

Section GG Nursing Focus Tool

		Med A Day #1			Med A Day #2			Med A Day #3			Usual Performance
		AM	PM	NOC	AM	PM	NOC	AM	PM	NOC	
Self-Care	Eating										
	Oral Hygiene										
	Toilet Hygiene										
Mobility	Sit to Lying										
	Lying to Sitting on Side of Bed										
	Sit to Stand										
	Chair/Bed-to-Chair Transfer										
	Toilet Transfer										
	Walk 50 Feet with 2 Turns										
	Walk 150 Feet										
Scored by (note initials)											

SCORING

Safety & quality of performance: If helper assistance is required because resident's performance is unsafe or of poor quality, score according to amount of assistance provided. Enter the date next to the Medicare Day (top box), enter the score in the box provided and record your initials below the shift/date.

- 01 **Dependent:** Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity.
- 02 **Substantial/maximal assistance:** Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.
- 03 **Partial/moderate assistance:** Helper does LESS THAN HALF the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.
- 04 **Supervision or touching assistance:** Helper provides verbal cues or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.
- 05 **Setup or clean-up assistance:** Helper sets up or cleans up; resident completes activity. Helper assists only prior to or following the activity.
- 06 **Independent:** Resident completes the activity by him/herself with no assistance from a helper.
- 07 **Resident refused**
- 09 **Not applicable:** Not attempted and the resident did not perform this activity prior to the current illness, exacerbation, or injury.
- 10 **Not attempted due to environmental limitations** (e.g., lack of equipment, weather constraints).
- 88 **Not attempted due to medical condition or safety concerns**

Harmony Healthcare International (HHI)

430 Boston Street, Suite 104, Topsfield, MA 01983 ♦ Tel: 978-887-8919 ♦ Fax: 978-887-3738
www.harmony-healthcare.com