
ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR SURVEYORS

(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, all remaining 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.

The Roster/Sample Matrix is a tool for selecting the resident sample and may be used for recording information acquired during the tour. When using the form to identify the resident sample, indicate by a check whether this CMS-802 is being used for the sample from Offsite, Phase 1 or Phase 2. The horizontal rows list residents chosen for review (or residents encountered during the tour) and indicate the characteristics/concerns identified for each resident. Use the resident sample selection table in Appendix P of the State Operations Manual (SOM) to identify the number of residents required in the sample.

In the vertical column under the heading *Interview: Individual/Family* mark the column with ‘I’ for each resident receiving an interview or with ‘F’ for any non-interviewable resident receiving a family interview and/or staff observation. Mark the *Closed Record/Comprehensive/Focused* column with ‘CL’ for a closed record review, ‘C’ for a resident chosen for a comprehensive review or ‘FO’ for a resident chosen for a focused review. Use the vertical columns numbered 1 through 31 to check the characteristics for each resident, as appropriate. During each portion of the survey (Offsite, Phase I, Phase 2) highlight the vertical columns for each characteristic identified.

Resident Number: Number each line sequentially down the rows continuing the numbering sequence for any additional pages needed. These numbers may be used as resident identifiers for the sample.

Surveyor Assigned: List initials or surveyor number of surveyor assigned to review each resident.

Resident Name: List the name of the resident.

Resident Room: Identify room number for the resident.

COLUMNS 6–31: Highlight each column that is an area of concern. For each resident entered on the roster/sample matrix, check all columns that pertain to the resident according to the Offsite and Sample Selection Tasks of the Survey.

1. **Privacy/Dignity:** residents’ right to privacy (accommodations, written and telephone communication, visitation, personal care, etc.) or concerns that the facility does not maintain or enhance residents’ dignity.
2. **Social Services:** medically related or other social services; e.g., interpersonal relationships, grief, clothing, etc.
3. **Self-Determination/Accommodation of Needs:** residents’ ability to exercise their rights as citizens; freedom from coercion, discrimination or reprisal; self-determination and participation; choice of care and schedule, etc.
4. **Abuse/Neglect:** resident abuse, neglect or misappropriation of resident property or how the facility responds to allegations of abuse, neglect or misappropriation of resident property.
5. **Clean/Comfortable/Homelike:** facility environment including cleanliness, lighting levels, temperature, comfortable sound levels, or homelike environment and the residents’ ability to use their personal belongings and individualize their room to the extent possible.
6. **Moderate/Severe Pain (constant or frequent):** timely assessment and intervention with residents needing pain medications or measures to provide comfort, including non-medication interventions, or who are on a pain management program.
7. **Hi-Risk Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having stage 2, 3, or 4 pressure ulcers or unstageable pressure ulcers.
8. **New/Worsened Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having new or worsened stage 2, 3, or 4 pressure ulcers.
9. **Physical Restraints:** use of restraints or residents identified as physically restrained daily, including side rails.
10. **Falls and/or Falls with Major Injury:** residents that have fallen within the past 30 days and/or have fallen within the past 180 days and incurred a major injury.
11. **Psychoactive Medications with Absence of Condition:** residents identified as receiving any psychoactive medications in the absence of a psychiatric or mood related diagnoses or conditions.
12. **Antianxiety/Hypnotic Medications:** residents identified as anxiolytics and/or hypnotics.
13. **Behavioral Symptoms Affecting Others or Self:** residents with behavioral health care needs (e.g., verbal or physical outbursts, withdrawing/ isolation).

14. **Depressive Symptoms:** residents with symptoms of depression with or without antidepressant therapy.
15. **Urinary Tract Infections (UTI):** residents identified as having a UTI.
16. **Indwelling Urinary Catheter:** residents with an indwelling urinary catheter.
17. **Lo-Risk Resident Lose Bowel/Bladder Control–Incontinence/Toileting Programs:** resident bowel and/or bladder incontinence and facility toileting programs.
18. **Excessive Weight Loss/Gain:** residents with an unintended weight loss/gain of >5% in one month or >10% in six months, or has had an insidious weight loss/gain or is at nutritional risk.
19. **Need for Increased ADL Help:** residents receive appropriate treatment and services to maintain or improve ability or concerns about residents identified as having ADL decline.
20. **Hospice:** residents who have elected or are receiving hospice care.
21. **Dialysis:** care and coordination of services for residents receiving hemo or peritoneal dialysis either in the facility or offsite.
22. **Admission/Transfer/Discharge:** care/treatment for residents admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. Including but not limited to, resident preparation and procedures for transfer or discharge, such as:
 - Relevant clinical and psychosocial information provided to next care providers, (i.e., Home Health; Hospital, Primary Care Provider, etc.); and
 - Appropriate arrangements for necessary services to meet resident needs upon transfer and/or discharge.
23. **MI (Non-Dementia) or ID/DD:** care and treatment of residents with a diagnosis of mental illness, intellectual or developmental disabilities.
24. **Language/Communication:** facility assisting those residents with communication challenges to communicate at their highest practicable level, or residents identified as speaking other than the dominant language of the facility, or using non-oral communication such as, picture boards, computers, American Sign Language, etc.
25. **Vision/Hearing/Other Assistive Devices:** facility assisting those residents with visual or hearing impairments to function at their highest practicable level, including those residents who have glasses or hearing aids. Include residents needing special devices to assist with eating or mobility.
26. **Fecal Impaction:** management of constipation or residents having a fecal impaction.
27. **ROM/Contractures/Positioning:** occurrence, prevention or treatment of contractures, staff provision or lack of provision of appropriate application/use of splints, ROM exercises, or positioning. Concerns about residents identified as having a decline in ROM.
28. **Special Care (Tube Feeding, Central Lines, Ventilators, O₂, etc.):** residents receiving nutrition via a feeding tube. Care provided to residents with tracheostomies or ventilators, residents needing suctioning, and residents receiving oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, etc., or have special care areas, (e.g., prosthesis, ostomy, injection, IV's, including total parenteral nutrition, etc.), that may be of concern.
29. **Hydration/Swallowing/Oral Health:** residents, who show signs or symptoms, have risk factors for, or who are identified as having dehydration. Residents with chewing or swallowing problems. Provision or lack of provision for oral health care for residents.
30. **Infections:** presence or prevalence of resident infections, residents receiving antibiotics or have an infectious disease or residents under strict isolation precautions.
31. **Specialized Rehab:** facility's provision or lack of provision of specialized rehabilitative services including, but not limited to;
 - Physical therapy
 - Speech/language pathology
 - Occupational therapy
 - Nursing Rehabilitative services
 - Health rehabilitative services for MI and/or ID/DD
- 32.–34. Note any other concerns; e.g., residents who are comatose, have delirium, have special skin care needs other than pressure ulcers or observed to spend most of their time in bed or a chair, such as a geriatric chair, recliner, etc. If during offsite preparation, concerns arise about the accuracy of the MDS information, enter MDS accuracy as a concern.