Offsite _____ Phase I _____ Phase 2 _____ Provider # _____

ROSTER/SAMPLE MATRIX

Total Sample:_____

Phase 1 _____

Phase 2 _____

Individual Interview (I) _____

Family Interview (F) _____

Closed Record (CL) _____

Comprehensive (C) _____

Focused Review (FO) _____

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