

ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR PROVIDERS (use with Form CMS-802)

The Roster/Sample Matrix form (CMS-802) is used by the facility to list all current residents (including residents on bedhold) and to note pertinent care categories. **The facility completes the following: resident name, resident room, and columns 6–35, which are described below.** All remaining columns are for Surveyor Use Only.

There is not a federal requirement for automation of Form CMS-802. The facility may continue manual coding of Form CMS-802. The facility may use MDS data to provide a “worksheet” of the form, but must amend item responses as necessary to represent current resident status on the first day of the survey. The MDS items below are provided as a reference point, but the form is to be completed using the time frames and other specific instructions below. The information required on the Provider Instructions is not based on the Quality Measures/Indicators.

For each resident mark all columns that are pertinent

1. – 5. Surveyor Use Only

- 6. Falls/Fractures:** If the resident has fallen within the past 30 days; or has had a fracture within the last 180 days. Code ‘Fx’ if the resident has fractures and code ‘F’ for falls. Code for **all** possible responses
[(I3900 or I4000 = checked, or J1900C = 1 or 2, code Fx); (J1700A or J1800 = 1, code F)]
- 7. Abrasions/Bruises:** If the resident currently has abrasions, bruises, or skin tears, check this column.
[J1900B = checked; Code manually for anything not represented by MDS data]
- 8. Behavioral Symptoms:** If the resident has behavioral symptoms, as listed in the MDS, mark this column.
[(E0300 = 1) or (E0800 = 1, 2, or 3) or (E0900 = 1, 2, or 3)]
- 9. Depression:** If the resident has symptoms of depression, as listed in the MDS, check this column.
[(I5800 = checked) or (D0200B1, F1, or I1 = 1) or (D0500B1, F1, or I1 = 1)]
- 10. 9 or More Medications:** If the resident is using 9 or more medications, check this column.
[Code manually]
- 11. Cognitive Impairment:** If the resident is cognitively impaired, check this column.
[(C0500 < 13) or (C0700 = 1) or (C0800 = 1) or (C1000 = 2 or 3) or (C1300A, B, C, or D = 1 or 2)]
- 12. Incontinence/Toileting Programs:** If the resident is incontinent of bladder, code ‘I’. If the resident is on a bladder training program, code ‘T’. Code for **all** possible responses.
[(H0300 = 1, 2, or 3) and (H0100A and B = not checked), code I; H0200A = 1 or coded manually, code T]
- 13. Catheter:** If the resident has an indwelling urinary catheter, check this column.
[H0100A = checked]
- 14. Fecal Impaction:** If the resident has had fecal impaction within the last 90 days, check this column.
[Code manually]
- 15. UTI/Infection Control/Antibiotics:** If the resident has an infection or is on antibiotics, check this column.
[M1040A = checked or I1700, I2000, I2100, I2200, I2300, I2400, or I2500 = checked]
- 16. Weight Change/Nutrition/Swallowing/Dentures:** If the resident has had an unintended weight loss/gain of 5% in one month or 10% in six months, has had chronic insidious weight loss or is at nutritional risk, mark this column. If the resident is in a restorative dining program, has chewing or swallowing problems that may affect dietary intake, or has dentures, mark this column. Code ‘W’ for weight change, ‘S’ for chewing or swallowing problems, ‘D’ for dentures, and ‘R’ for restorative dining program. Code for **all** possible responses.
[K0300 = 2, code W; K0100A, B, C, or D = checked, code S; L0200A = checked, code D; O0500H > 0, code R; Code manually for anything not represented by MDS data]

No crosswalk is available for chronic insidious weight loss or nutritional risk. Insidious weight loss is a slow, steady, and persistent weight loss over time that when reviewed in the aggregate is clinically significant. Code manually with a W for either.
- 17. Tube Feedings:** If the resident has a feeding tube, check this column.
[K0500B = checked]
- 18. Dehydration:** If the resident has problems with dehydration, check this column.
[J1550C = checked]
- 19. Bedfast Residents:** If the resident is bedfast, check this column.
[Code manually]
- 20. ADL Decline/Concern:** If the resident has shown a decline in ADL areas, check this column.
[Code manually]
- 21. ROM/Contractures/Positioning:** If the resident has functional limitations in range of motion, check this column.
[G0400A or B = 1 or 2; Code manually for neck or anything not represented by MDS data]

- 22. Psychoactive Medications:** If the resident receives any psychoactive medications, mark this column. Code ‘P’ for antipsychotic, ‘A’ for antianxiety, ‘D’ for antidepressant, and ‘H’ for hypnotic. Code for **all** possible responses.
[N0400A = checked, code P; N0400B = checked, code A; N0400C = checked, code D; N0400D = checked, code H]
- 23. Physical Restraints:** If the resident has a physical restraint, check this column. Code ‘N’ for non-siderail devices and ‘S’ for siderails. Code for **all** possible responses.
[P 0100A = checked, code S; P0100B, C, E, F, G, or H = checked, code N; Code manually for anything not represented by MDS data]
- 24. Activities:** If the resident has little or no activity or has indicated a desire for change in type or extent of activity, check this column.
[Code manually]
- 25. Pressure Sores/Ulcers:** If the resident has a stage 2, 3 or 4 pressure sore(s), check this column.
[M0300B1, M0300C1, or M0300D1 > 0]
- 26. Pain/Comfort:** If the resident needs pain or comfort measures or is on a pain management program check this column.
[J0100A, B, or C = 1; Code manually for anything not represented by MDS data]
- 27. Language/Communication:** Enter a code in this item if the resident uses a language other than the dominant language of the facility or exhibits difficulty communicating his/her needs. This must be individually determined. In some facilities the predominant language is other than English, such as Spanish, Navajo, or French.

Code ‘L’ if resident uses a language other than the dominant language of the facility. (If a resident uses American Sign Language, consider this a different language and code ‘L’.)
Code ‘C’ if the resident has communication difficulties.
[Code manually]
- 28. Vision/Hearing/Devices:** If the resident has significant impairment of vision or hearing, or uses devices to aid vision or hearing, mark this column. Code ‘V’ for visual impairment, ‘H’ for hearing impairment, and ‘D’ for use of devices (glasses or hearing aids).
[B0200 = 2 or 3, code H; B1000 = 2, 3, or 4, code V; B0300 or B1200 = 1, code D]
- 29. Specialized Rehab:** If the resident is receiving specialized rehabilitative services, code the following (Code for **all** possible responses):
‘S’ for speech/language therapy
‘O’ for occupational therapy
‘P’ for physical therapy
‘H’ for health rehabilitative services for MI/MR
[O0400A1, 2, or 3 > 0, code S; O0400B1, 2, or 3 > 0, code O; O0400C1, 2, or 3 > 0, code P; Code manually for H]
- 30. Assistive Devices:** If the resident uses special devices to assist with eating or mobility (e.g., tables, utensils, hand splints, canes, crutches, etc.) and other assistive devices, check this column.
[O0500C > 0 or G0600A or B = checked; Code manually for assistive devices used with eating and anything not represented by MDS data]
- 31. Hospice:** If the resident is receiving Hospice Care, check this column.
[O0100K1 or 2 = checked]
- 32. Dialysis:** If the resident is receiving dialysis, check this column.
[O0100J1 or 2 = checked]
- 33. Oxygen/Respiratory Care:** If the resident has a tracheotomy, ventilator, resident needs suctioning, or is receiving oxygen therapy, etc., check this column.
[(O0100C1, O0100C2, O0100D1, O0100D2, O0100E1, O0100E2, O0100F1, O0100F2, O0100G1, or O0100G2 = checked) or O0400D1 > 0]
- 34. Adm./Transfer/Discharge:** Enter a code in this column if the resident was admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. Code ‘A’ for an admission. Code for first assessment after initial admission or readmission after discharge without expectation of return. Code ‘T’ for a transfer and ‘D’ for a discharge. Code for **all** possible responses.
[If today’s date minus A1600 is less than or equal to 30 days, code A; Code manually for T or D]
- 35. MR/MI (Non-Dementia):** Enter a code in this column if the resident has a diagnosis of mental retardation or mental illness. Code ‘MR’ for mental retardation or ‘MI’ for mental illness not classified as dementia.
[A1550A, B, C, D, or E = checked, code MR; I5700, I5800, I5900, I5950, or I6000 = checked, code MI]
- 36. – 37. Surveyor Use Only**