

**Track Changes
from Chapter 3 Section K v1.19.1
to Chapter 3 Section K v1.20.1**

| Chapter | Section | Page(s) in version 1.20.1 | Change |
|---------|---------|------------------------------------|---|
| 3 | — | K-1 | <p>Intent: The items in this section are intended to assess the many conditions that could affect the resident's ability to maintain adequate nutrition and hydration. This section covers swallowing disorders, height and weight, weight loss, and nutritional approaches. The assessor should collaborate with the dietitian and dietary staff to ensure that items in this section have been assessed and calculated accurately.</p> |
| 3 | K0100 | K-2 | <p>3. Review the medical record, including nursing, physician, dietitian and dietary, and speech language pathologist notes, and any available information on dental history or problems. Dental problems may include poor fitting dentures, dental caries, edentulous, mouth sores, tumors and/or pain with food consumption.</p> |
| 3 | — | K-4– K-19 | Page length changed due to revised content. |
| 3 | K0300 | K-5 | <p>Steps for Assessment</p> <p><i>This item compares the resident's weight in the current observation period with their weight at two snapshots in time:</i></p> <ul style="list-style-type: none"> • At a point closest to 30 days preceding the current weight. • At a point closest to 180 days preceding the current weight. <p><i>This item does not consider weight fluctuation outside of these two time points, although the resident's weight captured closest to these two time points are the only two weights considered for this item, but the resident's weight should be monitored on a continual basis and weight loss assessed and addressed on the care plan as necessary.</i></p> |
| 3 | K0300 | K-5 | <p>Weight Comparison Examples</p> <p>*Weight as determined in item K0200B. Based on an ARD of 10/15/25.</p> |

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| 3 | K0300 | K-6 | <p>Coding Tips</p> <ul style="list-style-type: none"> • A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS. • In cases in which multiple weights for the resident may exist during the time period being evaluated, select the weight on the date closest to the appropriate time point. |
| 3 | K0310 | K-9 | <p>Steps for Assessment</p> <p><i>This item compares the resident's weight in the current observation period with their weight at two snapshots in time:</i></p> <ul style="list-style-type: none"> • At a point closest to 30 days preceding the current weight. • At a point closest to 180 days preceding the current weight. <p><i>This item does not consider weight fluctuation outside of these two time points, although the resident's weight captured closest to these two time points are the only two weights considered for this item, but the resident's weight should be monitored on a continual basis and weight gain assessed and addressed on the care plan as necessary.</i></p> |
| 3 | K0310 | K-10 | <p>Weight Comparison Examples</p>  <p>*Weight as determined in item K0200B. Based on an ARD of 10/15/25.</p> |

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| 3 | K0310 | K-10 | <p>Coding Tips</p> <ul style="list-style-type: none"> • A resident may experience weight variances in between the snapshot time periods. Although these require follow up at the time, they are not captured on the MDS. • In cases in which multiple weights for the resident may exist during the time period being evaluated, select the weight on the date closest to the appropriate time point. |
| 3 | K0710 | K-16 | <p>Steps for Assessment</p> <ol style="list-style-type: none"> 1. Review intake records within the last 7 days to determine actual intake through parenteral or tube feeding routes. 2. Calculate proportion of total calories received through these routes. <ul style="list-style-type: none"> • If the resident took no food or fluids by mouth or took just sips of fluid, stop here and code 3, 51% or more. • If the resident had more substantial oral intake than sips of fluid, consult with the dieticianqualified dietitian or other clinically qualified nutrition professional. |