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

The Roster/Sample Matrix form (CMS-802) is used to list all current residents (including residents on bed-hold) and to note pertinent care categories. The facility completes the resident name, resident room, and columns 6–30, which are described below. Columns 1–5 and blank columns 31–34 are for Surveyor Use Only.

For the purpose of completing this form the terms: "facility" means certified beds (i.e., Medicare and/or Medicaid certified beds) and "residents" means residents in certified beds regardless of payer source.

There is no federal requirement to automate the CMS-802 form. A facility may use its MDS data to assist in completing the fields; however, **all conditions noted on this form that are not identified on the MDS must be entered manually**. Facilities should ensure that MDS information is not simply copied over into the form. **All information entered by computer should be verified by a staff member knowledgeable about the resident population. Information must be reflective of all residents as of the day of survey.**

Following the definition of certain fields, related MDS item(s) are noted. Although the MDS item(s) are noted for some fields, the field itself may need to be completed differently or manually to reflect the current status of all residents as of the day of survey. The MDS items are provided only as a reference point. The form is to be completed using the time frames and other specific instructions noted below.

For each resident mark all columns that are pertinent.

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1. – 5. Surveyor Use Only

6. **Moderate/Severe Pain (constant or frequent):** Needs pain medication, comfort measures or is on a pain management program. J0100A, B, or C = 1 OR J0300 = 1 or 9 OR J0400 = 1, 2, or 3 OR J0500A, B = 1 OR J0600A = 01–10 OR J0600B = 1, 2, 3, or 4 OR J0700 =1 OR J0800A, B, C, or D = checked OR J0850 = 1, 2, or 3.

7. **Hi-Risk Pressure Ulcers (Stage 2-4):** Has stage 2, 3 or 4 pressure ulcer(s) and/or unstageable pressure ulcer(s); M0300B1, M0300C1, M0300D1, M0300E1, M0300F1, or M0300G1 > 0.

8. **New/Worsened Pressure Ulcers (Stage 2-4):** Has stage 2, 3 or 4 pressure ulcer(s) that are new or worsened. M0800A > 0 and M0800A ≤ M0300B1 OR M0800B > 0 and M0800B ≤ M0300C1 OR M0800C > 0 and M0800C ≤ M0300D1.

9. **Physical Restraints:** Has a physical restraint. Enter **N** for non-side rail devices and **S** for side rails. Enter the appropriate letter for **all** possible responses. P0100A = 1 or 2, enter **S**; P0100B, C, D, E, F, G, or H = 1 or 2, enter **N**.

10. **Falls and/or Falls with Major Injury:** Has fallen within the past 30 days and/or has fallen within the past 180 days **and** incurred a major injury. Enter **F** if fall without injury or fracture; Enter **Fx** if resident has had a fall with major injury (including fracture). Enter the appropriate letter for **all** possible responses. I3900 or I4000 = checked, enter **Fx**. J1700A or B = 1, enter **F**. J1700C = 1, enter **Fx**. J1800 = 1, enter **F**. J1900A and/or J1900B = 1 or 2, enter **F**. J1900C = 1 or 2, enter **Fx**.

11. **Psychoactive Medications with Absence of Condition:** Receives any psychoactive medications but has no psychiatric condition. If N0410A through D = ≥ 1 AND I5700 – I6100 = not checked, and/or I8000 = no psychiatric/mood diagnoses (i.e., no ICD-9 codes between 295-299 inclusive).

12. **Antianxiety/Hypnotic Medications:** Receives anxiolytics and/or hypnotics. Enter **A** for anti-anxiety and **H** for hypnotic. Enter the appropriate letter for all possible responses. N04010B = ≥ 1, enter **A**. N0410D = ≥ 1, enter **H**.

13. **Behavioral Symptoms Affecting Others or Self:** Has behavioral health care needs. E0200A, B, or C = 1, 2 or 3 OR E0500A, B, or C = 1 OR E0600A, B, or C = 1 OR E0800 = 1, 2, or 3 OR E0900 = 1, 2, or 3 OR E1000A and/or B = 1.

14. **Depressive Symptoms:** Has symptoms of depression. I5800 or I5900 = checked OR D0300 = 05 – 27 OR D0600 = 05 – 30 OR D0350 or D0650 = 1.

15. **Urinary Tract Infection:** I2300 = checked.

16. **Indwelling Urinary Catheter:** H0100A = checked.

17. **Lo-risk Residents Who Lose Bowel/Bladder Control–Incontinence/Toileting Programs:** Incontinent of bladder/bowel, enter **I**. If the resident is on a bladder/bowel toileting program, enter **T**. Enter the appropriate letter for **all** possible responses. H0200A = 1 or H0200C = 1, enter **T**. H0300 = 1, 2, or 3, enter **I**. H0400 = 2 or 3, enter **I**. H0500 = 1, enter **T**.

18. **Excessive Weight Loss/Gain:** Has had an unintended weight loss/gain of >5% in one month or >10% in six months, or is at nutritional risk. K0300 or K0310 = 2.

19. **Need for Increased ADL Help:** Has shown a decline in ADL areas.

20. **Hospice:** Has elected or is currently receiving hospice care. O0100K2 = checked.

21. **Dialysis:** Is receiving hemo- or peritoneal dialysis either within the facility or offsite. O0100J1 or O0100J2 = checked.

22. **Admission/Transfer/Discharge:** Enter the appropriate letter 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. Enter **A** for an initial admission or for the first assessment after initial admission/entry or reentry after discharge without expectation of return. Enter **T** for a transfer. Enter **D** for a discharge. Enter the appropriate letter for **all** possible responses. A0310E = 1, enter **A**. A0310F = 11, enter **T**. A0310F = 10 or 12, enter **D**. If today's date minus A1600, (Entry Date), is less than or equal to 30 days, enter **A**.

23. **Mental Illness (MI) (Non-Dementia) or Intellectual Disability (ID) or Developmental Disability (DD) (Mental retardation as defined at 42 CFR 483.45(a)):** Resident has a diagnosis of MI or ID/DD. Enter **MI** for mental illness not classified as dementia, **ID** for intellectual disability or **DD** for developmental disability. A1500 =1 and A1510A = checked, enter **MI**. A1510B = checked, enter **ID**. A1550A, B, C, D, or E = checked, manually enter **ID** and/or **DD** as appropriate. I5700, I5800, I5900, I5950, I6000, I16100 = checked, enter **MI**. I8000 psychiatric/ mood disorder diagnosis listed, enter **MI**.

24. **Language/Communication:** Does not speak or understand the dominant language spoken in the facility and needs or wants an interpreter to communicate, or exhibits difficulty communicating his/her needs. A1100A = 1, enter **L**. If a resident uses American Sign Language, consider this an alternate language and enter **L**. If B0600 = 1 or 2 OR B0700 = 2 or 3 OR B0800 = 2 or 3, enter **C**.

25. **Vision/Hearing/Other Assistive Devices:** Has significant impairment of vision or hearing, or uses devices to aid vision or hearing. Enter **V** for visual impairment, **H** for hearing impairment, and **D** for use of devices (glasses or hearing aids). B0200 = 2 or 3, enter **H** and/or B0300 = 1, enter **D**. B1000 = 2, 3, or 4, enter **V** and/or B1200 = 1, enter **D**.

    Other Assistive Devices: Uses special devices to assist with eating or mobility (e.g., tables, utensils, hand splints, canes, crutches, etc.) and other assistive devices. O0500C = > 1 OR G0600A through D = checked, enter **D**.

26. **ROM/Contractures/Positioning:** Has functional limitations in range of motion. G0400A and/or B = 1 or 2 OR M1200C = checked.

27. **Special Care (Tube Feeding, Central Lines, Ventilators, O$_2$):** Has special treatments. K0510B2 = checked OR O0100C2 or F2 = checked.

28. **Hydration/Swallowing/Oral Health:** Has nutrition, hydration or oral health issues. K0510A2, C2, D2 = checked, enter **H** for hydration. K0100A-D = checked, enter **S** for swallowing. L0200A-F = checked, enter **O** for oral health.

29. **Infections:** Has infections or infectious disease. I1700 – I2500 = checked OR I8000 = infection diagnosis (i.e. ICD-9 codes between 001-139 inclusive) OR M1040A = checked OR O0100M2 = checked.

30. **Specialized Rehabilitation (PT, OT, recreational, respiratory, psychological, speech, restorative nursing) or other Services:** O0400A, B, C, D, E, F = minutes > 0 OR O0500 A-J = > 1.