

MINIMUM DATA SET (MDS) - VERSION 2.0
FOR NURSING HOME RESIDENT ASSESSMENT AND CARE SCREENING

SECTION W. SUPPLEMENTAL MDS ITEMS

1.	National Provider ID	Enter for all assessments and tracking forms, if available. <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 15px; margin: 5px 0;"></div>	
		If the ARD of this assessment or the discharge date of this discharge tracking form is between July 1 and September 30, skip to W3.	
2.	Influenza Vaccine	<p>a. Did the resident receive the Influenza vaccine in this facility for this year's Influenza season (October 1 through March 31)?</p> <p style="margin-left: 20px;">0. No (If No, go to item W2b) 1. Yes (If Yes, go to item W3)</p> <p>b. If Influenza vaccine not received, state reason:</p> <p style="margin-left: 20px;">1. Not in facility during this year's flu season 2. Received outside of this facility 3. Not eligible 4. Offered and declined 5. Not offered 6. Inability to obtain vaccine</p>	
3.	Pneumococcal Vaccine	<p>a. Is the resident's PPV status up to date?</p> <p style="margin-left: 20px;">0. No (If No, go to item W3b) 1. Yes (If Yes, skip item W3b)</p> <p>b. If PPV not received, state reason:</p> <p style="margin-left: 20px;">1. Not eligible 2. Offered and declined 3. Not offered</p>	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-0739**. The time required to complete this information collection is estimated to average **.7053 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.