ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR PROVIDERS
(use with Form CMS-802)

The Roster/Sample Matrix form (CMS-802) is used to list all current residents (including residents on bed-hold) and to note pertinent care categories. The facility completes the: resident name, resident room, and columns 6–31, which are described below. Columns 1–5 and blank columns are for Surveyor Use Only.

For the purpose of completing this form the terms: "facility" means certified beds (i.e., Medicare and/or Medicaid certified beds) and "residents" means residents in certified beds regardless of payer source.

There is no federal requirement to automate the 802 form. This form may and in many instances will need to be completed manually. A facility may use its MDS data to assist in completing the fields for the form; however, facilities should ensure that the MDS information is not simply copied over into the form. The Roster/Sample Matrix information is designed to be a representation of the facility during survey; it does not directly correspond to the MDS data in every field. **All information entered on this form by computer should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.**

Following the definition of certain fields, the related MDS item(s) is noted. Remember, that although the MDS item(s) are noted for some fields, the field itself may need to be completed differently to reflect the current status of all residents as of the day of survey. The MDS items are provided only as a reference point, but the form is to be completed using the time frames and other specific instructions noted below. The information required on the Provider Instructions is not based on the Quality Measures.

For each resident mark all columns that are pertinent

1. – 5. **Surveyor Use Only**

6. **Moderate/Severe Pain (constant or frequent):** needs pain medication, comfort measures or is on a pain management program. J0100A, B, or C = 1; J0300 = 1 or 9; J0400 = 1, 2, or 3; J0500A, B = 1; J0600A = 01- 10; J0600B = 1, 2, 3, or 4; J0700 =1; J0800A, B, C, or D = checked; J0850 = 1, 2, or 3.

7. **Hi-Risk Pressure Ulcers (Stage 2-4):** has a stage 2, 3 or 4 pressure ulcer(s) and/or unstageable pressure ulcer; M0300B1, M0300C1, or M0300D1; M0300E1, M0300F1, M0300G1 > 0.

8. **New/Worsened Pressure Ulcers (Stage 2-4):** has a stage 2, 3 or 4 pressure ulcer(s) that are new or worsened; M0800A > 0 and M0800A <=M0300B1; OR M0800B > 0 and M0800B <=M0300C1; OR M0800C> 0 and M0800C <=M0300D1.

9. **Physical Restraints:** has a physical restraint. Enter 'N' for non-side rail devices and 'S' for side rails. Enter the appropriate letter for all possible responses. P0100A = 1 or 2, enter S; P0100B, C, D, E, F, G, or H = 1 or 2, enter 'N'.

10. **Falls and/or Falls with Major Injury:** has fallen within the past 30 days and/or has fallen within the past 180 days and incurred a major injury. Enter 'F' if fall without injury or fracture; Enter 'Fx' if resident has had a fall with major injury (including fracture). Enter the appropriate letter for **all** possible responses. I3900 or I4000 = checked, enter Fx; J1700A = 1 enter F; J1700C = 1 enter Fx; J1800 = 1 enter F; J1900A and/ or J1900B = 1 or 2 enter F; J1900C = 1 or 2 enter Fx.

11. **Psychoactive Medications with Absence of Condition:** receives any psychoactive medications but has no psychiatric condition. Mark column if N0410A through N0410 D = 1 or > AND I5700 – I6100 = not checked. I8000 = no psychiatric/ mood diagnoses.

12. **Antianxiety/Hypnotic Medications:** receives anxiolytics and/or hypnotics. Enter 'A' for anti-anxiety, 'H' for hypnotic. Enter the appropriate letter for all possible responses. N04010B = 1 or >, enter A; N0410D = 1 or > enter H.

13. **Behavioral Symptoms Affecting Others or Self:** has behavioral health care needs. E0200A, B, C = 1, 2 or 3; E0300 = 1; E0600A, B, C = 1 or 3 or E0900 = 1, 2, or 3, E1000A and/or B = 1.

14. **Depressive Symptoms:** has symptoms of depression. I5800, I5900 = checked or column D02001A through D = 1 for any indicator present; D02001I = 1; column D02002A through D = 2 or 3 for symptom frequency; D02002I = 2 or 3; D0300 = 05 - 27; column D05001A through D = 1 for any indicator present; D05001I = 1; column D05002A through D = 2, or 3 for symptom frequency; D05002I = 1; D0600 = 05 – 30.

15. **Urinary Tract Infection:** has an infection or is on antibiotics. I1700, I2000, I2100, I2200, I2300, I2400, or I2500 = checked. Also, any infections identified in I8000; M1040A = checked; N0410F = 1 or > days.

16. **Indwelling Urinary Catheter:** has an indwelling urinary catheter. H0100A = checked.

17. **Lo-Risk Resident Lose Bowel/Bladder Control– Incontinence/Toileting Programs:** incontinent of bladder/ bowel, enter 'I'. If the resident is on a bladder/bowel toileting program, enter 'T'. Enter the appropriate letter for all possible responses. H0200A = 1; H0200C = 1 enter T; H0300 = 1, 2, or 3, enter I; H0400 = 2 or 3 enter I; H0500 = 1 enter T.

18. **Excessive Weight Loss/Gain:** had an unintended weight loss/gain of >5% in one month or >10% in six months, has had chronic insidious weight loss/gain or is at nutritional risk. Enter 'W' for weight change; K0300 or K0310 = 2, enter 'W'.

    No crosswalk is available for chronic insidious weight loss or nutritional risk. Insidious weight loss is a slow, steady, and persistent weight loss over time that when reviewed in the aggregate is clinically significant. Enter 'W' for either condition.

19. **Need for Increased ADL Help:** has shown a decline in ADL areas.

20. **Hospice:** has elected or currently receiving hospice care. O0100K2 = checked.

21. **Dialysis:** is receiving hemodialysis or peritoneal dialysis either within the facility or offsite. O0100J1 or O0100J2 = checked.

22. **Admission/Transfer/Discharge:** enter the appropriate letter in this column if the resident was admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. A0310E = 1, enter 'A' for an admission. Enter for first assessment after initial admission/entry or reentry after discharge without expectation of return. A0310F = 11, enter 'T' for a transfer; and A0310F = 10 or 12, enter 'D' for a discharge. Enter the appropriate letter for all possible responses. If today's date minus A1600, Entry Date, is less than or equal to 30 days, enter 'A'.

23. **MI (Non-Dementia) or ID/DD:** if the resident has a diagnosis of mental illness or intellectual or developmental disability, mark this column. Enter 'ID' for intellectual disability, 'DD' for developmental disability, or 'MI' for mental illness not classified as dementia. A1500 =1, A1510A = checked, enter' MI'; A1510B = checked, enter 'ID'; A1550A, B, C, D, or E = checked, enter 'ID' and/ or 'DD' as appropriate; I5700, I5800, I5900, I5950, I6000, I16100 = checked, enter 'MI'; I8000 psychiatric/mood disorder diagnosis listed, enter 'MI'.

24. **Language/Communication:** uses a language other than the dominant language of the facility or exhibits difficulty communicating his/her needs. This must be individually determined. In some facilities the predominant language is other than English, such as Spanish, Navajo, or French.

A1100A = 1; A1100B = alternate language identified] Enter 'L' if resident uses a language other than the dominant language of the facility. (If a resident uses American Sign Language, consider this a different language and enter 'L') B0100 = 1; B0600 = 1 or 2; B0700 = 2 or 3; B0800 = 2 or 3] Enter 'C' if the resident has communication difficulties.

25. **Vision/Hearing/Other Assistive Devices:** has significant impairment of vision or hearing, or uses devices to aid vision or hearing. Enter 'V' for visual impairment, 'H' for hearing impairment, and 'D' for use of devices (glasses or hearing aids). B0200 = 2 or 3, enter 'H'; B0300 = 1, enter 'D'; B1000 = 2, 3, or 4, enter 'V'; B1200 = 1, enter 'D'.

    Other Assistive Devices: uses special devices to assist with eating or mobility (e.g., tables, utensils, hand splints, canes, crutches, etc.) and other assistive devices. O0500C or H; G0600A through D = checked.

26. **Fecal Impaction:** had fecal impaction within the last 90 days.

27. **ROM/Contractures/Positioning:** has functional limitations in range of motion. G0400A and/or B = 1 or 2; M1200C = checked.

28. **Special Care (Tube Feeding, Central Lines, Ventilators, O$_2$):** has special treatments. I8000 = 38.93 (Puncture of vessel, venous catheterization, NEC); K0510B2 = checked; O0100F = checked.

29. **Hydration/Swallowing/Oral Health:** has nutrition, hydration or oral health issues. K0510A, C, D = checked, enter "H" for hydration; K0100A-D = checked, enter "S" for swallowing; L0200A-G = checked, enter "O" for oral health.

30. **Infections:** has infections or infectious disease. I1700 – I2500 = checked; I8000 = infection diagnosis; O0100M = checked.

31. **Specialized Rehab (OT, PT, Speech) or other Services:** has specialized therapy or nursing rehab services. O0400A, B, C, D, E, F = minutes > 0, O0500 A-J = > 1.