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

Roster/Sample Matrix

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

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: Indiv/Fam	**C**losed Rec/**C**ompr/**F**ocus	Privacy/Dignity Issues	Social Services	Choices	Abuse/Neglect	Clean/Comfort/Homelike	**Falls/Fx**/Abras/Bruise	**Behavior Symp/Depression**	**9 or more Meds**	**Cognitive Impairment**	**Incont/Toilet Program**	**Catheter**	**Fecal Impaction**	**UTI**/Inf Control/Antibio	**Wt**/Nutr/Swallow/Denture	**Tube Feeding**	**Dehydration**	**Bedfast Residents**	**ADL Decline**/Concern	**ROM**/Contract/Position	**Psychoactive Meds**	**Physical Restraints**	**Activities**	**Pressure Sores/Ulcers**	Pain/Comfort	Language/Communication	Vision/Hearing/Devices	Specialized Rehab	Assistive Devices	Hospice	Dialysis	O_2/Respiratory	Admit/Trans/Disch	MR/MI (Non-Dementia)		
															Elimination				Nutrition			Phys. Funct				Q 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

Form CMS-802 (7/99)