OASIS Item Guidance Discharge

| OASIS ITEM |
|---|
| (M2440) For what Reason(s) was the patient Admitted to a Nursing Home? (Mark all that apply.) |
| ☐ 1 - Therapy services |
| ☐ 2 - Respite care |
| ☐ 3 - Hospice care |
| ☐ 4 - Permanent placement |
| ☐ 5 - Unsafe for care at home |
| ☐ 6 - Other |
| ☐ UK - Unknown |
| [Go to M0903] |
| ITEM INTENT |
| Identifies the reason(s) the patient was admitted to a nursing home. |
| TIME POINTS ITEM(S) COMPLETED |
| Transfer to inpatient facility - with or without agency discharge |
| RESPONSE—SPECIFIC INSTRUCTIONS |
| This item excludes acute care facility and rehabilitation facility admissions, which are defined as admissions to a freestanding rehabilitation hospital, a certified distinct rehabilitation unit of a nursing home, or part of a general acute care hospital. |
| Mark all that apply. For example, if a patient has dementia and is unsafe for care at home and there is no plan for the patient to leave the facility, both Response 4 and Response 5 would be marked. |
| DATA SOURCES / RESOURCES |
| Telephone contact with caregiver or family |
| Insurance case manager |
| Physician |
| Nursing home facility |