

# Inpatient Rehabilitation Facility Quality Reporting Program REPORTS ACTIVITY



August 15 and 16, 2019  
Four Seasons Hotel  
Baltimore, MD 21202

Section J		Health Conditions	
<b>J1800. Any Falls Since Admission</b>			
Enter Code	<input type="checkbox"/>	Has the patient <b>had any falls since admission?</b>	
		0. <b>No</b> → Skip to M0210, Unhealed Pressure Ulcers/Injuries 1. <b>Yes</b> → Continue to J1900, Number of Falls Since Admission	
<b>J1900. Number of Falls Since Admission</b>			
<b>Coding:</b> 0. None 1. One 2. Two or more	↓ Enter Codes in Boxes		
	<input type="checkbox"/>	<b>A. No injury:</b> No evidence of any injury is noted on physical assessment by the nurse or primary care clinician; no complaints of pain or injury by the patient; no change in the patient's behavior is noted after the fall	
	<input type="checkbox"/>	<b>B. Injury (except major):</b> Skin tears, abrasions, lacerations, superficial bruises, hematomas and sprains; or any fall-related injury that causes the patient to complain of pain	
	<input type="checkbox"/>	<b>C. Major injury:</b> Bone fractures, joint dislocations, closed head injuries with altered consciousness, subdural hematoma	