

## MDS 3.0 Missing OBRA Assessment Report

Note: \* indicates an empty value

Facility ID [REDACTED] Report Run Date 01/27/2023

Facility Name [REDACTED]

City/State [REDACTED]

Resident Identifiers:					Last Record Identifiers:		
Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	03	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	02	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	99	99	12/01/2021
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	02	99	09/07/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	01	01	09/08/2022
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	F	04	99	09/07/2022