DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Offsite _____ Phase I _____ Phase 2 _____ Provider # _____

ROSTER/SAMPLE MATRIX

Resident Number	Resident Room	Surveyor Assigned	Total Sample:_____ Phase 1 _____ Phase 2 _____ Individual Interview (I) _____ Family Interview (F) _____ Closed Record (CL) _____ Comprehensive (C) _____ Focused Review (FO) _____	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Self-Determination/Accommodation of Needs	Abuse/Neglect	Clean/Comfort/Homelike	Moderate/Severe Pain (Constant or Frequent)	Hi-Risk Pressure Ulcer (Stage II-IV)	New/Worsened Pressure Ulcers (Stage II-IV)	Physical Restraints	Falls including Falls with Major Injury	Psychoactive Meds with Absence of Condition	Antianxiety/Hypnotic Med Use	Behavior Symptoms Affecting Others/Self	Depressive Symptoms	Urinary Tract Infection	Indwelling Urinary Catheter	Lo-Risk Resident Lose Bowel/Bladder Control	Excessive Weight Loss/Gain	Need for Increased ADL Help	Hospice	Dialysis	Admittance/Transfer/Discharge	MI (Non-Dementia) or ID/DD	Language/Communication	Vision/Hearing/Other Assistive Devices	Fecal Impaction	ROM/Contractures/Positioning	Specialty Care (Tube Feeding, Central Lines, Ventilators, O_2)	Hydration/Swallowing/Oral Health	Infections	Specialized Rehab Services (OT, PT, Speech)			
			Resident Name			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34