

## RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No.	Medicare <small style="text-align: right;">F75</small>	Medicaid <small style="text-align: right;">F76</small>	Other <small style="text-align: right;">F77</small>	Total Residents <small style="text-align: right;">F78</small>
<b>ADL</b>	<b>Independent</b>	<b>Assist of One or Two Staff</b>		<b>Dependent</b>
Bathing	F79	F80		F81
Dressing	F82	F83		F84
Transferring	F85	F86		F87
Toilet Use	F88	F89		F90
Eating	F91	F92		F93

### A. Bowel/Bladder Status

- F94** \_\_\_ With indwelling or external catheter
- F95** Of the total number of residents with catheters, how many were present on admission \_\_\_?
- F96** \_\_\_ Occasionally or frequently incontinent of bladder
- F97** \_\_\_ Occasionally or frequently incontinent of bowel
- F98** \_\_\_ On urinary toileting program
- F99** \_\_\_ On bowel toileting program

### B. Mobility

- F100** \_\_\_ Bedfast all or most of time
- F101** \_\_\_ In a chair all or most of time
- F102** \_\_\_ Independently ambulatory
- F103** \_\_\_ Ambulation with assistance or assistive device
- F104** \_\_\_ Physically restrained
- F105** Of the total number of residents with restraints, how many were admitted or readmitted with orders for restraints \_\_\_?
- F106** \_\_\_ With contractures
- F107** Of the total number of residents with contractures, how many had a contracture(s) on admission \_\_\_?

### C. Mental Status

**F108-114** – indicate the number of residents with:

- F108** \_\_\_ Intellectual and/or developmental disability
- F109** \_\_\_ Documented signs and symptoms of depression
- F110** \_\_\_ Documented psychiatric diagnosis (exclude dementias and depression)
- F111** \_\_\_ Dementia: (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick’s disease; and dementia related to Parkinson’s or Creutzfeldt-Jakob diseases), or Alzheimer’s Disease
- F112** \_\_\_ Behavioral healthcare needs
- F113** Of the total number of residents with behavioral healthcare needs, how many have an individualized care plan to support them \_\_\_?
- F114** \_\_\_ Receiving health rehabilitative services for MI and/or ID/DD

### D. Skin Integrity

**F115-118** – indicate the number of residents with:

- F115** \_\_\_ Pressure ulcers (exclude Stage 1)
- F116** Of the total number of residents with pressure ulcers excluding Stage 1, how many residents had pressure ulcers on admission \_\_\_?
- F117** \_\_\_ Receiving preventive skin care
- F118** \_\_\_ Rashes

## RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

I certify that this information is accurate to the best of my knowledge.

### E. Special Care

**F119-132 – indicate the number of residents receiving:**

- F119 \_\_\_ Hospice care
- F120 \_\_\_ Radiation therapy
- F121 \_\_\_ Chemotherapy
- F122 \_\_\_ Dialysis
- F123 \_\_\_ Intravenous therapy, IV nutrition, and/or blood transfusion
- F124 \_\_\_ Respiratory treatment
- F125 \_\_\_ Tracheostomy care
- F126 \_\_\_ Ostomy care

- F127 \_\_\_ Suctioning
- F128 \_\_\_ Injections (exclude vitamin B12 injections)
- F129 \_\_\_ Tube feedings
- F130 \_\_\_ Mechanically altered diets including pureed and all chopped food (not only meat)
- F131 \_\_\_ Rehabilitative services (Physical therapy, speech-language therapy, occupational therapy, etc.)  
Exclude health rehabilitation for MI and/or ID/DD
- F132 \_\_\_ Assistive devices with eating

### F. Medications

**F133-139 – indicate the number of residents receiving:**

- F133 \_\_\_ Any psychoactive medication
  - F134 \_\_\_ Antipsychotic medications
  - F135 \_\_\_ Antianxiety medications
  - F136 \_\_\_ Antidepressant medications
  - F137 \_\_\_ Hypnotic medications
- F138 \_\_\_ Antibiotics
- F139 \_\_\_ On pain management program

### G. Other

- F140 \_\_\_ With unplanned significant weight loss/gain
- F141 \_\_\_ Who do not communicate in the dominant language of the facility (include those who use American sign language)
- F142 \_\_\_ Who use non-oral communication devices
- F143 \_\_\_ With advance directives
- F144 \_\_\_ Received influenza immunization
- F145 \_\_\_ Received pneumococcal vaccine

Signature of Person Completing the Form

Title

Date

### TO BE COMPLETED BY SURVEY TEAM

- F146 Was ombudsman office notified prior to survey?      \_\_\_ Yes      \_\_\_ No
- F147 Was ombudsman present during any portion of the survey?      \_\_\_ Yes      \_\_\_ No
- F148 Medication error rate \_\_\_\_\_%

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# RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

## (use with Form CMS-672)

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### GENERAL INSTRUCTIONS:

#### THIS FORM IS TO BE COMPLETED BY THE FACILITY AND REPRESENTS THE CURRENT CONDITION OF RESIDENTS AT THE TIME OF COMPLETION

There is no federal requirement to automate the 672 form. A facility may use its MDS data to assist in completing the entry fields for the 672 form, however, facilities should ensure that the MDS information is not simply counted and copied over into the form. **All conditions noted on this form that are not identified on the MDS must be counted manually.** This information is designed to be a representation of the facility during survey; it does not directly correspond to the MDS data in every field. **The information entered on this form must be reflective of all residents as of the day of survey; therefore all information entered must be independently verified.**

Following certain entry fields, the related MDS 3.0 item(s) is noted. Remember, that although MDS items are noted for some fields, the field itself may need to be completed differently 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 as noted below.

Where a field refers to the “admission assessment,” use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

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.

### INSTRUCTIONS AND DEFINITIONS:

**Complete each field by specifying the number of residents in each category. If no residents fall into a category enter a “0”.**

**Provider Number:** Facility CMS certification provider number. A0100B; leave blank for initial certifications.

**Block F75:** Residents whose primary payer is Medicare.

**Block F76:** Residents whose primary payer is Medicaid.

**Block F77:** Residents whose primary payer is neither Medicare nor Medicaid.

**Block F78:** Residents for whom a bed is maintained on the day the survey begins, including those temporarily away in a hospital or on leave. This should be representative of residents in the nursing facility or those who have a bed-hold.

**ADLS (F79 – F93):** To determine resident status, unless otherwise noted, consider the resident’s condition for the 7 days prior to the survey. Horizontal totals across the three columns (Independent, Assist of One or Two Staff, and Dependent) must equal the number in Block F78, Total Residents, for each of the ADL categories (Bathing, Dressing, Transferring, Toilet Use and Eating).

**Bathing (F79 – F81):** This includes a full-body bath/shower, sponge bath, and transfer into and out of tub or shower. G0120A = 0 for F79, G0120A = 1, 2, OR 3 for F80. OR G0120A = 4 for F81.

Facilities may provide “setup” assistance to residents such as drawing water for a tub bath or laying out clothes, bathing supplies/toiletries, etc. Also, a resident may only need assistance with washing their back or shampooing their hair. If either of these are the case, and the resident requires no other assistance, count the resident as independent.

**Dressing (F82 – F84):** How the resident puts on, and takes off all items of clothing, including donning/removing prostheses (e.g., braces and artificial limbs) or elastic stockings. G0110G1 = 0 for F82 OR G0110G1 = 1, 2, OR 3 for F83 OR G0110G1 = 4 for F84.

Facilities may set out clothes for residents. If this is the case and this is the only assistance the resident receives, count the resident as independent. However, if a resident receives assistance, such as with dressing, donning a brace, elastic stocking, a prosthesis, or securing fasteners, etc. count the resident as needing the assistance of 1 or 2 staff, as appropriate.

**Transferring (F85 – F87):** How the resident moves between surfaces, including, to or from bed, chair, wheelchair, or standing position. (EXCLUDES transfers to/from the bath/toilet). G0110B1 = 0 for F85 OR G0110B1 = 1, 2, or 3 for F86 OR G0110B1 = 4 for F87.

Facilities may provide “setup” assistance to residents, such as handing equipment (e.g., quad cane) to the resident. If this is the case and is the only assistance required, count the resident as independent.

**Toilet Use (F88 – F90):** How the resident uses the toilet, commode, bedpan, or urinal; transfers on/off toilet; cleanses self after elimination; changes pad(s); manages ostomy or catheter, and adjusts clothing. If all that is done for the resident is to open a package (e.g., a clean incontinence pad), count the resident as independent. G0110I1 = 0 for F88 OR G0110I1 = 1, 2, or 3 for F89 OR G0110I1 = 4 for F90.

**Eating (F91 – F93):** How a resident eats and drinks, regardless of skill. Do not include eating/drinking during medication pass. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition, includes IV fluids administered for nutrition or hydration). Facilities may provide “setup” activities, such as opening containers, buttering bread, and organizing the tray; if this is the case and is the only assistance a resident needs, count this resident as independent. G0110H1 = 0 for F91 OR G0110H1 = 1, 2, or 3 for F92 OR G0110H1 = 4 for F93.

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## RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

(use with Form CMS-672)

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### A. BOWEL/BLADDER STATUS (F94 – F99) - RESIDENTS

**F94: With an indwelling or an external catheter:**

Whose urinary bladder is constantly drained by a catheter (e.g., an indwelling catheter, a suprapubic catheter or nephrostomy tube) or who wears an appliance that is applied over the penis and connected to a drainage bag to collect urine from the bladder (e.g., condom catheter or similar appliance). H0100A or B = checked.

**F95: Of the total number of residents with catheters:**

Who had a catheter present on admission/entry or reentry. H0100A or B = checked. To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

**F96: Occasionally or frequently incontinent of bladder:**

Who have an incontinent episode two or more times per week. Do not include residents with an indwelling or external catheter. H0100A and B = not checked AND H0300 = 1, 2, or 3.

**F97: Occasionally or frequently incontinent of bowel:**

Who have a loss of bowel control two or more times per week. H0400 = 2 or 3.

**F98: On urinary toileting program:** With a systematically implemented, individualized urinary toileting program (i.e. bladder rehabilitation/retraining, prompted voiding, habit training/scheduled voiding) to decrease or prevent urinary incontinence or minimizing or avoiding the negative consequences of incontinence (e.g., pelvic floor exercises). Count all residents on urinary training programs including those who are incontinent. H0200A = 1 OR H200C = 1 OR H0300 = 1, 2 or 3.

**F99: On bowel toileting program:** With a systematically implemented, individualized bowel toileting program to decrease or prevent bowel incontinence or minimizing or avoiding the negative consequences of incontinence (e.g., use of adequate fluid intake, fiber in the diet, exercise, and scheduled times to attempt bowel movement). Count all residents on toileting programs including those who are incontinent. H0400 = 2 or 3 OR H0500 OR H0600 = 1.

### B. MOBILITY (F100 – F107) - RESIDENTS

Total for F100 – F103 should = the number in Block F78, Total Residents. Algorithm to force mutual exclusivity: Test for each resident. If F100 = 1 then add 1 to F100, and go to the next resident; If F101 = 1 then add 1 to F101 and go to the next resident; If F103 = 1 then add 1 to F103 and go to the next resident; If F102 = 1 then add 1 and go to the next resident.

**F100: Bedfast all or most of time:** Who are bedfast all or most of the time (e.g., in bed or geriatric chair/recliner) includes bedfast with bathroom privileges.

**F101: In a chair all or most of time:** Who depend on a chair for mobility includes those residents who can stand with assistance to pivot from bed to wheelchair or to otherwise transfer. The resident cannot take steps without extensive or constant weight-bearing support from others and is not bedfast all or most of the time. G0300A or E = 2 OR G0600C = checked.

**F102: Independently ambulatory:** Who require no help or oversight; or help or oversight was provided only 1 or 2 times during the past 7 days. Do not include residents who use a cane, walker or crutch. G0110C1 or G0110D1 = 0 or 7 and G0110C2 or G0110D2 = 0 or 1 AND G0600A and G0600B = not checked.

**F103: Ambulation with assistance or assistive devices:**

Who require oversight, cueing, physical assistance or who use a cane, walker, or crutch. Count the use of lower leg splints, orthotics, and braces as assistive devices. G0110C1 or G0110D1 = 1, 2, or 3 AND G0110C2 or G0110D2 = 1, 2 or 3 OR G0600A and/or G0600B = checked.

**F104: Physically restrained:** For whom restraints were used. Restraints include any manual or physical method or mechanical device, material or equipment attached or adjacent to the resident's body in such a way that the individual cannot remove easily and it restricts freedom of movement or normal access to one's body. Do not include devices such as braces which are used for medical/clinical reasons. P0100A through H = 1 or 2.

**F105: Of total number of restrained residents:** On admission/entry or reentry with an order for restraint(s). P0100A through H = 1 or 2. To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident).

**F106: With contractures:** With a restriction of full passive range of motion of any joint due to deformity, disuse, pain, etc., includes loss of range of motion in neck, fingers, wrists, elbows, shoulders, hips, knees and ankles. G0400A and/or B = 1 or 2.

**F107: Of the total number with contractures, those who had a contracture(s) on admission:** To complete this field use only the counts from the first assessment since the most recent admission/entry or reentry (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident). (neck contractures not included in MDS data).

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### C. MENTAL STATUS (F108 – F114) - RESIDENTS

**F108: With Intellectual Disability (ID) (Mental retardation as defined at 483.45(a)) or Developmental Disability (DD):**

In all of the categories of intellectual or developmental disability regardless of severity, as determined by the State Mental Health or State Mental Retardation Authorities. A1550A, B through E = checked.

**F109: With documented signs and symptoms of depression:**

With documented signs and symptoms of depression. D0200A1 through D1 = 1 for any indicator present OR D0200I1 = 1 OR D0200A2 through D2 = 2 or 3 for symptom frequency OR D0300 = 05 - 27 OR D0500A1 through D1 = 1 for any indicator present OR D0500I1 = 1 OR D0500A2 through D2 = 2 or 3 for symptom frequency OR D0600 = 05 - 30.

**F110: With documented psychiatric diagnosis (exclude dementias and depression):** With primary or secondary psychiatric diagnosis including:

- Schizophrenia
- Schizo-affective disorder
- Schizophreniform disorder
- Delusional disorder
- Anxiety disorder
- Psychotic mood disorders (including mania and depression with psychotic features, acute psychotic episodes, brief reactive psychosis and atypical psychosis). I5700, I5900, I5950, I6000 or I6100 = checked.

**F111: Dementia: Non-Alzheimer's Dementia (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases), or Alzheimer's Disease:** With a primary or secondary diagnosis of dementia or organic mental syndrome including, Non-Alzheimer's Dementia (e.g., Lewy-Body, vascular or Multi-infarct, mixed, frontotemporal such as Pick's disease; and dementia related to Parkinson's or Creutzfeldt-Jakob diseases). I4200 or I4800 = checked

**F112: With behavioral health care needs:** With one or more of the following indicator(s): wandering, verbally abusive, physically abusive, socially inappropriate/disruptive, and resistive to care. E0200A, B, or C = 1, 2, or 3 OR E0300 = 1 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 or B = 1.

**F113: Of the total number with behavioral healthcare needs, those having an individualized care plan to support them:** With behavior symptoms who are receiving an individualized care plan/program designed to support and manage behavioral needs (as noted in F112).

**F114: Receiving health rehabilitative services for Mental Illness (MI) and/or ID/DD:** Receiving health rehabilitative services for MI and/or ID/DD.

### D. SKIN INTEGRITY (F115 – F118) - RESIDENTS

**F115: With pressure ulcers:** With localized injury to the skin and/or underlying tissue, usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction (exclude Stage I). M0300B1, M0300C1, M0300D1, M0300E1, M0300F1 and/or M0300G1 > 0.

**F116: Of the total number of residents with pressure ulcers (excluding Stage I), those who had pressure ulcers on admission/entry or reentry:** M0300B2, M0300C2, M0300D2, M0300E2, M0300F2 and/or M0300G2 > 0. To complete this field, use only the counts from the first assessment since the most recent admission/entry or reentry. (OBRA or Scheduled PPS, i.e., A0310A = 01 OR A0310B = 01 or 06 OR A0310E = 1 for each resident.)

**F117: Receiving preventive skin care:** Receiving non-routine skin care ordered by a physician, and/or included in the resident's comprehensive plan of care (e.g., hydrocortisone ointment to areas of dermatitis three times a day, granulex sprays, etc.). M1200A through I = checked.

**F118: With rashes:** Who have rashes which may or may not be treated with any medication or special baths, etc. (e.g., may include but are not limited to antifungals, corticosteroids, emollients, diphenhydramines or scabicides).

### E. SPECIAL CARE (F119 – F132) - RESIDENTS

**F119: Receiving hospice care:** Who have elected or are currently receiving the hospice benefit. O0100K2 = checked.

**F120: Receiving radiation therapy:** Who are under a treatment plan involving radiation therapy. O0100B1 or O0100B2 = checked.

**F121: Receiving chemotherapy:** Who are under a treatment plan involving chemotherapy. O0100A1 or O0100A2 = checked.

**F122: Receiving dialysis:** Receiving hemodialysis or peritoneal dialysis either within the facility or offsite. O0100J1 or O0100J2 = checked.

**F123: Receiving intravenous therapy, IV nutrition and/or blood transfusion:** Receiving fluids, medications, all or most of their nutritional requirements and/or blood and blood products administered intravenously. K0510A2, O0100H2, or O0100I2 = checked.

**F124: Receiving respiratory treatment:** Receiving treatment by the use of respirators/ventilators, oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, and other methods to treat conditions of the respiratory tract. This does not include residents receiving tracheostomy care or respiratory suctioning. O0100C2, O0100F2, or O0100G2 = checked.

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(use with Form CMS-672)

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**F125: Receiving tracheostomy care:** Receiving care involved in maintenance of the airway, the stoma and surrounding skin, and dressings/coverings for the stoma. O0100E2 = checked.

**F126: Receiving ostomy care:** Receiving care for a colostomy, ileostomy, uretostomy, or other ostomy of the intestinal and/or urinary tract. DO NOT include tracheostomy. H0100C = checked.

**F127: Receiving suctioning:** That require use of a mechanical device which provides suction to remove secretions from the respiratory tract via the oral cavity, nasal passage, or tracheostomy. O0100D2 = checked. (Note: O0100D2 does not include oral suctioning, so residents who receive oral suctioning will have to be counted separately.)

**F128: Receiving injections:** That have received one or more injections within the past 7 days. (Exclude injections of Vitamin B 12.) Review residents where N0300 > 0. Omit from the count any resident whose only injection currently is B12.

**F129: Receiving tube feeding:** Who receive all or most of their nutritional requirements via a feeding tube that delivers food/nutritional substances directly into the GI system (e.g., nasogastric tube, gastrostomy tube). K0510B2 = checked.

**F130: Receiving mechanically altered diets:** Receiving a mechanically altered diet including pureed and/or chopped foods (not only meat). K0510C2 = checked.

**F131: Receiving rehabilitative services:** Receiving care designed to improve functional ability provided by, or under the direction of a rehabilitation professional (physical therapist, occupational therapist, speech-language pathologist). Exclude health rehabilitation for MI and/or ID/DD. Any minutes > 0 entered in O0400.

**F132: Assistive devices with eating:** Who are using devices to maintain independence and to provide comfort when eating (i.e., plates with guards, large handled flatware, large handle mugs, extend hand flatware, etc.). O0500C or H > 0.

### F. MEDICATIONS (F133 – F139) - RESIDENTS

**F133: Receiving psychoactive medications:** That receive medications classified as antipsychotics, anxiolytics, antidepressants, and/or hypnotics. Days entered > 0 for N0410A, B, C or D.

Use the following lists to assist you in determining the number of residents receiving psychoactive medications. These lists are **not meant** to be all inclusive; therefore, a resident receiving a psychoactive medication not on this list, should be counted under F133 and any other medication category that applies: F134, F135, F136, and/or F137.

**F134: Antipsychotic medications:** Days entered for N0410A > 0

- Clozapine
- Haloperidol
- Haloperidol Deconate
- Droperidol
- Loxapine
- Thioridazine
- Molindone
- Theothixene
- Zyprexa
- Pimozide
- Fluphenazine Deconate
- Fluphenazine
- Quetiapine
- Risperidone
- Mesoridazine
- Promazine
- Trifluoperazine
- Chlorprothixene
- Chlorpromazine
- Acetophenazine
- Perphenazine

**F135: Antianxiety medications (anxiolytics):** Days entered for N0410B > 0

- Lorazepam
- Oxazepam
- Prazepam
- Diazepam
- Clonazepam
- Hydroxyzine
- Chlordiazepoxide
- Halazepam
- Alprazolam

**F136: Antidepressant medications:** Days entered for N0410C > 0

- Aripiprazole
- Amoxapine
- Nortriptyline
- Wellbutrin
- Trazodone
- Venlafaxine
- Amtriptyline
- Lithium
- Maprotiline
- Isocarboxazid
- Phenelzine
- Serzone
- Desipramine
- Tranlycypromine Paroxetine
- Fluoxetine
- Sertraline
- Doxepin
- Imipramine
- Protriptyline

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**F137: Hypnotic medications:** Days entered for N0410D > 0

- Flurazepam
- Quazepam
- Estazolam
- Temazepam
- Triazolam
- Zolpidem

**F138: Receiving antibiotics:** Receiving antibacterial sulfonamides, antibiotics, etc., either for prophylaxis or treatment. Days entered for N0410F > 0.

**F139: On a pain management program:** With a specific plan for control of difficult to manage or intractable pain, which may include self medication pumps or regularly scheduled administration of medication alone or in combination with non-medication interventions (e.g., massages heat/cold, biofeedback, etc.). J0100A, B, or C = 1.

### G. OTHER RESIDENT CHARACTERISTICS (F140 – F145)

**F140: With unplanned significant weight loss/gain:** Who have experienced unplanned weight loss/gain of > 5% in one month or > 10% over six months. K0300 or K0310 = 2.

**F141: Who do not communicate in the dominant language at the facility:** Who do not speak or understand the dominant language spoken in the facility and need or want an interpreter to communicate. A1100A = 1.

**F142: Who use non-oral communication:** Who communicate via non-oral methods, including, picture boards, computers, etc. A1100B, Preferred Language (e.g. American Sign Language).

**F143: Who have advance directives:** Who have advance directives, such as Physician's Orders for Life-Sustaining Treatment (POLST), a living will or durable power of attorney for health care, recognized under state law and relating to the provisions of care when the individual is incapacitated.

**F144: Received influenza immunization:** Who received the influenza immunization within the last 12 months. O0250A = 1.

**F145: Received pneumococcal vaccine:** Who received the pneumococcal vaccine. O0300A = 1.

**LEAVE BLANK (F146-F148) – To Be Completed By Survey Team**

**F146: Ombudsman notice:** Indicate whether or not the State Ombudsman was notified prior to the survey.

**F147: Ombudsman presence:** Indicate whether or not the State Ombudsman was present at any time during the survey.

**F148: Medication error rate:** Calculate and enter the medication error percentage of the facility.





## 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.*

### 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<sub>2</sub>):** 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.

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## ROSTER/SAMPLE MATRIX INSTRUCTIONS FOR SURVEYORS

(use with Form CMS-802)

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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, all remaining columns 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.

The Roster/Sample Matrix is a tool for selecting the resident sample and may be used for recording information acquired during 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 in Appendix P of the State Operations Manual (SOM) to identify the number of residents required in the sample.

Mark the *Interview: Individual/Family* column with ‘I’ for each resident receiving an interview or with ‘F’ for any non-interviewable resident receiving a family interview and/or staff observation. Mark the *Closed Record/Comprehensive/Focused Review* column with ‘CL’ for a closed record review, ‘C’ for a resident chosen for a comprehensive review or ‘FO’ for a resident chosen for a focused review. Use the vertical columns numbered 1 through 30 for each resident, as appropriate. During each portion of the survey (Offsite, Phase 1, Phase 2) highlight the vertical columns for each resident potential concern identified.

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**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.

**Resident Name:** List the name of the resident.

**Surveyor Assigned:** List initials or surveyor number of surveyor assigned to review each resident.

**Resident Room:** Identify room # for the resident.

**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.

1. **Privacy/Dignity:** resident’s right to privacy, (accommodations, written and telephone communication, visitation, personal care, etc.) or concerns that the facility does not maintain or enhance resident’s dignity.
2. **Social Services:** medically related or other social services; e.g., interpersonal relationships, grief, clothing, etc.
3. **Self-Determination/Accommodation of Needs:** resident’s 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:** 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:** facility’s environment including cleanliness, lighting levels, temperature, comfortable sound levels, or homelike environment and the resident’s ability to use their personal belongings and individualize their room to the extent possible.
6. **Moderate/Severe Pain (constant or frequent):** timely assessment and intervention with residents needing pain medications or measures to provide comfort, including non-medication interventions, or who are on a pain management program.
7. **Hi-Risk Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having stage 2, 3, or 4 pressure ulcers or unstageable pressure ulcers.
8. **New/Worsened Pressure Ulcers (Stage 2-4):** risk assessment, clinical assessment, treatment, monitoring, evaluation, and prevention of pressure ulcers; or other necessary skin care. Concerns regarding residents identified as having new or worsened stage 2, 3, or 4 pressure ulcers.
9. **Physical Restraints:** residents identified as physically restrained, including side rails.
10. **Falls and/or Falls with Major Injury:** residents that have fallen within the past 30 days and/or have fallen within the past 180 days **and** incurred a major injury.
11. **Psychoactive Medications with Absence of Condition:** residents receiving any psychoactive medications in the absence of a psychiatric or mood related diagnoses or conditions.
12. **Antianxiety/Hypnotic Medications:** residents receiving anxiolytics and/or hypnotics.
13. **Behavioral Symptoms Affecting Others or Self:** residents with behavioral health care needs; e.g., verbal or physical outbursts, withdrawing/isolation, etc.

- 14. Depressive Symptoms:** residents with symptoms of depression with or without antidepressant therapy.
- 15. Urinary Tract Infections (UTI):** residents having a UTI.
- 16. Indwelling Urinary Catheter:** residents with an indwelling urinary catheter.
- 17. Lo-Risk Residents Who Lose Bowel/Bladder Control–Incontinence/Toileting Programs:** residents with bowel and/or bladder incontinence and/or on a toileting program.
- 18. Excessive Weight Loss/Gain:** residents with an unintended weight loss/gain of >5% in one month or >10% in six months, or is at nutritional risk.
- 19. Need for Increased ADL Help:** concerns about residents identified as having ADL decline.
- 20. Hospice:** residents who have elected or are receiving hospice care.
- 21. Dialysis:** care and coordination of services for residents receiving hemo- or peritoneal dialysis either within the facility or offsite.
- 22. Admission/Transfer/Discharge:** care/treatment for residents admitted within the past 30 days or is scheduled to be transferred or discharged within the next 30 days. Including but not limited to, resident preparation and procedures for transfer or discharge, such as:
- Relevant clinical and psychosocial information provided to next care providers, (i.e., Home Health, Hospital, Primary Care Provider, etc.) and,
  - Appropriate arrangements for necessary services to meet resident needs upon transfer and/or discharge.
- 23. Mental Illness (MI) (Non-Dementia) or Intellectual Disability (ID) and/or Developmental Disability (DD). (Mental retardation as defined at 42 CFR 483.45(a)):** care and treatment of residents with a diagnosis of MI, ID and/or DD.
- 24. Language/Communication:** residents with communication challenges to communicate at their highest practicable level, or residents identified as speaking and/or understanding other than the dominant language of the facility, or using non-oral communication such as, picture boards, computers, American Sign Language, etc.
- 25. Vision/Hearing/Other Assistive Devices:** residents with visual or hearing impairments to function at their highest practicable level, including those residents who have glasses or hearing aids. Include residents needing other special devices to assist with eating or mobility.
- 26. ROM/Contractures/Positioning:** occurrence, prevention or treatment of contractures, staff provision or lack of provision of appropriate application/use of splints, ROM exercises, or positioning. Concerns about residents identified as having a decline in ROM.
- 27. Special Care (Tube Feeding, Central Lines, Ventilators, O<sub>2</sub>, etc.):** residents receiving nutrition via a feeding tube; residents with tracheostomies or ventilators; residents needing suctioning, and/or residents receiving oxygen, IPPB or other inhalation therapy, pulmonary toilet, humidifiers, etc., or have special care areas, (e.g., prosthesis, ostomy, injection, IV's, including total parenteral nutrition, etc.).
- 28. Hydration/Swallowing/Oral Health:** residents, who show signs or symptoms or have risk factors for dehydration. Residents with chewing or swallowing problems. Provision or lack of provision for oral health care for residents.
- 29. Infections:** residents receiving antibiotics or have an infectious disease or residents under strict isolation precautions.
- 30. Specialized Rehabilitation:** provision or lack of provision of specialized rehabilitative services including, but not limited to:
- Physical therapy
  - Speech/language pathology
  - Occupational therapy
  - Nursing restorative programs
  - Health rehabilitative services for MI and/or ID/DD
- 31–34.** Note any other concerns; e.g., residents who are comatose, have delirium, have special skin care needs other than pressure ulcers, fecal impaction or observed to spend most of their time in bed or a chair, such as a geriatric chair, recliner, etc. If during offsite preparation, concerns arise about the accuracy of the MDS information, enter MDS accuracy as a concern.