

<b>OASIS ITEM:</b>
<p><b>(M0175)</b> From which of the following <b>Inpatient Facilities</b> was the patient discharged <u>during the past 14 days</u>? (Mark all that apply.)</p> <p><input type="checkbox"/> 1 - Hospital</p> <p><input type="checkbox"/> 2 - Rehabilitation facility</p> <p><input type="checkbox"/> 3 - Skilled nursing facility</p> <p><input type="checkbox"/> 4 - Other nursing home</p> <p><input type="checkbox"/> 5 - Other (specify) _____</p> <p><input type="checkbox"/> NA - Patient was not discharged from an inpatient facility [ If NA, go to <b>M0200</b> ]*</p>
* At Follow-up, change M0200 to M0230.
<b>DEFINITION:</b>
Identifies whether the patient has recently (within past 14 days) been discharged from an inpatient facility. (Past 14 days encompasses the two-week period immediately preceding the start of care/resumption of care or the first day of the new certification period.)
<b>TIME POINTS ITEM(S) COMPLETED:</b>
Start of care Resumption of care Follow-up
<b>RESPONSE—SPECIFIC INSTRUCTIONS:</b>
<ul style="list-style-type: none"> <li>• Mark all that apply. For example, patient may have been discharged from both a hospital <u>and</u> a rehabilitation facility within the past 14 days.</li> <li>• Rehabilitation facility is a freestanding rehab hospital or a rehabilitation bed in a rehabilitation distinct part unit of a general acute care hospital.</li> <li>• A skilled nursing facility means a Medicare certified nursing facility where the patient received a skilled level of care under the Medicare Part A benefit. Determine the following:             <ol style="list-style-type: none"> <li>1) Was the patient discharged from a Medicare-certified skilled nursing facility? If so, then:</li> <li>2) While in the skilled nursing facility was the patient receiving skilled care under the Medicare Part A benefit? If so, then:</li> <li>3) Was the patient receiving skilled care under the Medicare Part A benefit up to 14 days prior to admission to home health care?</li> </ol>             If all three of the above criteria apply, select Response 3. If any of the criteria are not satisfied, but the patient was in some type of nursing facility in the past 14 days, select Response 4.           </li> <li>• Other nursing home includes intermediate care facilities for the mentally retarded (ICF/MR) and nursing facilities (NF).</li> <li>• If patient has been discharged from a swing-bed hospital, it is necessary to determine whether the patient was occupying a designated hospital bed (Response 1), a skilled nursing bed under Medicare Part A (Response 3), or a nursing bed at a lower level of care or under (Response 4).</li> </ul>
<b>ASSESSMENT STRATEGIES:</b>
Information can be obtained from patient/caregiver or physician's office. When uncertain about the type of facility or whether the facility is an <u>inpatient facility</u> , it may be necessary to check with the facility regarding licensure/designation.