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

Offsite _____ Phase I _____ Phase 2 _____ Prov. # _____

ROSTER/SAMPLE MATRIX

Total Sample: _____
Phase 1 ____
Phase 2 ____
Individual Interview **(I)** ____
Family Interview **(F)** ____
Closed Record **(CL)** ____
Comprehensive **(C)** ____
Focused Review **(F)** ____

				REVIEW		FOR SURVEYOR USE					RESIDENT CHARACTERISTICS																																
Resident Number	Resident Room	Surveyor Assigned		Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Choices	Abuse/Neglect	Clean/Comfort/Homelike	Falls/Fractures	Abrasions/Bruises	Behavior Symptoms	Depression	9 or more Medications	Cognitive Impairment	Incontinence/Toilet Programs	Catheter	Fecal Impaction	UTI/Infection Control/Antibiocs	Weight/Nutrition/Swallow/Dentures	Tube Feeding	Dehydration	Bedfast Residents	ADL Decline/Concern	ROM/Contractures/Positioning	Psychoactive Medications	Physical Restraints	Activities	Pressure Sores/Ulcers	Pain/Comfort	Language/Communication	Vision/Hearing/Devices	Specialized Rehab	Assistive Devices	Hospice	Dialysis	Oxygen/ Respiratory Care	Admittance/Transfer/Discharge	MR/MI (Non-Dementia)		
																	ELIMINATION				NUTRITION			PHYSICAL FUNCTION				QUALITY OF LIFE														
			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	35	36	37

Form CMS-802 (10/10)