Offsite	Phase I	Phase 2	Provider #	
O1131CC	1 11u3c 1	1 11d3C Z	I TOVIGET II _	

## **ROSTER/SAMPLE MATRIX**

												<i>-</i>		11/ -	<i></i>			IVI	<u> </u>	1 1 1 2	_																		_
Resident Number	Resident Room	Surveyor Assigned	Total Sample:  Phase 1  Phase 2  Individual Interview (I)  Family Interview (F)  Closed Record (CL)  Comprehensive (C)  Focused Review (FO)	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Self-Determination/Accommodation of Needs	Abuse/Neglect	Clean/Comfort/Homelike	Moderate/Severe Pain (Constant or Frequent)	Hi-Risk Pressure Ulcer (Stage 2-4)	New/Worsened Pressure Ulcers (Stage 2-4)	Physical Restraints	Falls including Falls with Major Injury	Psychoactive Meds with Absence of Condition	Antianxiety/Hypnotic Medication Use	Behavior Symptoms Affecting Others/Self	Depressive Symptoms	Urinary Tract Infection	Indwelling Urinary Catheter	Lo-Risk Resident Lose Bowel/Bladder Control	Excessive Weight Loss/Gain	Need for Increased ADL Help	Hospice	Dialysis	Admittance/Transfer/Discharge	MI (Non-Dementia) or ID/DD	Language/Communication	Vision/Hearing/Other Assistive Devices	ROM/Contractures/Positioning	Specialty Care (Tube Feeding, Central Lines, Ventilators, O <sub>2</sub> )	Hydration/Swallowing/Oral Health	Infections	Specialized Rehab Services (OT, PT, Speech, etc.)				
			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 3	33 34	4
																																					$\dashv$	$\perp$	
																																					$\dashv$	$\perp$	_
																																					$\dashv$	$\perp$	_
																																					$\dashv$	$\perp$	
															-																					$\blacksquare$	$\dashv$	_	_
															-																		$\square$			$\dashv$	$\dashv$	+	_
															-																		$\square$			$\dashv$	+	$\perp$	_
																																				$\dashv$	+	+	_
															$\vdash$																		$\vdash$			$\dashv$	+	+	_
																																				$\dashv$	+	+	_
																																					+	_	_
															$\vdash$						$\dashv$																+	+	-
																																					+	+	-
		$\dashv$																			$\dashv$															$\dashv$	+	+	
																																				$\dashv$	+	+	-
																																				$ \top $	$\top$	+	-