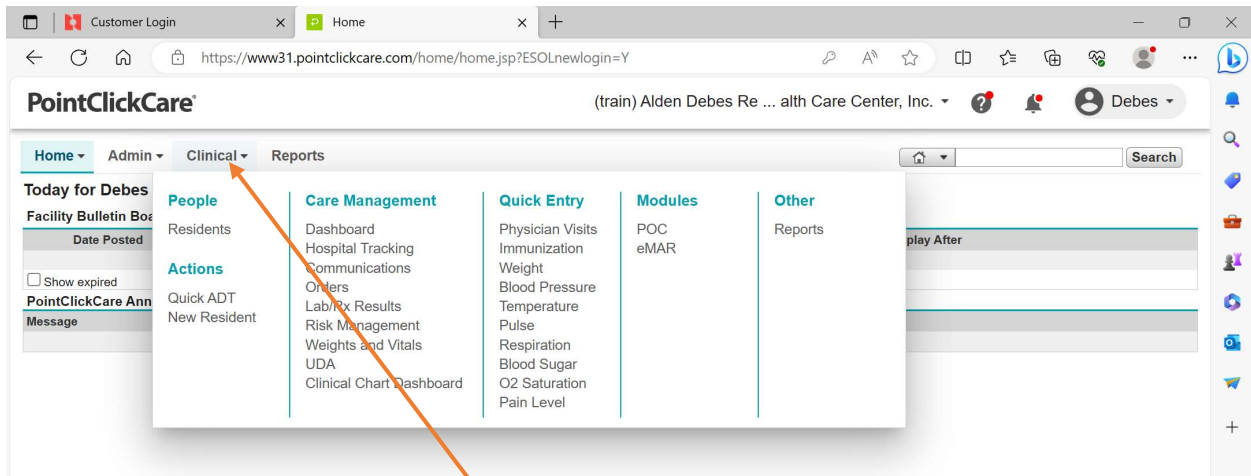
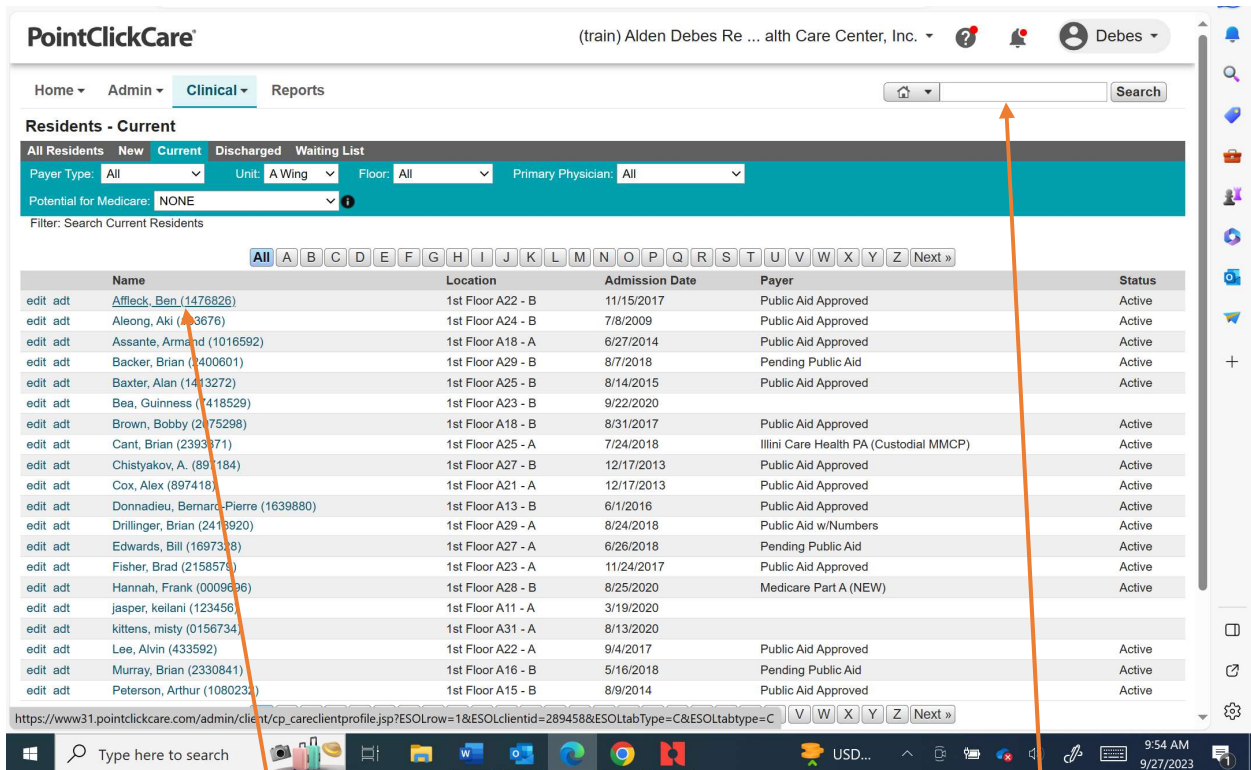


# Completing Section GG in PCC



1. Once Logged into PCC site, Click on Clinical



2. Either Choose your Patient from the List or Type in Resident's last name in Search Bar

PointClickCare (train) Alden Debes Re ... alth Care Center, Inc. Debes

Home Admin Clinical Reports Search

**Affleck, Ben (1476826)** 1 of 31 Prev Next

Status: Current Location: A Wing A22-B  
 Gender: Male DOB: 6/1/1963 Age: 60  
 Physician: Bubby Lewis

Care Profile Edit Print

Allergies: Penicillin, Wellbutrin, Penicillins  
 Code Status: CODE STATUS: ATTEMPT RESUSCITATION / CPR (FULL CODE)  
 Special Instructions: Medications whole.

Current Vitals

BP: 128/88 mmHg 9/19/2019 15:36	Temp: 98.7 °F 9/19/2019 15:37	Pulse: 80 bpm 9/19/2019 15:37	Weight: 216 Lbs 9/19/2022 14:10
Resp: 20 Breaths/min 9/19/2019 15:37	BS:	O2: 97 % 9/19/2019 15:37	Pain: 3 3/23/2021 15:03

Dash Profile Census Med Diag Allergy Immun Orders Wts/Vitals Results MDS Assmnts Prog Note Care Plan Tasks Misc

Contacts Add Admission Record Transfer / Discharge Record

Name	Phone/Email (listed in priority order)	Relation	Contact Type
Jennifer McShane (173829)	Home: (289) 865-6549	Sister	POA - Care Emergency Contact# 1 Resident Representative

3. Click on Assessments (Assmnts) Tab

PointClickCare (train) Alden Debes Re ... alth Care Center, Inc. Debes

Home Admin Clinical Reports Search

**Affleck, Ben (1476826)** 1 of 31 Prev Next

Status: Current Location: A Wing A22-B  
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Care Profile Edit Print

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Dash Profile Census Med Diag Allergy Immun Orders Wts/Vitals Results MDS Assmnts Prog Note Care Plan Tasks Misc

Standard Assessments New Edit Schedules Type: All

Next Assessment Due: NRS - POST OCCURRENCE DOCUMENTATION (9 / 21) : 419 days overdue - 8/4/2022

Date	Description	Status	Type	Category	Score	Created By	Revised By
9/26/2023	GG Screener (10/23)	In Progress	Admission			Imagnusson	Imagnusson

4. Click on New

**PointClickCare** (train) Alden Debes Re ... alth Care Center, Inc. Debes

Home Admin **Clinical** Reports

**Affleck, Ben (1476826)**  
 Status: Current Location: A Wing A22-B  
 Gender: Male DOB: 6/1/1963 Age: 60  
 Physician: Bubby Lewis

Care Profile Edit Print

Allergies: Penicillin, Welbutrin, Penicillins  
 Code Status: CODE STATUS: ATTEMPT RES  
 Special Instructions: Medications whole.

Dash Profile Census Med Diag Allergy Immun O

Standard Assessments New Edit Schedules

Next Assessment Due: NRS - POST OCCURRENCE DC

View All

Date	Description
9/26/2023	GG Screener (10/23)
9/26/2023	GG Screener (10/23)
9/26/2023	REST NRS - RESTC
7/5/2023	NRS - WASA Form (
7/5/2023	NRS - Comprehensive
7/5/2023	NRS - Braden Scale
5/23/2023	NRS - Fall Risk Ass
4/28/2023	eINTERACT Change i
4/19/2023	NRS - RESIDENT/F
4/19/2023	NRS - Initial Nursing A
4/19/2023	NRS - Baseline Care
4/19/2023	NRS - Comprehensive
4/19/2023	NRS - WASA Form (7/15) - V 2
4/19/2023	NRS - Braden Scale (12/12) - V 1

Reasons for Assessment

Assessment Date: 9/27/2023 Time: 09:56

Assessment:

- ACT - Brief, Initial Memory Care Assessment - Updated 11/2017
- Dr Marina Admit Summary
- Dr Marina Discharge Summary
- Dr. Cullath Discharge Summary - V 2
- Dr. Cullath Admit Summary - V 2
- Dr. Cullath Patient Summary (2/16) - V 2
- Dr. Marina Patient Summary (2/16)
- eINTERACT Change in Condition Evaluation V4.2
- eINTERACT Transfer Form V4.1
- Functional Abilities and Goals - Admission - V 2 (10/23)
- Functional Abilities and Goals - Discharge - V 2 (10/23)
- Functional Abilities and Goals - Interim or Other OBRA - V 2 (10/23)
- GG Screener (10/23)
- Long Term Care Facility Risk Evaluation 3/21
- MC/SSD I.A.S. - Memory Care Comprehensive Profile: Social Service, Clinical Preferences/Needs and Discharge Evaluation (Initial/Annual/Sig Chg) - Updated
- MC/SSD Q - Memory Care Comprehensive Profile: Social Service, Clinical Preferences/Needs and Discharge Evaluation (Quarterly) - Updated 11/2017
- MC/SSD/BH - Staging Scales - Revised 2.9.15
- Medical Professional History & Physical (8/24/16)
- Medical Professional Progress Note (8/24/16)
- Medical Professional SOAP Note
- Medicare / Managed Care Progress Note - V 5 (SPN)

Type: All

5. Reasons for Assessment Pops up. Choose **Functional Abilities and Goals – Admission** from all the options under Assessment

**PointClickCare** (train) Alden Debes Re ... alth Care Center, Inc. Debes

Home Admin **Clinical** Reports

**Affleck, Ben (1476826)**  
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 Physician: Bubby Lewis

Care Profile Edit Print

Allergies: Penicillin, Welbutrin, Penicillins  
 Code Status: CODE STATUS: ATTEMPT RES  
 Special Instructions: Medications whole.

Dash Profile Census Med Diag Allergy Immun O

Standard Assessments New Edit Schedules

Next Assessment Due: NRS - POST OCCURRENCE DC

View All

Date	Description
9/26/2023	GG Screener (10/23)
9/26/2023	GG Screener (10/23)
9/26/2023	REST NRS - RESTC
7/5/2023	NRS - WASA Form (
7/5/2023	NRS - Comprehensive
7/5/2023	NRS - Braden Scale
5/23/2023	NRS - Fall Risk Ass
4/28/2023	eINTERACT Change i
4/19/2023	NRS - RESIDENT/F
4/19/2023	NRS - Initial Nursing Assessment (12/2017) - V 2
4/19/2023	NRS - Baseline Care Plan - V 3

Reasons for Assessment

Assessment Date: 9/27/2023 Time: 09:56

Assessment:

- Functional Abilities and Goals - Admission - V 2 (10/23)

Type of Assessment: Admission

Save Cancel

Save: CTRL-SHIFT-S

6. Click Save at bottom

Type of Assessment remains Admission

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Home ▾ Admin ▾ **Clinical** ▾ Reports

Functional Abilities and Goals - Admission - V 2 (10/23)

Resident: Affleck, Ben (1476826)  
 Description: Admission  
 Date: 9/27/2023 09:56  
 Section Status: Unedited ○  
 Lock Date:

Save & Sign Save Save & Exit Save & Sign & Lock & Exit Cancel Clear All

SECTION Cust. Functional Abilities and Goals - Admission - V 2 (10/23)

1. MDS Reason for Evaluation ⓘ  
 a. Admission (stand-alone or combination)  
 b. PPS 5-Day (stand-alone)  
 c. Admission/5-Day (combined) [clear](#)

Usual performance was based on direct observation, the residents self-report, family reports and direct-care staff reports of resident's self-care status

2. IDT Collaboration included the Following: ⓘ  
 a. Director of Rehab  b. MDS Nurse  c. Licensed Nurse  d. Therapist  e. CNA  f. Other

3. Additional Information ⓘ

7. GG Form will pop up.

Item 1. MDS Reason for Evaluation:

\* All **Skilled** patients: Choose **c. Admission/5-day**; All **Non-skilled** patients: Choose **a. Admission**

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Home ▾ Admin ▾ **Clinical** ▾ Reports

Functional Abilities and Goals - Admission - V 2 (10/23)

Resident: Affleck, Ben (1476826)  
 Description: Admission  
 Date: 9/27/2023 09:56  
 Section Status: Unedited ○  
 Lock Date:

Save & Sign Save Save & Exit Save & Sign & Lock & Exit Cancel Clear All

SECTION Cust. Functional Abilities and Goals - Admission - V 2 (10/23)

1. MDS Reason for Evaluation ⓘ  
 a. Admission (stand-alone or combination)  
 b. PPS 5-Day (stand-alone)  
 c. Admission/5-Day (combined) [clear](#)

Usual performance was based on direct observation, the residents self-report, family reports and direct-care staff reports of resident's self-care status

2. IDT Collaboration included the Following: ⓘ  
 a. Director of Rehab  b. MDS Nurse  c. Licensed Nurse  d. Therapist  e. CNA  f. Other

3. Additional Information ⓘ

8.

Item 2. IDT Collaboration included the Following:

Choose all that apply including therapist (self)

Item 3. Additional Information:

Add in any info gathered from family or pt

← ↻ 🏠 <https://www31.pointclickcare.com/care/chart/mds/mdsection.jsp?ESOLtabType=C&ESOLclientid=289...> A ☆ 📄 📌 📁 📧 📧 📧

100.	Prior Functioning	<p>Everyday Activities. Indicate the resident's usual ability with everyday activities prior to the current illness, exacerbation, or injury <b>MDS II</b></p> <p><b>A. Self-Care:</b> Code the resident's need for assistance with bathing, dressing, using the toilet, or eating prior to the current illness, exacerbation, or injury. <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</li> <li><input type="radio"/> 2. Needed Some Help - Resident needed partial assistance from another person to complete activities.</li> <li><input type="radio"/> 1. Dependent - A helper completed the activities for the resident.</li> <li><input type="radio"/> 8. Unknown</li> <li><input type="radio"/> 9. Not Applicable</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>B. Indoor Mobility (Ambulation):</b> Code the resident's need for assistance with walking from room to room (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</li> <li><input type="radio"/> 2. Needed Some Help - Resident needed partial assistance from another person to complete activities.</li> <li><input type="radio"/> 1. Dependent - A helper completed the activities for the resident.</li> <li><input type="radio"/> 8. Unknown</li> <li><input type="radio"/> 9. Not Applicable</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>C. Stairs:</b> Code the resident's need for assistance with internal or external stairs (with or without a device such as cane, crutch, or walker) prior to the current illness, exacerbation, or injury. <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</li> <li><input type="radio"/> 2. Needed Some Help - Resident needed partial assistance from another person to complete activities.</li> <li><input type="radio"/> 1. Dependent - A helper completed the activities for the resident.</li> <li><input type="radio"/> 8. Unknown</li> <li><input type="radio"/> 9. Not Applicable</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>D. Functional Cognition:</b> Code the resident's need for assistance with planning regular tasks, such as shopping or remembering to take medication prior to the current illness, exacerbation, or injury. <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 3. Independent - Resident completed the activities by him/herself, with or without an assistive device, with no assistance from a helper.</li> <li><input type="radio"/> 2. Needed Some Help - Resident needed partial assistance from another person to complete activities.</li> <li><input type="radio"/> 1. Dependent - A helper completed the activities for the resident.</li> <li><input type="radio"/> 8. Unknown</li> <li><input type="radio"/> 9. Not Applicable</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul>
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110.	Prior Device Use	<p>Indicate devices and aids used by the resident prior to the current illness, exacerbation, or injury</p> <p>Check all that apply <b>MDS II</b></p> <p><b>A.</b> <input type="checkbox"/> Manual wheelchair <b>MDS II</b></p> <p><b>B.</b> <input type="checkbox"/> Motorized wheelchair and/or scooter <b>MDS II</b></p> <p><b>C.</b> <input type="checkbox"/> Mechanical lift <b>MDS II</b></p> <p><b>D.</b> <input type="checkbox"/> Walker <b>MDS II</b></p> <p><b>E.</b> <input type="checkbox"/> Orthotics/Prosthetics <b>MDS II</b></p> <p><b>Z.</b> <input type="checkbox"/> None of the above <b>MDS II</b></p>
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9. Complete 100. Prior Functioning and 110. Prior Device Used for **Skilled Pt's only**. It will be greyed out for non-skilled pts

115.	Functional Limitations Range of Motion	<p>Code for limitation that interfered with daily functions or placed resident at risk of injury in the last 7 days. <b>MDS II</b></p> <p><b>A. Upper extremity (shoulder, elbow, wrist, hand) MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 0. No impairment</li> <li><input type="radio"/> 1. Impairment on one side</li> <li><input type="radio"/> 2. Impairment on both sides</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>B. Lower extremity (hip, knee, ankle, foot) MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 0. No impairment</li> <li><input type="radio"/> 1. Impairment on one side</li> <li><input type="radio"/> 2. Impairment on both sides</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>3. If limitation, Describe <b>MDS II</b></b></p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
120.	Mobility Devices	<p>Check all that were normally use in the last 7 days. <b>MDS II</b></p> <p><b>A.</b> <input type="checkbox"/> Cane/crutch <b>MDS II</b></p> <p><b>B.</b> <input type="checkbox"/> Walker <b>MDS II</b></p> <p><b>C.</b> <input type="checkbox"/> Wheelchair (manual or electric) <b>MDS II</b></p> <p><b>D.</b> <input type="checkbox"/> Limb prosthesis <b>MDS II</b></p> <p><b>Z.</b> <input type="checkbox"/> None of the above were used <b>MDS II</b></p>

10. Complete 115. Functional Limitations ROM & 120. Mobility Devices for **all payers**

130.	Self-Care	<p><b>A1. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. - Admission Performance <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> <li><input type="radio"/> 03. Partial/moderate assistance</li> <li><input type="radio"/> 02. Substantial/maximal assistance</li> <li><input type="radio"/> 01. Dependent</li> <li><input type="radio"/> 07. Resident refused</li> <li><input type="radio"/> 09. Not applicable</li> <li><input type="radio"/> 10. Not attempted due to environmental limitations</li> <li><input type="radio"/> 88. Not attempted due to medical condition or safety concerns</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>A2. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the resident. - Discharge Goal <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> <li><input type="radio"/> 03. Partial/moderate assistance</li> <li><input type="radio"/> 02. Substantial/maximal assistance</li> <li><input type="radio"/> 01. Dependent</li> <li><input type="radio"/> 07. Resident refused</li> <li><input type="radio"/> 09. Not applicable</li> <li><input type="radio"/> 10. Not attempted due to environmental limitations</li> <li><input type="radio"/> 88. Not attempted due to medical condition or safety concerns</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>B1. Oral hygiene:</b> The ability to use suitable items to clean teeth. Dentures (if applicable): The ability to insert and remove dentures into and from the mouth, and manage denture soaking and rinsing with use of equipment. - Admission Performance <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> </ul>
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11. Complete Self Care Assessment information.

Admission Status to be completed for **all payers**

Discharge Goal items only for **skilled payers**

170.	Mobility	<p><b>A1. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Admission Performance <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> <li><input type="radio"/> 03. Partial/moderate assistance</li> <li><input type="radio"/> 02. Substantial/maximal assistance</li> <li><input type="radio"/> 01. Dependent</li> <li><input type="radio"/> 07. Resident refused</li> <li><input type="radio"/> 09. Not applicable</li> <li><input type="radio"/> 10. Not attempted due to environmental limitations</li> <li><input type="radio"/> 88. Not attempted due to medical condition or safety concerns</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>A2. Roll left and right:</b> The ability to roll from lying on back to left and right side, and return to lying on back on the bed. - Discharge Goal <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> <li><input type="radio"/> 03. Partial/moderate assistance</li> <li><input type="radio"/> 02. Substantial/maximal assistance</li> <li><input type="radio"/> 01. Dependent</li> <li><input type="radio"/> 07. Resident refused</li> <li><input type="radio"/> 09. Not applicable</li> <li><input type="radio"/> 10. Not attempted due to environmental limitations</li> <li><input type="radio"/> 88. Not attempted due to medical condition or safety concerns</li> <li><input type="radio"/> -. Not assessed/no information <a href="#">clear</a></li> </ul> <p><b>B1. Sit to lying:</b> The ability to move from sitting on side of bed to lying flat on the bed. - Admission Performance <b>MDS II</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 06. Independent</li> <li><input type="radio"/> 05. Setup or clean-up assistance</li> <li><input type="radio"/> 04. Supervision or touching assistance</li> </ul>
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12. Complete Mobility Assessment information.

Admission Status to be completed for **all payers**

Discharge Goal items only for **skilled payers**

88. Not attempted due to medical condition or safety concerns  
 -. Not assessed/no information [clear](#)

**P2.** Picking up object: The ability to bend/stoop from a standing position to pick up a small object, such as a spoon, from the floor. - Discharge Goal **MDS** [H](#)

06. Independent  
 05. Setup or clean-up assistance  
 04. Supervision or touching assistance  
 03. Partial/moderate assistance  
 02. Substantial/maximal assistance  
 01. Dependent  
 07. Resident refused  
 09. Not applicable  
 10. Not attempted due to environmental limitations  
 88. Not attempted due to medical condition or safety concerns  
 -. Not assessed/no information [clear](#)

**Q1.** Does the resident use a wheelchair and/or scooter? - Admission Performance **MDS** [H](#)

0. No  
 1. Yes  
 -. Not assessed/no information [clear](#)

**SECTION Cust. Functional Abilities and Goals - Admission - V 2 (10/23)**

[Save & Sign](#) [Save](#) [Save & Exit](#) [Save & Sign & Lock & Exit](#) [Cancel](#) [Clear All](#)

[Click Here to View Quick Entry - Keyboard Navigation Tips](#)

13. Once all items are completed, click on **“Save & Sign & Lock & Exit”**

\*\* If you have OT staff available to complete the Self Care portion and PT staff available to complete the Mobility portion, the first discipline to document should complete their section and click **“Save & Exit”**. Then the 2<sup>nd</sup> discipline would need to find the GG form in the Assessment List, click on edit to reopen it, complete the final section and when they are done – click **“Save & Sign & Lock & Exit”**

<https://www31.pointclickcare.com/care/chart/mds/mdsection.jsp>

**H2.** Putting on/taking off footwear: The ability to put on and take off socks and shoes or other footwear that is appropriate for safe mobility; including fasteners, if applicable. - Discharge Goal **MDS** [H](#)

06. Independent  
 05. Setup or clean-up assistance  
 04. Supervision or touching assistance  
 03. Partial/moderate assistance  
 02. Substantial/maximal assistance  
 01. Dependent  
 07. Resident refused  
 09. Not applicable  
 10. Not attempted due to environmental limitations  
 88. Not attempted due to medical condition or safety concerns  
 -. Not assessed/no information [clear](#)

**I1.** Personal Hygiene (Start of Stay Perf) **MDS** [H](#)

06. Independent  
 05. Setup or clean-up assistance  
 04. Supervision or touching assistance  
 03. Partial/moderate assistance  
 02. Substantial/maximal assistance  
 01. Dependent  
 07. Resident refused  
 09. Not applicable  
 10. Not attempted due to environmental limitations  
 88. Not attempted due to medical condition or safety concerns

Assessment Errors - Profile 1 - Microsoft Edge

<https://www31.pointclickcare.com/care/chart/mds/assesse...>

**Acknowledgement Listing**

No records found.

**Error Listing**

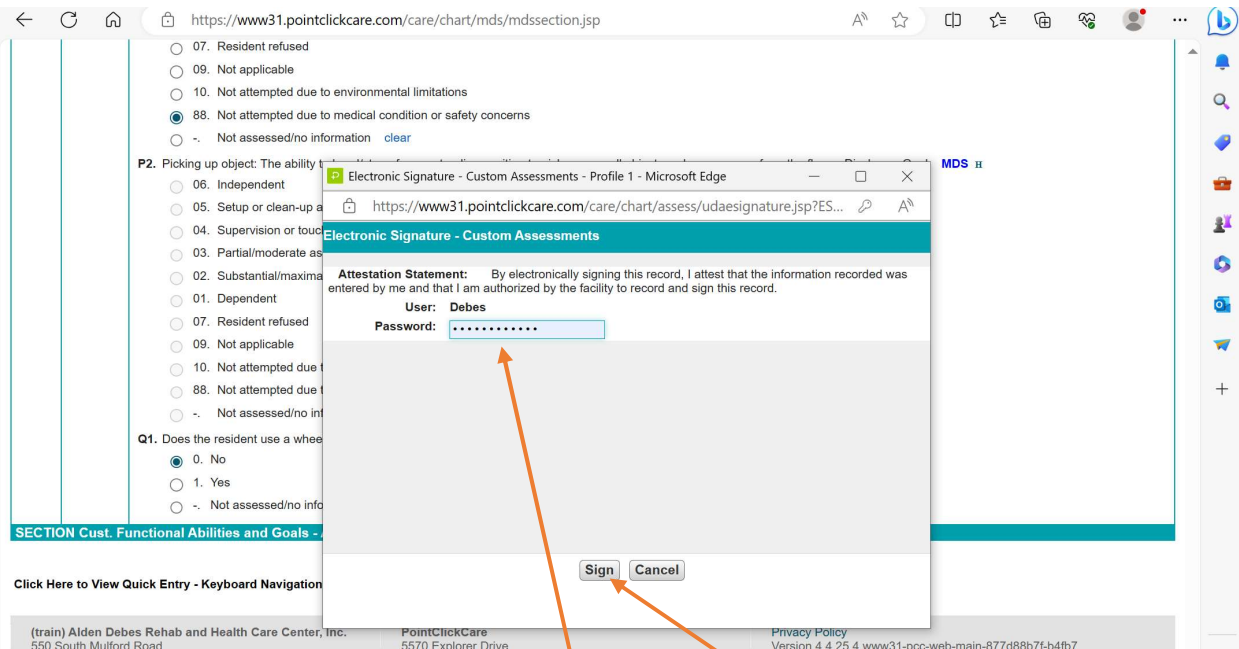
No records found.

**Warning Listing**

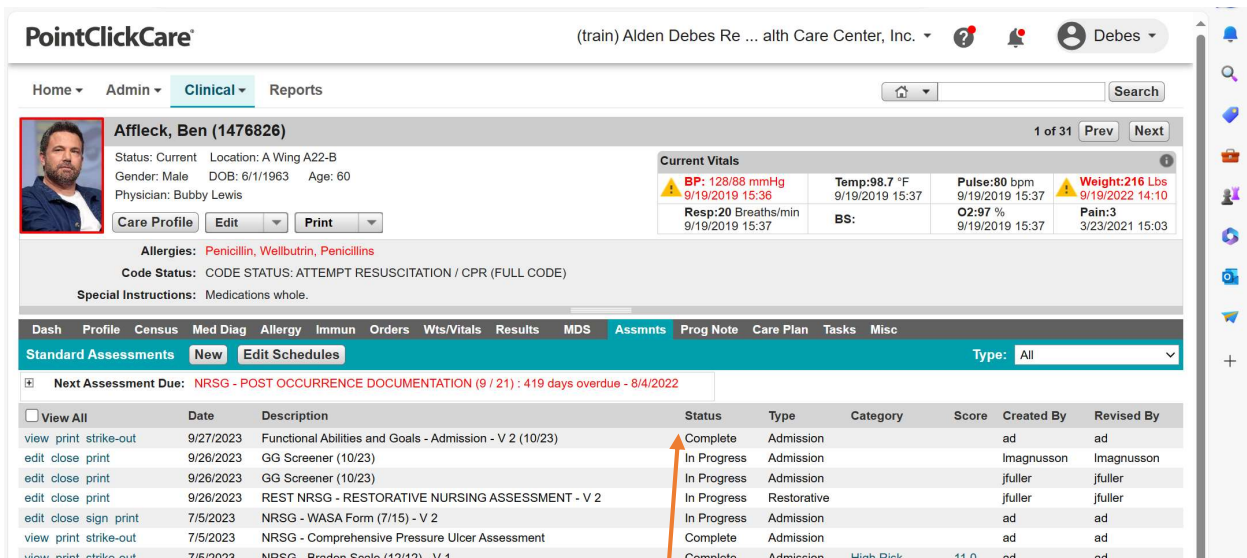
No records found.

[Check All](#) [Save Acknowledged Warnings & Questions](#) [Cancel](#)

14. If any errors were made, a pop up box will appear and notify you of what is missing. Click **Cancel** and it will take you back to the form to fix the errors



15. Once form is complete, you will add in your password and click Sign



16. Once signed, PCC should bring you back to the patient Assessment (Assmnts) Tab and you can see that the Functional Abilities and Goals -Admission assessment is Complete