
ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR SURVEYORS

(use with FORM CMS-802)

The Roster/Sample Matrix (CMS-802) is a tool for selecting the resident sample and may be used for recording information from 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 to identify the number of residents required in the sample.

In the vertical columns under the heading **Review**, code the Interview: Individual /Family column with ‘**I**’ for each resident receiving a Resident Interview or with ‘**F**’ for any non-interviewable resident receiving a Family Interview/Observation. **Code** the Closed Record/Comprehensive/Focused Review column with ‘**CL**’ for a closed record review, ‘**C**’ for a resident chosen for a comprehensive review or ‘**F**’ for a resident chosen for a focused review.

Use the vertical columns numbered 1 through 35 to check the characteristics for each resident, as appropriate. The bolded language in columns 6 through 23 corresponds to fields in the Facility Quality Measure/Indicator (QM/QI) Report. Some columns capture language from more than one QM/QI, as well as non-indicator characteristics; e.g., QM/QI’s 1.1 and 1.2 and residents with abrasions and bruises in column 6; QM/QI’s 2.1, 2.2 and 2.3 in column 7; QM/QI’s 5.1 and 5.3 in column 10 and QM/QI’s 10.1, 10.2, and 10.3 in column 20.

During each portion of the survey (Offsite, Phase I, Phase 2) highlight the vertical columns for each characteristic identified as a potential facility concern.

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 no. for the resident listed.

COLUMNS 6–35: 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. The term QM/QI Report refers to the Resident Level/Quality Measure/Indicator Reports.

1. Privacy/Dignity – Concerns about residents’ right to privacy (accommodations, written and telephone communication, visitation, personal care) or concerns that the facility does not maintain or enhance residents’ dignity.

2. Social Services – Concerns about medically related social services; e.g., interpersonal relationships, grief, clothing.

3. Choices – Concerns about 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 – Concerns about 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 – Concerns about the 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. Falls/Fractures/Abrasions/Bruises (QM/QI 1.1, 1.2) – Concerns about residents with bruises, skin tear, abrasions, history of accidents or incidence of a new fracture or a fall or QM/QI Report indicates accidents or falls.

7. Behavioral Symptoms/Depression (QM/QI 2.1, 2.2, and 2.3) – Concerns about incidence or prevalence of resident behaviors that need to be addressed by the facility (e.g., verbal or physical outbursts, withdrawing/isolation) or residents indicated on the QM/QI Report as having behavioral symptoms affecting others or symptoms of depression with or without antidepressant therapy.

8. 9 or more Medications (QM/QI 3.1) – Residents identified during the tour or on the QM/QI Report as using 9 or more medications.

9. Cognitive Impairment (QM/QI 4.1) – Concerns for residents with cognitive impairment or residents identified as becoming cognitively impaired on the QM/QI Report.

10. Incontinence/Toileting Programs (QM/QI 5.1 and 5.3) – Concerns related to resident incontinence and facility toileting programs including residents identified as such on the QM/QI Report.

11. Catheter (QM/QI 5.2) – Concerns related to catheter use in the facility or residents identified on the QM/QI Report.

12. Fecal Impaction (QM/QI 5.4) – Concerns related to management of constipation or residents having a fecal impaction as identified on the QM/QI Report. *This condition is considered a sentinel event.*

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13. **UTI/Infection Control/Antibiotics** (QM/QI 6.1) – Concerns about presence or prevalence of resident infections, facility infection control practices, residents receiving antibiotics, or residents identified as having a UTI on the QM/QI Report.
14. **Weight Change/Nutrition/Swallowing/Dentures** (QM/QI 7.1) – Concerns about residents with nutritional needs, chewing or swallowing problems that may affect intake (including the use of dentures), experiencing significant or chronic insidious unintended weight change, being on a restorative dining program or residents identified on the QM/QI Report as having a weight loss.
15. **Tube Feedings** (QM/QI 7.2) – Concerns related to residents having a feeding tube or identified on the QM/QI Report as having a feeding tube.
16. **Dehydration** (QM/QI 7.3) – Concerns about residents who show signs or symptoms or have risk factors for dehydration or who are identified on the QM/QI Report as having dehydration. *This condition is considered a sentinel event.*
17. **Bedfast Residents** (QM/QI 9.2) – Concerns about residents identified on the QM/QI Report or observed to be spend most time in bed or chair.
18. **ADL Decline/Concern** (QM/QI 9.1 and 9.3) – Concern that resident receives appropriate treatment and services to maintain or improve ability or concerns about residents identified on the QM/QI Report as having an ADL decline.
19. **ROM/Contractures/Positioning** (QM/QI 9.4) – Concerns about the occurrence, prevention or treatment of contractures. Concerns with staff provision or lack of provision of splints, ROM, the appropriate positioning of residents or residents identified on the QM/QI Report as having a decline in ROM.
20. **Psychoactive Meds** (QM/QI 10.1, 10.2 and 10.3) – Concerns about the use of psychoactive medications or residents identified on QM/QI Report with antipsychotic use in the absence of psychotic or related conditions or use of antianxiety or hypnotic medications.
21. **Physical Restraints** (QM/QI 11.1) – Concerns about the use of physical restraints or residents identified on the QM/QI Report as physically restrained daily (excluding side rails).
22. **Activities** (QM/QI 11.2) – Concerns about activities meeting cultural needs, interests, preferences, etc. of residents or residents identified on the QM/QI Report as having little or no activity.
23. **Pressure Sores/Ulcers** (QM/QI 12.1 and 12.2) (QM/QI 13.3 for PAC residents) – Concerns about the occurrence, assessment, prevention or treatment of pressure ulcers or other necessary skin care or residents identified on the QI Report as having stage 1–4 pressure ulcers. *Residents who flag at low risk for this QM/QI are considered to have a sentinel event.*
24. **Pain/Comfort** (QM/QI 8.1 and for PAC residents 13.2) – Concerns about timely assessment and intervention with residents needing pain or comfort measures or who are on a pain management program.
25. **Language/Communication** – Concerns about the facility assisting those residents with communication difficulties to communicate at their highest practicable level or residents identified as speaking other than the dominant language of the facility.
26. **Vision/Hearing/Devices** – Concerns about the 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.
27. **Specialized Rehab** – Concerns about the facility’s provision or lack of provision of Specialized Rehabilitative Services including:
 - Physical therapy
 - Speech/language pathology
 - Occupational therapy
 - Health rehabilitative services for MI/MR
28. **Assistive Devices** – Concerns about the need for, absence of or use of special devices to assist residents in eating (e.g., tables, utensils, hand splints, etc.) or concerns about any other assistive devices (e.g., canes, crutches, etc.).
29. **Hospice** – Concerns for residents who have elected the hospice benefit, whether the resident lives in the facility or is temporarily receiving inpatient services or respite care.
30. **Dialysis** – Concern about care and coordination of services for residents receiving hemo or peritoneal dialysis either in the facility or at another site.
31. **Oxygen/Respiratory Care** – Concerns about care provided to residents with tracheotomies or ventilators, residents needing suctioning, and residents receiving oxygen, etc.
32. **Adm./Transfer/Discharge** – Concerns about care/tx for residents recently admitted. Concerns about resident preparation and procedures for transfer or discharge.
33. **MR/MI(NonDementia)** – Concerns related to the care and treatment of residents with mental retardation or mental illness.
- 34–35. Note any other concerns; e.g., residents who are comatose or have special care areas (e.g., prosthesis, side rails, ostomy, injection, special foot care and IV’s, including total parenteral nutrition) that may be of concern in the column. If during the Offsite prep, concerns arise about the accuracy of the MDS, enter MDS accuracy as a concern. Also add concerns with delirium (QM/QI 13.1) in these fields.