DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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: **I**ndiv/**F**am	**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**

HCFA-802 (7/99)