOC, ROC, FU & DC Not to Inpatient

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____



The intent of M1840 Toilet Transferring is to determine the patient’s ability to safely get to and from and transfer on and off the toilet or bedside commode. Assess the patient’s ability, not necessarily their performance, in toilet transferring. The patient’s willingness and compliance are not the focus of this item. You will need to assess your patient holistically to determine if ability has been temporarily or permanently limited by factors such as medical restrictions and physical or environmental barriers. This item is collected at the Start of Care, Resumption of Care, Follow-up, and Discharge assessment time points.

M1840 Toilet Transferring
Response-Specific Instructions

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- 0 - Able to get to and from the toilet and transfer independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.

• Excludes the tasks of personal hygiene and clothing management related to toileting.
• Response options present the most independent level first then proceed to more dependent toileting methods.

Item Intent Time Points **Response-Specific Instructions** Data Source/ Resources



Response-specific instructions are provided to assist you in selecting the response that best reflects your patient’s toilet transferring status on the day of assessment. This item excludes the tasks of personal hygiene and clothing management related to toileting. These tasks are captured in another OASIS item. As with other ADL items, notice how the response options present the most independent level first then proceed to more dependent toileting methods. Read each response carefully to determine which one best describes what your patient is able to do.

M1840 Toilet Transferring Response-Specific Instructions, cont'd

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- 0 - Able to get to and from the toilet and transfer independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.

- Consider what the patient is able to do greater than 50% of the time if the patient's ability in getting to or from or on and off the toilet varies on the day of assessment.

Item Intent
Time Points
Response-Specific Instructions
Data Sources/
Resources

If your patient's ability in getting to or from or on or off the toilet varies on the day of assessment, consider what the patient is able to do greater than 50% of the time. For example, your patient is able to independently get to and from, on and off the toilet during the day, 9 am until 8 pm, using just a cane. At 8 pm, the patient takes a sleeping medication along with her pain medication and quickly becomes so pharmacologically impaired, she is unable to walk safely, even with someone assisting her. She is not safe walking again until 9 am. During the night, she is assisted safely to the bedside commode by her husband. In this scenario, we would apply the Usual Status Convention and select Response 2 – Unable to get to and from the toilet but is able to use a bedside commode. For 13 hours, the patient is unable to use the toilet but can use a bedside commode safely. When assessing your patient's use of a bedside commode, identify if they have an impairment which prevents them from getting to and from and on and off the toilet or if they are just using the bedside commode for convenience.

**M1840 Toilet Transferring
Response-Specific Instructions, cont'd**

(M1840) Toilet Transferring: Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

0 - Able to get to and from the toilet and transfer independently with or without a device.

1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.

2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).

3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.

4 - Is totally dependent in toileting.

- Select Response 0 when the patient needs no human assistance to perform these tasks safely.
- The patient may use an assistive device without impacting the ability to be independent.
- Select Response 1 if patient is able to get to and from the toilet and transfer when reminded, assisted, or supervised by another person.

Now, let's discuss each response option in more detail. Select Response 0 – Able to get to and from the toilet and transfer independently when the patient needs no human assistance to perform these tasks safely. The patient may use an assistive device and, for this OASIS item, it does not impact the patient's ability to be independent. Select Response 1 if your patient is able to get to and from the toilet and transfer when reminded, assisted, or supervised by another person. This applies if your patient needs standby assistance to get to and from the toilet safely or requires verbal cueing or reminders to complete these tasks. Also select Response 1 if you have a patient who can independently get to the toilet but requires assistance to get on and off the toilet.

M1840 Toilet Transferring
Response-Specific Instructions, cont'd

(M1840) **Toilet Transferring:** Current ability to get to and from the toilet or bedside commode safely and transfer on and off toilet/commode.

- 0 - Able to get to and from the toilet and transfer independently with or without a device.
- 1 - When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- 2 - Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- 3 - Unable to get to and from the toilet or bedside commode but is able to use a bedpan/urinal independently.
- 4 - Is totally dependent in toileting.

- Select Response 2 for patients who are unable to get to and from the toilet when assisted, but are able use a bedside commode, either with or without assistance.
- Select Response 3 for patients who are unable to get to and from the bedside commode but are able to place a bedpan and urinal.



Item Intent Time Points **Response-Specific Instructions** Data Sources/Resources

Select Response 2 for patients who are unable to get to and from the toilet when assisted, but are able to use the bedside commode, either with or without assistance. Select Response 3 for patients who are unable to get to and from the bedside commode but able to place a bedpan and urinal.

M1840 Toilet Transferring
Data Sources / Resources

- Use a combined observation and interview approach.
- Ask the patient if he or she has any difficulty getting to and from the toilet or beside commode.
- Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, pain, etc.
- Determine the level of assistance needed by the patient to safely use the toilet or commode.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/ Resources 

When assessing your patient’s ability to perform the tasks included in the toilet transfer item, gather information to help you select an appropriate response from several sources. A combined observation/interview approach with the patient or caregiver is helpful in determining the most accurate response for this item. Ask the patient if he or she has any difficulty getting to and from the toilet or bedside commode. Observe the patient during transfer and ambulation to determine if the patient has difficulty with balance, strength, dexterity, pain, etc. Determine the level of assistance needed by the patient to safely use the toilet or commode.

**M1845 Toileting Hygiene
Item Intent & Time Points**

(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

Collected at SOC, ROC & DC Not to Inpatient

Item Intent Time Points Response-Specific Instructions Data Sources/Resources



Item M1845 reports the patient’s ability to manage personal hygiene and clothing when toileting. Toileting hygiene includes several activities, including pulling clothes up or down and adequately cleaning or wiping the perineal area. For patients with urinary catheters, this item includes the patient’s ability to maintain hygiene related to catheter care and the ability to cleanse around stomas that are used for urinary or bowel elimination such as urostomies and ileostomies. As with other functional items, the focus is on the patient’s safe ability to complete the included tasks, not on their actual performance, willingness, or compliance. This item is collected at the Start of Care, Resumption of Care, and Discharge assessment time points.

M1845 Toileting Hygiene
Response-Specific Instructions

(M1845) Toileting Hygiene: Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

- Consider what the patient is able to do on the day of assessment.
- Select the response that describes the patient's ability to perform toileting hygiene tasks for greater than 50% of the time period under consideration if ability varies over time.
- Time period under consideration is the time the clinician is in the home and the preceding 24 hours.

Data Sources/
Resources 

Item Intent Time Points Response-Specific Instructions

As with other ADLs / IADLs items, consider what the patient is able to do on the day of assessment. If ability varies over time, select the response that describes the patient's ability to perform toileting hygiene tasks for greater than 50% of the time period under consideration. For this item, the time period under consideration is the time the clinician is in the home and the preceding 24 hours.

M1845 Toileting Hygiene
Response-Specific Instructions, cont'd

(M1845) **Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

- Toileting hygiene scale ranges from most independent level to the most dependent level of function.
- Refers to the patient's ability to manage personal hygiene and clothing with or without assistive devices.
- Includes verbal cueing, supervision, and either standby or hands-on assistance.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

Notice how the toileting hygiene scale presents the most independent level first, then proceeds to the most dependent level of function. This item refers to the patient's ability to manage personal hygiene and clothing with or without assistive devices. The word assistance in this item refers to assistance from another person and includes verbal cueing, supervision, and either standby or hands-on assistance. Read each response carefully to determine which one best describes what the patient is able to do.

M1845 Toileting Hygiene
Response-Specific Instructions, cont'd

(M1845) **Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

- Select Response 0 if the patient does not require human assistance to perform toileting hygiene tasks.
- Select Response 1 if the patient can perform these tasks if supplies or implements are laid out for the patient to use.



Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources

Now, let's review the response options in more detail. Select Response 0 – Able to manage toileting hygiene and clothing management without assistance if the patient does not require human assistance to perform toileting hygiene tasks. Select Response 1 if the patient can perform these tasks if supplies or implements are laid out for the patient to use. For example, select this response if your patient can manage clothing and perineal hygiene alone but doesn't have the range of motion required to reach the toilet paper and needs someone to place it within their reach.

M1845 Toileting Hygiene
Response-Specific Instructions, cont'd

(M1845) **Toileting Hygiene:** Current ability to maintain perineal hygiene safely, adjust clothes and/or incontinence pads before and after using toilet, commode, bedpan, urinal. If managing ostomy, includes cleaning area around stoma, but not managing equipment.

- 0 - Able to manage toileting hygiene and clothing management without assistance.
- 1 - Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- 2 - Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- 3 - Patient depends entirely upon another person to maintain toileting hygiene.

- Select Response 2 if the patient can participate in hygiene and/or clothing management but needs some assistance with either or both activities.
- Assistance may include verbal cueing and standby assistance.
- Select Response 3 when the patient is unable to contribute any effort to the tasks of toileting hygiene or clothing management.

Item Intent Time Points **Response-Specific Instructions** Data Sources/
Resources



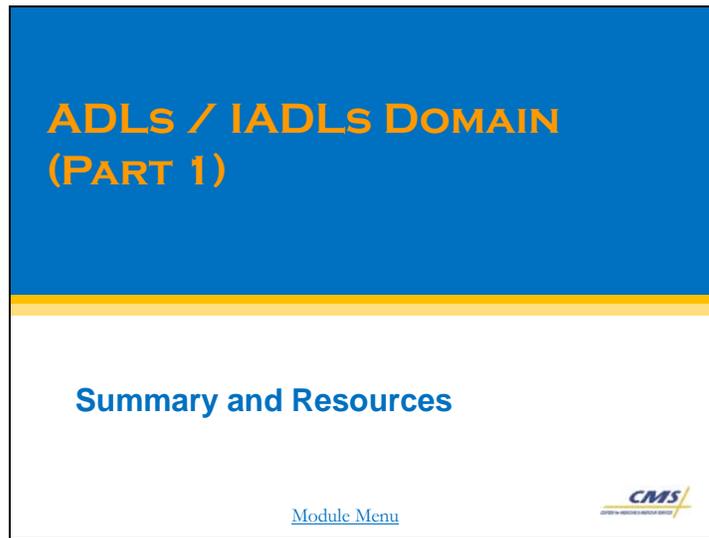
Select Response 2 if the patient can participate in hygiene and/or clothing management but needs some assistance with either or both activities. Assistance for this item may include verbal cueing and standby assistance. Select Response 3 when the patient is unable to contribute any effort to the tasks of toileting hygiene or clothing management.

M1845 Toileting Hygiene
Data Sources / Resources

- Use a combined observation and interview approach.
- Ask the patient about their ability to perform the tasks of clothing management and perineal hygiene.
- Observe mobility, flexion, range of motion, balance, arm strength, and manual dexterity during the physical and environmental assessment.

Item Intent _____ Time Points _____ Response-Specific Instructions _____ Data Sources/Resources _____ 

As with many of these items, a combined observation/interview approach with the patient or caregiver is optimal to determine the most accurate response for this item. Ask the patient and/or caregiver about their ability to perform the tasks of clothing management and perineal hygiene. Also observe mobility, flexion, range of motion, balance, arm strength, and manual dexterity during the physical assessment and environmental assessment to help select an accurate response.



This topic lists the resources and references used in this educational module.

Summary of Domain

- Understand each item and the individual responses.
- Use Chapter 3 of the OASIS-C guidance manual as your reference for the following concepts:
 - Item intent
 - Time points for completion
 - Response-specific instructions
 - Data sources and resources
- Additional guidance can be found in the CMS Q & As and the CMS Quarterly Q & As.



In summary, in order to accurately collect the items in the ADLs / IADLs domain, it will be important for the assessing clinician to understand each item and its individual responses. Use Chapter 3 of the OASIS-C Guidance Manual as your reference to apply concepts and details related to the intent of each OASIS item, when each item should be completed, what the various response option mean, and what data sources and resources you can use to facilitate an accurate assessment. You can find additional guidance related to data collection in the CMS Q & As and the CMS Quarterly OASIS Q & As.

Resources / References

- OASIS-C Guidance Manual
 - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html
 - Chapter 3 provides guidance on OASIS-C questions.
- CHAMP Program
 - www.champ-program.org/
- Home Health Quality Improvement (HHQI) National Campaign
 - www.homehealthquality.org
- OASIS Answers, Inc.
 - www.oasisanswers.com

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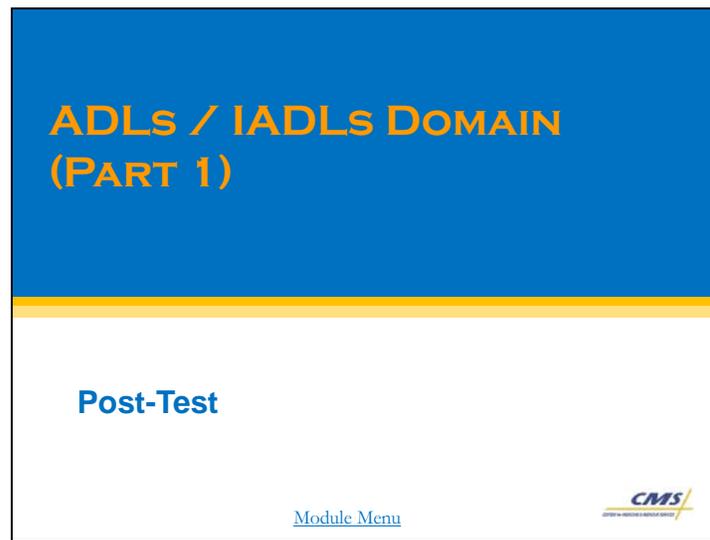
You can access additional resources and references at the links listed here. Particularly important is the guidance in Chapter 3 of the OASIS-C Guidance Manual, which served as the foundational content for this educational module. Home care nurses and therapists responsible for collecting OASIS data should consider having a copy of the Chapter 3 guidance accessible while conducting comprehensive assessments to enhance data accuracy.

Questions

- Talk with your clinical managers.
- Email OASIS training feedback site.
 - oasisctrainingfeedback@cms.hhs.gov
- Check the CMS Q & As.
 - www.qtso.com/hhdownload.html
- Contact State OASIS Educational Coordinators.
 - www.cms.gov/OASIS/Downloads/OASISeducationalcoordinators.pdf
- Submit Q & As to CMS.
 - [Send email to: CMSOASISquestions@oasisanswers.com](mailto:CMSOASISquestions@oasisanswers.com)



If you have a question about this training module, please talk with your clinical managers. If you have comments related to this training module, consider providing feedback to the OASIS training feedback mailbox at oasisctrainingfeedback@cms.hhs.gov. For additional guidance, download and review the CMS Q & As and the Quarterly Q & A updates, available at the links provided here. If you still have an unanswered data collection question after consulting the guidance contained in Chapter 3 of the OASIS-C Guidance Manual and the OASIS Q & As, contact your State OASIS Educational Coordinator, who can provide free assistance in answering your OASIS data collection questions. If your question cannot be resolved with the help of your OEC, consider submitting your inquiry to the CMS OASIS mailbox at CMSOASISquestions@oasisanswers.com. Thank you for your commitment to OASIS accuracy.



This post-test contains five questions. Read each question, select an answer, then select the Submit button.

Post-Test Question #1

When you arrive to perform the Start of Care comprehensive assessment, you find the patient disheveled. He states he hasn't combed his hair, shaved, or brushed his teeth since his wife went to the hospital two days ago. The patient states his wife likes the house clean and free of clutter; therefore, she keeps all his grooming utensils on the top shelf of the medicine cabinet. Due to the severe arthritis in his shoulders, his wife usually gathers the grooming supplies and places them on the countertop. You get his supplies from the medicine cabinet and place them within his reach, and he demonstrates he can groom independently. How would you score M1800 Grooming?

- A. Response 0 – Able to groom self unaided, with or without the use of assistive devices or adapted methods.
- B. Response 1 – Grooming utensils must be placed within reach before able to complete grooming activities.
- C. Response 2 – Someone must assist the patient to groom self.
- D. Response 3 – Patient depends entirely upon someone else for grooming needs.

That is correct! The OASIS response is based on the patient's safe ability, not necessarily their actual performance. Upon admission, the patient was performing below his ability by not grooming. You observe him demonstrate his ability; he was able to safely groom when his grooming utensils were placed within reach. [Submit](#)



The correct answer is B. Response 1 – Grooming utensils must be placed within reach before able to complete grooming activities. The OASIS response is based on the patient's safe ability, not necessarily their actual performance. Upon admission, the patient was performing below his ability by not grooming. You observe him demonstrate his ability; he was able to safely groom when his grooming utensils were placed within reach.

Post-Test Question #2

During your assessment you observe that your patient is able to independently obtain, put on, and take off all of his upper body clothing, but due to a history of frequent falls and recent weakness, he requires standby assistance to be safe while dressing. How would you score M1810 Ability to Dress Upper Body?

- A. Response 0 – Able to get clothes out of closets and drawers, put them on and remove them from the upper body without assistance.
- B. Response 1 – Able to dress upper body without assistance if clothing is laid out or handed to the patient.
- C. Response 2 – Someone must help the patient put on upper body clothing.
- D. Response 3 – Patient depends entirely upon another person to dress the upper body.

That is correct! The response-specific instructions for M1810 Ability to Dress Upper Body direct us to select Response 2 when the patient requires standby assistance to dress safely. When an OASIS item refers to assistance, this means assistance from another person unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.

 [Submit](#)

The correct answer is C. Response 2 – Someone must help the patient put on upper body clothing. The response-specific instructions for M1810 Ability to Dress Upper Body direct us to select Response 2 when the patient requires standby assistance to dress safely. When an OASIS item refers to assistance, this means assistance from another person unless otherwise specified within the item. Assistance is not limited to physical contact and includes both verbal cues and supervision.

Post-Test Question #3

At Start of Care your patient required continuous assistance while taking a shower. At Discharge you assess that she is able to get in and out of the shower by herself, and she can bathe everything, except she needs help washing her feet. How would you score your patient at Discharge for M1830 Bathing?

- A. Response 0 – Able to bathe self in shower or tub independently, including getting in and out of tub/shower.
- B. Response 1 – With the use of devices, is able to bathe self in shower or tub independently, including getting in and out of the tub/shower.
- C. Response 2 – Able to bathe in shower or tub with the intermittent assistance of another person:
 - (a) for intermittent supervision or encouragement or reminders, OR
 - (b) to get in and out of the shower or tub, OR
 - (c) for washing difficult to reach areas.
- D. Response 3 – Able to participate in bathing self in shower or tub, but requires presence of another person throughout the bath for assistance or supervision.

That is correct! The patient requires intermittent assistance for washing difficult to reach areas. Thus, the correct answer is Response 2 – Able to bathe in shower or tub with the intermittent assistance of another person.



The correct answer is C. Response 2 – Able to bathe in shower or tub with the intermittent assistance of another person. The patient requires intermittent assistance for washing difficult to reach areas. Thus, the correct answer is Response 2 – Able to bathe in shower or tub with the intermittent assistance of another person.

Post-Test Question #4

Your patient, a bilateral below-the-knee amputee, was discharged from the hospital yesterday at noon. The admitting PT arrived at the home at 2 pm and noted the patient was chairfast and able to propel himself independently in his wheelchair. During the visit, a sliding board was delivered to the home by the DME company, and the PT instructed the patient in its safe use and observed him transfer on and off the toilet safely. Prior to this time, the patient had been using a bedpan and urinal safely and independently. How would you score M1840 Toilet Transferring?

- A. Response 1 – When reminded, assisted, or supervised by another person, able to get to and from the toilet and transfer.
- B. Response 2 – Unable to get to and from the toilet but is able to use a bedside commode (with or without assistance).
- C. Response 3 – Unable to get to and from the toilet or commode but is able to use a bedpan/urinal independently.
- D. Response 4 – Is totally dependent in toileting.

That is correct! The patient's ability varied on the day of assessment. Most of the day, the patient was only able to use the bedpan/urinal safely due to lack of needed equipment. During the visit, the patient's ability changed when needed equipment arrived and instruction was provided. The score for M1840 is based on what is true a majority of the time on the day of assessment. [Submit](#)



The correct answer is C. Response 3 – Unable to get to and from the toilet or commode but is able to use a bedpan/urinal independently. The patient's ability varied on the day of the assessment. Most of the day, the patient was only able to use the bedpan/urinal safely due to lack of needed equipment. During the visit, the patient's ability changed when needed equipment arrived and instruction was provided. The score for M1840 is based on what is true a majority of the time on the day of assessment.

Post-Test Question #5

When assessing the patient's skin at SOC, the RN discovered that the patient's rectal area was soiled with feces. When questioned, the patient states, "I just can't reach all the way back to my bottom after I go to the bathroom, so I just do the best I can." What would the correct response be for M1845 Toileting Hygiene?

- A. Response 0 – Able to manage toileting hygiene and clothing management without assistance.
- B. Response 1 – Able to manage toileting hygiene and clothing management without assistance if supplies/implements are laid out for the patient.
- C. Response 2 – Someone must help the patient to maintain toileting hygiene and/or adjust clothing.
- D. Response 3 – Patient depends entirely upon another person to maintain toileting hygiene.

That is correct! If a patient can participate in toileting hygiene and/or clothing management but needs some assistance with either or both activities, select Response 2.

[Submit](#) 

[Module Menu](#)

The correct answer is C. Response 2 – Someone must help the patient to maintain toileting hygiene and/or adjust clothing. If a patient can participate in hygiene and/or clothing management but needs some assistance with either or both activities, select Response 2.
