ROSTER/SAMPLE MATRIX

			/IEW	FOR SURVEYOR USE																	I	RESIC	DENT C	HARA	TERIS	TICS												
ident Number ssident Room veyor Assigned	Fotal Sample:	Interview: Individual/Family	Closed Record/Comprehensive/Focused	Privacy/Dignity Issues	Social Services	Choices	Abuse/Neglect	Clean/Comfort/Homelike	Falls/Fractures	Abrasions/Bruises	Behavior Symptoms	Depression	9 or more Medications	Cognitive Impairment	Incontinence/Toilet Programs	Catheter	Fecal Impaction	UTI/Infection Control/Antibiocs	Weight/Nutrition/Swallow/Dentures	Tube Feeding	Dehydration	Bedfast Residents		Psychoactive Medications		Activities	Pressure Sores/Ulcers	Pain/Comfort	Language/Communication	Vision/Hearing/Devices	Specialized Rehab	Assistive Devices	Hospice	Dialysis	Oxygen/ Respiratory Care	Admittance/Transfer/Discharge	MR/MI (Non-Dementia)	
															ELIMINATION			NUTRITION FU			YSICA NCTIO			QUALITY 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	36 37
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