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GENERAL INFORMATION

- When entering *date criteria*, the dates must be entered in the following format: MM/DD/YYYY. The user must key in the forward slash (/) after the two-digit month and the two-digit date.
- **Resident ID** is an internal ID that the State system has assigned to the resident and not an ID assigned to the resident by the long term care facility. This ID number is not pulled from the Resident ID field of the MDS data set.
- Assessment ID is an internal ID that the State system has assigned to that resident's assessment.
- Some reports are queried by **submission date** and some reports are queried by **effective dates**. The submission date is the date in which the file was submitted (sent) to the state. *Effective date* is based on the reason for assessment type. The following is a list of effective dates:
 - Effective date for AA8a = 06, 07, 08 is R4;
 - Effective date for AA8a = 09 is A4a; and
 - o Effective date for AA8a = 01, 02, 03, 04, 05, 10 is R2b;
- A description for each report has been added online. These descriptions are displayed below the selected report.
- Some reports will not display correctly or will contain missing data if there is not a printer driver installed on the computer. You must install a printer driver even if the computer is not attached to a printer.
- If there are no records to be retrieved, a blank report will be displayed.

REPORT BASICS

Facility reports are divided into two categories, CASPER Provider Reports and Scheduled Reports. The CASPER Provider Reports are requested through the CASPER Reporting System. Refer to Appendix B for complete instructions on accessing, requesting, viewing, printing, and saving Online Reports through this system by the facility whereas the Scheduled Reports are automatically generated by the State system on a monthly basis.

NOTE: A complete guide to the CASPER Reporting System is listed in Appendix B.

Print Scheduled Reports

To print a scheduled report, select the print icon. All scheduled reports must be printed in landscape page orientation.

Scroll

To view more of a report, use the scroll icons.

Save Reports

🛃 Validation Report Listing - Microsoft Internet Explorer	_ _ _×
File Edit View Favorites Toole Help	(B)
] ↔ Back + ↔ - 🕲 😰 🖓 @ Search 🔯 Favorite: 🎯 History 🔩 - 🍜 📰 🗐	
Address	▼ 200
CHS State Report MDS Activity Report Report Period: 06/2003	<u> </u>
FACILITY ID: FIFI04 Pum Date: 07/05/2003 FACILITY NAME: FIFI04 FACILITY CITY: SACRAMENTO	
Birth M AAS Rec Target Eff Subm Mcr Mcd Ina ATI ATG SSN Resident Name Date F a/b Typ Date Date Date RUG RUG Fly Seq Date	×
Save Web Page	
I ie55sp2 History Lesktor My Documents My Documents My Documents Save active: Save active: Save active: Encoding: Wester European (Windowe)	
الم	👔 🚔 Local intranet



To Save a Report

- 1. Select File/Save As
- 2. Enter the desired name in the *File Name* field and select the type of file (i.e., txt) in the *Save file as type* field.
- 3. Select the appropriate drive and folder in the Save in field.
- 4. Select the **Save** button.
- 5. The report is now saved.

CASPER PROVIDER REPORTS DESCRIPTIONS

Pages	07/13/2006		(AK) MDS Online A	CMS State Report dmissions / Reentries fo	t or 07/02/	2006 -	07/08/2	2006		Page 1 of 1	
	Fac ID: AB Name: UN City: UN	ocde Nidentified l' Nnamed city	тс								
	Resident Internal ID	SSN	Resident Last Name	Resident First Name	Rec Type	AA8a	AA8b	Effective Date	Adm/Reentry Date	Submission Date	
	11111 Total num	111-22-3333 nber of admissi	DOE ions / reentries: 1	JEAN	R	09		07/04/2006	07/04/2008	07/07/2008	

Figure 4-2. MDS Online Admission/Reentries Report

MDS Online Admission/Reentries Report

The **MDS Online Admission/Reentries** report includes residents who have been admitted or readmitted to a facility within the date range specified by the user. The report lists Admissions (AA8a = 01) that have a Date of Entry (AB1) within the specified date range, Reentries (AA8a = 09) that have a Date of Reentry (A4a) within the specified date range, and Discharge prior to completing initial assessment (AA8a = 08) that have a Date of Entry (AB1) within the specified date range. This report displays the Resident Internal ID, Resident SSN, Resident Last Name, First Name, Record Type, AA8a, AA8b, Effective Date, Admission/Reentry Date, and Submission Date. (Figure 4-2.)

1713/2000		(AK) M	CMS State MDS Online Discharges f	Report or 07/0	2/2006	- 07/08	3/2006		Page 1 of 1
Fac ID: A	BCDE								
Name: U	NIDENTIFIED LT	гс							
City: U	NNAMED CITY								
City: U Resident	NNAMED CITY			Rec				Discharge	Submission
City: U Resident Internal ID	NNAMED CITY	Resident Last Name	Resident First Name	Rec Type	AA8a	R3a	Effective Date	Discharge Date	Submission Date
City: U Resident Internal ID 22222	NNAMED CITY SSN 123-45-6789	Resident Last Name DOE	Resident First Name JOHN	Rec Type D	AA8a 06	R3a 8	Effective Date 07/03/2006	Discharge Date 07/03/2008	Submission Date 07/07/2008

Figure 4-3. MDS Online Discharges Report

MDS Online Discharges Report

The **MDS Online Discharges** report lists residents who have been discharged from a facility within a date range that is specified by the user. The report lists Discharges (AA8a = 06, 07, 08) that have a Discharge date (R4) within a specified date range. The report displays the Resident Internal ID Number, Resident SSN, Resident Last Name, Resident First Name, Record Type, AA8a, R3a, Effective Date, Discharge Date, and Submission Date. (Figure 4-3.)

07/14/2006		((AK) DUPI	CMS State F	Report SIDENT REPORT			Pa	ge 2 of 8
Current Facility	ID Facility Name	Resident ID	SSN	Last Name	First Name	M.I.	Birth Date	Gender
AAAAA	UNIDENTIFIED FACILITY	111	111-11-1111	DOBBS	MARY	D	07/06/1917	Female
AAAAA	UNIDENTIFIED FACILITY	222	222-22-2222	DOE	JANE	M	01/27/1929	Female
AAAAA	UNIDENTIFIED FACILITY	333	333-33-3333	DOE	JOHN		05/23/1927	Female
AAAAA	UNIDENTIFIED FACILITY	444	333-33-3333	DOE	JOHN		05/23/1927	Male

Figure 4-4. Duplicate Resident Report

Duplicate Resident Report

The **Duplicate Resident** report lists all residents in a facility. This report should be viewed by the facility personnel to determine if duplicate residents exist. This report displays the current Facility ID, Facility Name, Resident ID, SSN, Last Name, and First Name. (Figure 4-4.)

07/14/2006	CMS State	Report	Page 1 of 1	
	(AK) ERRORS BY FI	ELD BY FACILITY		
(Subi	nission Date Between 0	6/01/2006 AND 06/30/2006)		
FACILITY ID: HPLTC				
FACILITY NAME: HERITAGE PLACE				
FACILITY CITY: SOLDOTNA				
Field In Error	Number of Assessments with Field In Error	Total Number of Assessments Successfully Processed	% of Assessments with Field In Error	
Assessment Sequence	2	20	10.00%	
DEATH_DATE	1	20	5.00%	
LAST_NAME	1	20	5.00%	
MIDDLE_NAME	1	20	5.00%	
RES_MEDICAID_NBR	2	20	10.00%	
W2A	2	20	10.00%	
W2B	31	20	5.00%	
W3A	1	20	5.00%	
facid	2	20	10.00%	

Figure 4-5. Errors by Field by Facility

Errors by Field by Facility Report

The **Errors by Field by Facility** report includes successful production submissions with the submission date of the assessments being within the specified date range. The report displays a list of fields in error, the number of assessments with errors in that field, the total number of assessments successfully processed and the percentage of assessments with each error. The report includes warning errors only.

NOTE: This report must be requested in whole calendar months because this data is replicated to the national server at the first of the month only. (Figure 4-5.)

07/17/2006	CMS State Report		Page 1 of 1
	(AK) ERROR SUMMART REPORT BT FACILITY		
	(Submission Date BETWEEN 06/01/2006 AND 06/30/2006)		
FACI	LITY ID: AAAAA		
FACILITY	NAME: UNIDENTIFIED FACILITY		
FACILIT	TY CITY: ANYWHERE		N
F	E	# F	% of Assessments with the Error
Error #	Error message	# Errors	
-70	Assessment completed late: The submitted R2b date was > 92 days after the R2b date submitted previously.	1	1.72%
-29	Invalid data value: The submitted data for this item(s) is/are not in the valid range of acceptable values.	1	1.72%
-82	Resident provider updated: This resident was previously cared for by the 'prior' provider identified above	4	6.90%
-399	Inconsistent NPI: The NPI number submitted in W1 is not consistent with the NPI number submitted in the beader record	2	3.45%
-71	Inconsistent record sequence: The submitted reason for assessment (AA8a/AA8b) does not logically follow the reason for assessment (AA8a/AA8b) previously submitted.	2	3.45%
-81	Resident information updated: Submitted data in the above field is not the same as the data previously submitted for this resident. Verify that the "new" information is correct.	18	31.03%
		20	

Figure 4-6. Error Summary Report by Facility

Error Summary Report by Facility Report

The **Error Summary Report by Facility** report includes successful production submissions with the submission date of the assessments being within the specified date range. The report displays a list of errors by error number, the error message text, the number of times each error occurred, and the percentage of assessments with each error. The reports includes warning errors only.

NOTE: This report must be requested in whole calendar months data is replicated to the national server at the first of the month only. (Figure 4-6)

07/14/2006		CMS State Report	Page 3 of 8
		ERROR MESSAGE	
Message Number	Message Type	Message Text	
-72	Warning	Inconsistent submission sequence: Records appear to have been subm dates in the submitted record do not sequentially follow the dates of the	itted out of order. The previous record.
-74	Warning	An ICD-9 code submitted in I3 caused the Dehydration RAP - VA14A to this was not indicated in the submission file.	be triggered; however
-75	Fatal Record	Inconsistent RAP value: The submitted RAP value (MDS item above) do value calculated by the State database. (1 indicates RAP was triggered; not triggered).	bes not match the RAP 0 indicates RAP was
-78	Fatal Record	Last name missing: The resident's last name (AA1c) is missing from the	submitted record.



Error Message Report

The **Error Message** report displays a list of Fatal File, Fatal Record and Warning Error Messages. The sort order is by error message number. The error message text is also displayed. (Figure 4-7.)

07/17/2006	CMS State Report (AK) FACILITY LIST REPO	PRT	Page 1 of 1
Facility ID: AAAAA			
Facility Name: UNIDENTIFIED FACILITY	Medicaid ID: 30000000	Point of Contact:	
Facility City: ANYWHERE	Medicare ID: 111111	Telephone Number: (555) 888-1111	
Vendor Name: VENDOR1	# Residents: 74		

Figure 4-8. Facility List Report

Facility List Report

The **Facility List** report displays Facility ID, Facility Name, Facility City, Vendor Name, Medicaid ID, Medicare ID, Point of Contact, Telephone Number, and the number of residents in the facility. The number of residents equals current residents. This number excludes residents where the last record is AA8a=06, 07, or 08. (Figure 4-8.)

Pages	07/17/2008	(AK) MDS FACILITY L	CMS State Report	Page 1 of 1	1
Comment	Facility ID	Name	City	Last Submission Date	
	ΑΑΑΑΑ	UNIDENTIFIED FACILITY	ANYWHERE	07/13/2006 12:57:02 PM	-

Figure 4-9. MDS Facility List — Last Production Submission Report

MDS Facility List—Last Production Submission Report

The **MDS Facility List - Last Production Submission** report displays a listing by date and time of the submission.

07/17/2006			CMS (AK) R	S State	R REP	rt ORT			P	age 3 of 3
FACIL	ITY ID: AAAAA	A.								
FACILITY	NAME: UNIDE	ENTIFIED FACILITY								
FACILITY	CITY: ANYW	HERE								
DATE OF L	AST FACILITY	SUBMISSIONS: 07/07/2006								
DATE OF	LAST REPOR	T GENERATION: 07/07/2006								
			Record			Tarrat	Submission	Date of Last		Effective
Resident ID	SSN	Resident Name	Туре	AA8a	AA8b	Date	Date	Admission	Face Sheet	Date
10780	111-11-1111	RESIDENT 1	А	01		04/27/2006	05/26/2006	04/17/2006	Y	04/28/2006

Figure 4-10. Roster Report

Roster Report

The **Roster Report** lists information about all current residents in the MDS system for the facility as of the date the report is run. The report lists only the latest Admission, Annual, Quarterly, Medicare PPS only, or Reentry tracking records submitted to the state MDS system for each resident. This report excludes residents who have been Discharged. Records where AA8a = 01, 02, 03, 04, 05, 09, 10 and 00 will be included in this report. This report is built by a database procedure, which runs once every hour. The accuracy of this report is dependent on the date of the last submission from the facility. If a new submission has been received from the facility since the last time the Roster Report was built, the old report is deleted and the Roster Report is rebuilt. Therefore, if a facility has not submitted to the Data Management System for two weeks, the information in the report will be two weeks old. The report displays Resident Internal ID, Resident SSN, Resident Name, Record Type, AA8a, AA8b, Target Date, Submission Date, Date of Last Admission, Face Sheet Indicator, and Effective Date.

NOTE: A date will appear in the Date of Last Admission column only for Record Types A, AM and R. (Figure 4-10.)

7/17/2006			CMS State Re	port		Page 1 of 1
		(AK) DAI	LY SUBMISSIC	N STATISTIC	S	
	(Eff	fective Date B	ETWEEN 06/01	/2006 AND 06	/30/2006)	
			UNIE	ENTIFIED FA	CILITY	
Day of Processing	Batches	Facilities	Records Processed	Records Rejected	Records Accepted	Reject %
06/08/2006	2	1	21	1	20	4.76%
06/09/2006	2	1	7	0	7	0.00%
06/13/2006	2	1	14	0	14	0.00%
06/20/2006	3	1	15	0	15	0.00%
06/21/2006	1	1	1	0	1	0.00%
				28	69353	

Figure 4-11. Daily Submission Statistics Report

Daily Submission Statistics Report

The **Daily Submission Statistics** report includes all production submissions where the submission date is within the specified date range. The report displays the day of processing, number of batches processed, number of records processed, number of records rejected, number of records accepted, and the rejection percent. The information is displayed in a daily format. (Figure 4-11.)

7/17/2006	CMS State Report									
		(AK) MON	THLY SUBMIS	SION STATIST	rics					
	(Su	ubmission Dat	e BETWEEN 0	6/01/2006 AND	0 6/30/2006)					
			UNI	DENTIFIED F	ACILITY					
Month of Processing	Batches	Facilities	Records Processed	Records Rejected	Records Accepted	Reject %				
06/2006	10	1	58	1	57	1.72%				
Totals:	10		58	1	57	1.72%				

Figure 4-12. Monthly Submission Statistics Report

Monthly Submission Statistics Report

The **Monthly Submission Statistics** report includes all production submissions where the submission date is within the specified date range. The report displays the month of processing, number of batches processed, number of records processed, number of records rejected, number of records accepted, and the rejection percent. The information is displayed in a monthly format. (Figure 4-12.)

07/17/2006			CMS State	Report			Page 1 of 1
	(/	AK) SUBMIS	SION STA	TISTICS BY	FACILI	ТҮ	
Facility	ID: AAAAA						
Start Submission D	ate: 06/01/2006						
End Submission D	ate: 06/30/2006						
Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %	Vendor Name	
06/21/2006 08:51:23	12200	1	0	1	0.00%	LINTECH	
06/20/2006 13:18:18	12197	8	0	8	0.00%	LINTECH	
06/20/2006 13:17:33	12196	6	0	6	0.00%	LINTECH	
06/20/2006 13:16:59	12195	1	0	1	0.00%	ACCU-MED	
06/13/2006 12:30:01	12188	3	0	3	0.00%	LINTECH	
06/13/2006 12:03:31	12187	11	0	11	0.00%	LINTECH	
06/09/2006 13:25:08	12183	2	0	2	0.00%	LINTECH	
06/09/2006 13:24:26	12182	5	0	5	0.00%	ACCU-MED	
06/08/2006 12:12:04	12160	16	1	15	6.25%	LINTECH	
06/08/2006 12:11:08	12159	5	0	5	0.00%	ACCU-MED	
Totale	10	58	1	57	1 72%	8	

Figure 4-13. Submission Statistics by Facility Report

Submission Statistics by Facility Report

The **Submission Statistics by Facility** report is based on the submission date being within the specified date range. The report displays by submission date/time, submission batch ID, number of records processed, number of records rejected, number of records accepted, percent of records rejected and the vendor name. A totals line is displayed at the bottom of this report. (Figure 4-13.)

17/17/2008	CMS State Report (AK) Vendor List	Page 2 of 6
Vendor ID: 39143179	98	
Vendor Name: PROSER	VICES' HOMEPRO-OASIS	
Vendor Address: 401 W.MI	CHIGAN ST.	
MILWAU	KEE, WI 53202	
Contact: CAREPR	O-RAP	
Telephone Number:	Extension:	
Vendor ID: 39187647	78	
Vendor Name: MDS MA	ESTRO	
Vendor Address: 7300 WE	STOWN PARKWAY	
WEST DE	ES MOINES, IA 502066	
Contact: CRAIG B	USHBY	
Telephone Number: 80024723	343 Extension: 8701	

Figure 4-14. Vendor List Report

Vendor List Report

The **Vendor List** reports lists all current vendors displaying the following information about the vendor: Vendor ID, Vendor name, vendor address, contact, telephone number, and extension. (Figure 4-14.)

07/17/2008	CMS State Report	Page 1 of 1
	(AK) Vendor List of Current Facilities	
Vendor ID: 223	596681	
Vendor Name: LIN	TECH	
Vendor Address: ON	E PARKER PLAZA	
FO	RT LEE, NJ 07024	
Contact: HE	LP DESK	
Telephone Number: 201	9443235 Extension: 28	
Facility ID: DCLTC	Facility Internal Id: 31	
	Login Id: DCLTC	
	Facility Name: DENALI CENTER	
	Facility Address: 1510 19TH AVENUE	
	EALDRANKO AK 00704	

Figure 4-15. Vendor List of Current Facilities Report

Vendor List of Current Facilities Report

The **Vendor List of Current Facilities** report will display the current Vendor for the logged in Facility. It will display the following information about the Vendor: Vendor ID, Vendor name, Vendor address, contact, telephone number, and extension.

Directly beneath will be the following information about the facility: Facility ID, Facility Internal ID, Facility Name, and Facility address. (Figure 4-15.)

07/17/2006	(AK) RI 06/	CMS State A Statistic 01/2006 - 0	e Report cs for AAAAA 06/30/2006	Page 1 of 1
	AA8a	AA8b	Accepted Records	
2	00	1	2	
	00	2	4	
3	00	7	7	
	01		3	
	01	1	7	
	02		3	
	03		2	
	05		19	
	06		4	
4	08		2	
	Total Ass	sessments:	53	

Figure 4-16. RFA Statistics by Facility Report

RFA Statistics by Facility Report

The **RFA Statistics by Facility** report lists all current assessments accepted to the database by the facility with a submission date within the specified timeframe. The report groups assessments by the values in AA8a and AA8b. The report displays Facility ID, AA8a, AA8b, Accepted Records (total for each group), total assessments, and the grand total. (Figure 4-16.)

07/14/2006	CMS State Report	Page 1 of 6
	(AK) Errors by Facility by Vendor	
Facility ID: AAA	AA Facility Name: UNIDENTIFIED FACILITY	
Vendor ID:	123456789 Vendor Name: UNIDENTIFIED VENDOR	
-402	Inconsistent W2a/W2b: W2b must be skipped (blank) when item W2a is	1 (yes) or is skipped (blank).
-400	W2a value is missing: The W2a field is blank and should not be. The W assessments with an A3a (Target date) or R4 (Discharge Date) from Oct	2a value must not be blank for ober 1 through June 30.
-397	Inconsistent AA8a/R4/AB1: If AA8a=08, then R4 date must be less than date.	or equal to 14 days after AB1
-381	No authority to collect data: Privacy rights require federal and/or state au There is no authority to collect the data submitted. Data was not accepted	hority to collect MDS data. d.
-379	New resident: A new person has been created in the database of the CM the information submitted in this record.	S MDS system at the State wit

Figure 4-17. Errors by Facility by Vendor Report

Errors by Facility by Vendor Report

The **Errors by Facility by Vendor** report lists the Facility errors for each Vendor the Facility uses. The Vendor ID and Vendor name are displayed if the Vendor ID is displayed in the header record. For a batch submitted without a Vendor ID, on the report, the Vendor ID is blank and the Vendor Name will state not submitted. The report displays Facility ID, Facility name, Vendor ID, Vendor Name, and under each Vendor are the error message number(s) and error message text. (Figure 4-17.)

SCHEDULED REPORTS

Accessing Scheduled Reports

To access Scheduled Reports:

- 1. Access the CMS MDS System in your state.
- 2. Select <u>MDS Submissions</u>. (Figure 4-18.)



Figure 4-18. CMS MDS Welcome Page

3. You will be prompted for a user name and password. Enter those items and click **OK**. (Figure 4-19.)

sername an	d Passwor	d Hequired	×
nter usernam	e for unknov	wh prompt at	
11.111.111	.100		
			25
Iser Name:	é.		
assword:			
	2		
	OK	Cancel	
'assword: [OK	Cancel	





Figure 4-20. CMS MDS Submissions Main Menu

- 4. Select the <u>Receive Validation Reports</u> link.
- 5. Scheduled reports are listed as follows:

NOTE: mmyyyy indicates the month and year the report applies to.

RRmmyyyy.txt = End of Month Roster report QRmmyyyy.txt = MDS Questionable New Resident Report DRmmyyyy.txt = Residents Discharged Without Return CRmmyyyy.txt = MDS Residents With Changes to Resident Identifiers ADmmyyyy.txt = MDS New Admission Report ARmmyyyy.txt = MDS Activity Report MRmmyyyy.txt = MDS Missing Assessment Report MSRmmyyyy.txt = Monthly Quality Indicator Comparison Report

🗿 Validation Report Fishing - Microso	olt Internet Explorer	
File Edil View Favorites Tools	Нер	(B)
(+ Back - → - 🕲 🗹 🖓	Search 💽 Favonitas 🎯 History 🔄 🚭 🚽 🖻	
Address		<u>→</u> (~60
	Validation Reports	ŕ
Click on the number of the validation :	report you wish to view or paat	
5338490.f	07/10/2003 08:07:03 JJF	
5338490.i	07/10/2003 03:06:57 AM	
5338489.f	07/10/2003 08:04:13 AM	
5330409.i	07/10/2009 08:09:52 AM	
<u>M3R022003.txt</u>	07/07/2003 10:50:50 AM	
<u>QR062003.txt</u>	07/07/2003 06:02:33 AM	
RRD62003. txt	07/07/2003 06:02:33 AM	
AD 062003. EXE	07/06/2009 07:36:13 JM	
CRD62003.txt	07/06/2003 06:01:47 JN	
DR062003.txt	07/06/2003 06:02:47 JN	
HRD62003.txt	07/05/2003 06:18:32 N M	
AR062003. txt	07/05/2003 06:01:50 AM	
<u>5337941.f</u>	06/27/2009 07:50:34 AM	
5337941.1	06/27/2003 07:50:30 AM	
<u>5337940.1</u>	06/27/2003 07:49:36 AM	
5337940.i	06/27/2003 07:49:25 JJF	
<u>5337939.f</u>	06/27/2003 07:48:17 JUF	
	07 INT (4040 - NT 40 14 THE	👌 🛤 Internet

Figure 4-21. List of Available Validation Reports

6. Click on the desired report to view the report. (Figure 4-21.) The report can then be printed or saved if desired.

SCHEDULED REPORTS DESCRIPTIONS

ster:					the second se				
	167 M		9 . 1					•	à
									-
		CMS S	State Rep	ort					
		End of Month Re	oster Rep	ort f	or 05/2003				
ACILITY	ID: FIFI04								
ACILITY	NAME: FIFI04								
ACILITY	CITY: SACRAME	NTO							
			Per	AA 8	Terger	911000	Fff		
es ID	SSN	Resident Name	Type	a/b	Date	Date	Date		
			-11						
431842	473-10-0333	BROWN, HANNA	Y	02/	03/12/2002	12/17/2002	D3/13/2002		
431847	673-10-0008	CDLD, EMIL	R	09/	03/13/2002	12/17/2002	03/13/2002		
431791	740-20-0705	DISCHG_OS, REPORT	Y	02/	12/03/2002	12/17/2002	12/04/2002		
431786	74D-20-0706	DISCHG_06, REPORT	Q	05/	12/03/2002	12/17/2002	12/04/2002		
431792	740-20-0707	DISCHG_07, REPORT	QN	05/4	12/03/2002	12/17/2002	12/04/2002		
131700	740-20-0700	DISCHG_O0, REPORT	ON	00/4	12/03/2002	12/17/2002	12/04/2002		
31793	740-20-0710	DISCHG_10, REPORT	R	09/	12/04/2002	12/17/2002	12/04/2002		
31794	74D-20-0711	DISCHG_11, REPORT	R	09/	12/04/2002	12/17/2002	12/04/2002		
431836	273-10-0026	DIXIE, GRIME	YN	02/1	03/03/2002	12/17/2002	03/04/2002		
431834	273-10-0015	JACK, SPR	AN	01/1	0370372002	12/17/2002	03/04/2002		
131846	373-10-0035	JALK, SPEAT	2R OW	02/1	03/12/2002	12/13/2002	03/13/2002		
131835	273-10-0027	JEREHI, LEDNA	QR	05/4	03/03/2002	12/1//2002	03/04/2002		
431030	275-10-0024	JDG PELL		00/	03/03/2002	12/17/2002	03/04/2002		
431030	273-10-0022	UTATS TOUT	r v	05/	03/04/2002	12/17/2002	03/04/2002		
431832	273-10-0012	TV FRETAD	2	017	03/03/2002	12/17/2002	03/04/2002		
131845	473-10-0042	TYNN REFIN		DD (A	03/11/2002	17/17/2002	03/12/2002		
31821	720-00-0022	RES 01. CHEDTT	¥	02/	12/06/2002	12/17/2002	12/07/2002		
131826	720-00-0032	RES 01. CHEDTT	Y	02/	12/06/2002	12/17/2002	12/07/2002		
431825	720-00-0022	RES OLPP, CHGDTT	R	09/	12/08/2002	12/17/2002	12/0B/2002		
131830	720-00-0032	RES_OLPP, CHGDTT	R	09/	12/08/2002	12/17/2002	12/08/2002		
131822	722-00-0003	RES 02, CHED	QN	05/4	12/05/2002	12/17/2002	12/06/2002		
431827	722-00-0013	RES_02, CHED	ON	05/4	12/05/2002	12/17/2002	12/06/2002		
431823	711-00-0011	RES_03, CHGD	ON	00/4	12/05/2002	12/17/2002	12/06/2002		
431828	711-00-0021	RES_03, CHED	ON	00/4	12/05/2002	12/17/2002	12/06/2002		
31784	74D-20-0010	RDSTER_10, 01_5DAY	ON	00/1	11/04/2002	12/17/2002	11/05/2002		
131785	740-20-0011	RDSTER_11, TEST	Y	03/	11/07/2002	12/17/2002	11/08/2002		
\$31800	770-10-0010	RPT_01, ADMIT_REENT	A	01/	12/03/2002	12/17/2002	12/04/2002		
431803	770-10-0020	RPT_02, ADMIT_REENT	A	01/	12/03/2002	12/17/2002	12/04/2002		
431804	770-10-0030	RPT_03, ADMIT_REENT	AN	01/1	12/03/2002	12/17/2002	12/04/2002		
431801	770-10-0040	RPT_04, ADMIT_REENT	AN	01/1	12/03/2002	12/17/2002	12/04/2002		
431802	770-10-0050	RPT_05, ADMIT_REENT	AN	01/7	12/03/2002	12/17/2002	12/04/2002		
431602	770-10-0000	RPT_00, ADMIT_REENT	Y	02/	12/03/2002	12/17/2002	12/04/2002		

Figure 4-22. End of the Month Roster Report

End of the Month Roster Report

The **End of the Month Roster Report** includes the current Residents with their most recent assessment that was processed by the last day of the month. This is a month-to-month report and does not include discharges. (Figure 4-22.)

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FACILITY ID: FIFI04 FACILITY NAME: FIFI04 FACILITY CITY: SACRAMENTO									
Resident Identif	iers			1	Re	ecord Identifi	eis		
RES_ID Resident Name	SSN	Birth Date	Gen	 AA8a		Discharge Date	AT6		
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RES_ID: 1473526 DISCHG_01, REPORT	740200701	02/01/1902	F	06	R4:	06/04/2003			
RES_ID: 1473518 DISCHG_02, REPORT	740200702	02/02/1902	F	06	R4:	06/07/2003			
RES_ID: 1473520 DISCHG_03, REPORT	740200703	02/03/1902	F	07	R4:	06/07/2003			
RES_ID: 1473521 DISCHG_04, REPORT	740200704	02/04/1902	F	07	R4:	06/07/2003			
RL5_ID: 1473527 DISCHG_09, REPORT	740200709	02/09/1902	F	08	R4:	06/05/2003			
RES_ID: 1473528 DISCHG_12, REPORT	740200712	02/12/1902	F	08	R4:	06/05/2003			
RE5_ID: 1473552 RES_010Q, CHGDQ0	720701032	04/01/1907	F	07	R4:	06/09/2003			
RES_ID: 1473553 RES_02WW, CHGD	777801013	04/01/1909	м	06	N ^{R4} :	06/09/2003			
RES_ID: 1473555 RES_03BB, CHGDBB	711011021	01/04/1911	F	07	R4:	06/09/2003			
RES_ID: 1473546 RPT_06, ADMIT_REENT	770100060	01/01/1902	м	08	R4:	06/04/2003			5

Figure 4-23. Residents Discharged Without Return Report

Residents Discharged Without Return Report

The **Residents Discharged Without Return** report displays all residents who have been discharged and have not returned. It includes residents with AA8a = 06, 07, 08 where the R4 date is within the target month.

If a resident was discharged with an AA8a=07 and readmitted during the target month, he/she will not appear on this report. If a resident was discharged with AA8a = 07, but has not yet returned during the target month, he/she will appear on this report. (Figure 4-23.)

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FACILITY ID: FIF104 FACILITY NAME: FIF104 FACILITY CITY: SACRAMENTO						Run	Date:	07/0	5/2003					
SSN Resident Name	Birth Date	M AAS F a/b	Rec Typ	Target Date	Eff Date	Subm Date	MCI RUG	NCd I RUG F	na ATl 1g Seq	AT6 Date				
Resident ID: 1473506 740200029 ROSTER_09,DISCHG_10MTH	02/08/1902	2 F D8/	D	08/04/02	D4-AUG02	06/30/03								
Resident ID: 1473507 740200027 RDSTER_07,DISCHG_10MTH	02/08/1902	2 F D6/	D	08/04/02	04- A 0602	06/30/03								
Resident ID: 1473508 740200028 RDSTER_08,DISCHG_10MTH	02/08/1902	2 F D7/	D	08/04/02	D4-AUG02	06/30/03	0.00000							
Resident ID: 1473509 740200010 R03TER_10,01_5DAY	02/01/1902	S F DL/	¥	01/03/03	04-J AN 03	06/30/03								
740200010 RDSTER_10,01_5DAY	02/01/1902	2 F D0/	LON	01/04/03	D5-J AN 03	06/30/03	PAL							
Resident ID: 1473510 740200011 RDSTER_11,TEST	02/01/1902	2 F D1/	7	01/03/03	04-J AN 03	06/30/03								
740200011 RDSTER_11,TEST	02/01/1902	2 F 05/	Q	01/04/03	05-J 10 03	06/30/03								
740200011 RDSTER_11,TEST	02/01/1902	2 F D9/	R	01/06/03	D6-J AN 03	06/30/03								
740200011 R05TER_11,TEST	02/01/1902	2 F 07/	D	01/06/03	06-J AN 03	06/30/03								
740200011 RDSTER_11,TEST	02/01/1902	2 F D3/	Ŧ	01/07/03	08-J AN 03	06/30/03								
Resident ID: 1473511 740200025 ROSTER_05,DISCHG_4MTH	02/08/1902	3 F D7/	D	02/04/03	04-FEB03	06/30/03								
Resident ID: 1473512 740200026 R03TER_06,DI3CHG_4MTH	02/08/1902	2 F D8/	D	02/04/03	04- <i>F</i> EB03	06/30/03								
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Figure 4-24. MDS Activity Report

MDS Activity Report

The **MDS Activity Report** displays a list of assessments that were submitted by the facility in the previous calendar month. Information includes SSN, Resident Name, birth date, gender, AA8a, AA8b, Rec_Type, Target date, Effective date, Submission date, Medicare RUG, Medicaid RUG, Inactive flag, AT1 Sequence, and AT6 date. This report runs automatically on the 5th of each month. The report includes all record types accepted from production submissions. (Figure 4-24.)

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	Report	. FELLOG. OG	78005					
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ACILITY NAME: FIFID4								
ACILITY CITY: SAURANLATO								
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ES_ID		120000]		2253.8	1212123		
Desident Vana	ceu	Birth	Gen	AA8	Rec	Admit	ame.	
Resident white					135			
25_ID: 1473518		00.000.0000	-	01.41		101- 04-401-10000		
DISCHE_UZ, REPORT	740200702	02/02/1902		Ш/1	AR	1 81: 06/01/2003		
RES ID: 1473521								
DISCHG_D4, REPORT	740200704	02/04/1902	Г	01/	A	AB1: D6/01/2003		
DEK TD. 1493539								
DISCHG D9. REPORT	740200709	02/09/1902	r	08/	D	AB1: D6/01/2003		
				05350				
#S_ID: 1473528		0011010000		001		101-06-01-0000		
DISCHG_13, REPORT	740200712	02/12/1902	,	087	ц	T B1: 06/01/2003		
ES ID: 1473552								
RES_01, CHGD	720701032	04/01/1907	Ħ	01/	À	AB1: D6/01/2003		
R* TD: 1473559								
RES DZ. CHGD	722801013	04/01/1908	п	01/1	AT	AB1: 06/01/2003		
RES_ID: 1473554			8	2223				
RES_USBB, CHGDBB	711011021	01/04/1910	л	087	D	AB1: 06/01/2003		
ES_ID: 1473531								
RFT_01, ADMIT_REENT	7701D0D1D	01/01/1902	п	01/	A	AB1: D6/01/2003		
DES TD: 1473534								
RPT 02, ADMIT REENT	770100020	01/01/1902	Д	01/	A	AB1: 06/01/2003		
15.000	1.		4.15	25.00				
ÆS_ID: 1473535								

Figure 4-25. MDS New Admission Report

MDS New Admission Report

The **MDS New Admission Report** includes all residents who are a new admission to the facility. Report includes the following REC_Types: A, AM, or D(08.) The report displays the Resident ID, Resident Name, SSN, Date of Birth, Gender, AA8a/AA8b, Record Type, AB1 date, and AT6 date. (Figure 4-25.)

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FACILITY ID: FIFI04 FACILITY NAME: FIFI04						Run D	ate: 07/06/20	03		
FACILITY CITY: SACRAMENTO										
Desidents listed on this years	t had regident ide	ntifiers de	mand '	htt o th	ow MD	2				
record submitted in the report	period. Please c	herk to make	aure	that	a resi	ident				
is not actually a new resident	who has been inco	rrectly mate	thed w	ith an	other					
correct erroneous resident TDs	uia be new, then u . If the resident	se an MDS Co is not new.	then	ident	quest ifiers	to for				
this resident are incorrect on	either the new re	cord or a pr	ior r	ecord.	You	mey				
egein use an MDS Correction Re	quest to correct t	he record wi	th th	e inco	rrect					
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Resident Ide	ntifiers				Re	ecord	Identifiers			
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, CHGD										
RES ID: 1473552										
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RES_01QQ, CHGDQQ	720701032	04/01/1907	M	02/	Y	A3a:	06/07/2003			
RES 01.										
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RES ID: 1473552										
NEW RECORD:										
RES_010Q, CHGDQQ	720701032	04/01/1907	F	07/	D	R4:	06/09/2003			
PRIOR RECORD:			M							
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Figure 4-26. MDS Residents with Changes to Resident Identifiers Report

MDS Residents with Changes to Resident Identifiers Report

The **MDS Residents with Changes to Resident Identifiers** report lists residents who have had resident identifiers changed by a new MDS record submitted in the report period. Please check to make sure that a resident is not actually a new resident who has been incorrectly matched with another resident. If the resident should be new, then use an MDS Correction Request to correct erroneous resident IDs. If the resident is not new, then identifiers for this resident are incorrect on either the new record or a prior record. You may again use an MDS Correction Request to correct the record with the incorrect information. (Figure 4-26.)

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	Report	Period: Ut	12003							
FACILITY ID: FIFI04						Run Da	ate: 07/07/20	03		
FACILITY NAME: FIFI04										
FACILITY CITY: SACRAMENTO										
Residents listed on this report	vere identified	as new resid	lents i	in the	State	ms				
database during the report peri	ad. However, the	re is some d	loubt t	that th	e res	ident:	3			
which should not be the first :	se lesidents were ecold for a pew r	esident. Fo	as net I exem	υ on an mle.τ	n mDa The ne	recor: n				
cesident may have been identify	ed on a Quarterly	assessment.	Plea	ac exe	mine	these				
residents and determine if they	are new or not.	If the read	ident i	identif	iers	(name	,			
SSN, birthdate, or gender were	e changed on this	record the S	State N	DS Sys	ten n	ey				
horn incorrectly identified on	aviating vegident	a porri	TE that		OCCUPIE.					
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have incorrectly identified an then please use an MDS Correcti incorrect resident identifiers.	existing resident on Request to cor	as 'new'. rect the rec	it this ford(s)	u with	the	rea,				
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have incorrectly identified an then please use an MDS Correct incorrect resident identifiers. 	existing resident on Request to cor wiffiers	Birth Birth Date 02/01/1902	It tha cord(s) 	la has with AL0 a/b D6/	D	cord : R4:	IdentiCiers Event Date 06/04/2003	AT6		
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have incorrectly identified en them please use an MDS Correct incorrect resident identifiers. 	existing resident on Request to cor wifiers	Birth Date 02/01/1902 02/03/1902 02/03/1902 02/05/1902	F F	La has vith AA0 AA0 A0 02/1 02/ 02/ 05/	Court the Rea Typ D YM Q	cord : R4: A3a: A3a: 	Identifiers Event Date 06/04/2003 06/03/2003 06/03/2003 06/03/2003	AT6		
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have incorrectly identified an them please use a MOS Correct incorrect resident identifiers. 	existing resident on Request to cor stifiers	Birth Date 02/01/1902 02/03/1902 02/05/1902 02/16/1902 02/07/1903	II tha :d(s) 	Le hae with D6/ 02/1 02/1 02/ 05/ 05/4	occur the Rea Typ D D YM Q Q M	cord : R4: A3a: A3a: A3a: A3a:	Ident1fiers Event Date 06/04/2003 06/03/2003 06/03/2003 06/03/2003 06/03/2003	AT6		

Figure 4-27. MDS Questionable New Resident Report

MDS Questionable New Resident Report

The **MDS Questionable New Resident Report** lists residents identified as new residents in the State MDS database during the report period where there is some doubt that the residents are actually "new". All of these residents were identified as new on an MDS record which should not be the first record for a new resident. For example, the new resident may have been identified on a Quarterly assessment. Please examine these residents' records and determine if they are new or not. If the resident identifiers (name, SSN, birth date, or gender) were changed on this record the State MDS System may have incorrectly identified an existing resident as "new". If this has occurred, then please use an MDS Correction Request to correct the record(s) with the incorrect resident identifiers. (Figure 4-27.)

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FACILITY CITY: SACRAMENTO										- 11		
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RES_ID		Birth	1	AAS	Rec					- 11		
Resident Name	SSN	Date	Gen	a/b	Тур	Date	AT6					
					100.00							
RES_ID: 1431842 BROWN, HANNA	473100333	04/12/1903	F	02/	Y	R2b: 03/13/2002	03/20/2002					
COLD, EMIL	873100008	04/18/1903	F	09/	R	A4a: 03/13/2002	03/20/2002					
DFS TD. 1421701								<u>.</u>				
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RES ID: 1431786												
DISCHG_06, REPORT	740200706	02/16/1902	F	05/	Q	R2b: 12/04/2002						
RES_ID: 1431792												
DISCHG_07, REPORT	740200707	02/07/1902	F	05/4	QN	R2b: 12/04/2002						
RES_ID: 1431788	120000000000000		3521	00000	10/22	1208 101010020						
DISCHG_OW, REPORT	740200700	02/08/1902	r	00/4	0M	R2b: 12/04/2002						
RES_ID: 1431793 DISCHG 10 REPORT	740200710	02/10/1902	F	097	D	14e- 12/04/2002						
	140200720	02,10,1902		057		A40. 12/04/2002						
RES_ID: 1431794 DISCHG 11, REPORT	740200711	02/11/1902	F	09/	R	A4a: 12/04/2002						
		ana amin'ny solatra		61738761								
DIXIE, GRIME	273100026	04/06/1903	F	02/1	YI	R2b: 03/04/2002						
RE5 ID: 1431834												
JACK, SPR	273100015	04/04/1903	F	01/1	AN	R2b: 03/04/2002				-		
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Figure 4-28. MDS Missing Assessment Report

MDS Missing Assessment Report

The MDS Missing Assessment Report includes all residents whose most recent assessment is > 138 days in the past. (Where the last assessment received is NOT a discharge.) This report is based on the effective date, R2b and A4a, of the assessment being > 138 days from the report run date. (Figure 4-28.)