

**ROSTER/SAMPLE MATRIX PROVIDER INSTRUCTIONS**  
(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 6–33, 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 crosswalk 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.*

**6. Falls/Fx/Abrasions/Bruises** – If the resident currently has abrasions, bruises, skin tears; has fallen within the past 30 days; or has had a fracture within the last 180 days.

- Mark A if the resident has abrasions, skin tears or bruises, Fx for fractures and F for fallen.

Crosswalk:

If M4a checked or M4f checked, then 802 - 6 = A.

If I1m checked or I1p checked or J4c checked or J4d checked, then 802 - 6 = Fx.

If J4a checked, then 802 - 6 = F.

**7. Behavioral Symptoms/Depression** – If the resident has behavioral symptoms or symptoms of depression, as listed in the MDS, mark this column.

- Mark B for behavior and D for depression.

Crosswalk:

If E4A a, b, c, d or e are greater than 0, then 802 - 7 = B.

If E5 = 2, then 802 - 7 = B.

If E1a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p are greater than 0, then 802 - 7 = D.

If E2 = 2, then 802 - 7 = D.

If E3 = 2, then 802 - 7 = D.

If I1ee checked, then 802 - 7 = D.

**8. 9 or More Medications** – If the resident is using 9 or more medications, check this column.

Crosswalk:

If O1 is greater than 8, then 802 - 8 = checked.

**9. Cognitive Impairment** – If the resident is cognitively impaired, check this column.

Crosswalk:

If B5a, b, c, d, e or f are greater than 0, then 802 - 9 = checked.

If B2a or b = 1, then 802 - 9 = checked.

If B4 is greater than 1, then 802 - 9 = checked.

**10. Incontinence/Toileting Programs** – If the resident is incontinent of bladder, mark I. If the resident is on a bladder training program, mark T.

Crosswalk:

If H1b = 3 or 4, then 802 - 10 = I.

If H4 = 2 then 802 - 10 = I.

If H3b checked, then 802 - 10 = T.

**11. Catheter** – If the resident has an indwelling urinary catheter, check this column.

Crosswalk:

If H3d checked, then 802 - 11 = checked.

**12. Fecal Impaction** – If the resident has had fecal impaction within the last 90 days, check this column. Note: MDS item H2d only includes the past 14 days.

Crosswalk:

If H2d checked, then 802 - 12 = checked.

**13. UTI/Infection Control/Antibiotics** – If the resident has an infection or is on antibiotics, check this column.

Crosswalk:

Consider I2a, b, c, d, e, f, g, h, i, j, k, l checked or M6b checked, then 802 - 13 = checked, but amend this information to show the resident's condition on the day of the survey.

**14. 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.

- Mark W for weight change, S for chewing or swallowing problems, D for dentures, and R for restorative dining program.

Crosswalk:

If J1a checked, then 802 - 14 = W.

If K3a = 1, then 802 - 14 = W.

If K3b = 1, then 802 - 14 = W.

If K1b checked, then 802 - 14 = S.

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If K1a checked, then 802 - 14 = S.

If L1b = check, then 802 - 14 = D.

If P3h is greater than 0, then 802 - 14 = R.

Note: MDS items for weight change do not differentiate between planned and unintended changes. Code only unintended changes.

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.

**15. Tube Feedings** – If the resident has a feeding tube, check this column.

Crosswalk:

If K5b checked, then 802 - 15 = checked.

**16. Dehydration** – If the resident has problems with dehydration, check this column.

Crosswalk:

If J1c or d checked, then 802 - 16 = checked.

Also consider I3 = 276.5.

**17. Bedfast Residents** – If the resident is bedfast, check this column.

Crosswalk:

If G6a checked then, 802 - 17 = checked.

**18. ADL Decline/Concern** – If the resident has shown a decline in ADL areas check this column.

Crosswalk:

If G9 = 2, then 802 - 18 = checked.

**19. ROM/Contractures/Positioning** – If the resident has functional limitations in range of motion, check this column.

Crosswalk:

Use codes below as reference, then determine if functional limitation in range of motion is present.

If G4Aa, b, c, d, e or f are greater than 0, then

802 - 19 = checked.

**20. Psychoactive Meds** – If the resident receives any psychoactive medications, mark this column.

- Mark P for antipsychotic, A for antianxiety, D for antidepressant, and H for hypnotic.

Crosswalk:

If O4a is greater than 0, then 802 - 20 = P.

If O4b is greater than 0, then 802 - 20 = A.

If O4c is greater than 0, then 802 - 20 = D.

If O4d is greater than 0, then 802 - 20 = H.

**21. Physical Restraints** – If the resident has a physical restraint, check this column.

- Mark N for non-siderail devices and S for siderails.

Crosswalk:

If P4 c, d, or e are greater than 0, then 802 - 21 = N.

If P4a or b are greater than 0 and G6b not checked, then 802 - 21 = S.

**22. 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.

Crosswalk:

If N2 is greater than 1, then 802 - 22 = checked.

If N5a or b are greater than 1, then 802 - 22 = checked.

**23. Pressure Sores/Ulcers** – If the resident has a stage 2, 3 or 4 pressure sore(s), check this column.

Crosswalk:

If M2a is greater than 1, then 802 - 23 = checked.

**24. Pain/Comfort** – If the resident needs pain or comfort measures or is on a pain management program check this column.

Crosswalk:

If J2a = 2, then 802 - 24 = checked.

If J2b = 3, then 802 - 24 = checked.

No crosswalk is available for pain management program.

Code manually.

**25. 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.

- Mark 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 mark L.) Mark C if the resident has communication difficulties.

Crosswalk:

For Dominant Language, AB8a must be individually determined, based on the predominant language spoken within the facility. If the resident's primary language is different, then 802 - 25 = L.

If C3d, e or f checked, then 802 - 25 = C.

If C4 = 2 or 3, then 802 - 25 = C.

If C5 = 1 or 2, then 802 - 25 = C.

If I1r checked, then 802 - 25 = C.

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- 26. Vision/Hearing/Devices** – If the resident has significant impairment of vision or hearing, or uses devices to aid vision or hearing, mark this column.
- Mark V for visual impairment, H for hearing impairment, and D for use of devices (glasses or hearing aids).
- Crosswalk:  
If D1 is greater than 1, then 802 - 26 = V.  
If D2a or b checked, then 802 - 26 = V.  
If C1 = 2 or 3, then 802 - 26 = H.  
If D3 = 1, then 802 - 26 = D.  
If C2 a or b is checked, then 802 - 26 = D.
- 27. Specialized Rehab** – If the resident is receiving specialized rehabilitative services, mark the following:
- S for speech/language therapy
  - O for occupational therapy
  - P for physical therapy
  - H for health rehabilitative services for MI/MR
- Crosswalk:  
If P1bAa is greater than 0, then 802 - 27 = S.  
If P1bAb is greater than 0, then 802 - 27 = O.  
If P1bAc is greater than 0, then 802 - 27 = P.  
If P1bAe is greater than 0, then 802 - 27 = H.  
There is no code for services for mental retardation.  
Code manually as H.
- 28. 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.
- Crosswalk:  
If K5g checked, then 802 - 28 = checked.  
If G5a checked, then 802 - 28 = checked.  
If G6e checked, then 802 - 28 = checked.  
If P3c is greater than 0, then 802 - 28 = checked.
- 29. Hospice** – If the resident is receiving Hospice Care, check this column.
- Crosswalk:  
If P1ao checked, then 802 - 29 = checked.
- 30. Dialysis** – If the resident is receiving dialysis, check this column.
- Crosswalk:  
If P1 ab checked, then 802 - 30 = checked.
- 31. Oxygen/Respiratory Care** – If the resident has a tracheotomy, ventilator, resident needs suctioning, or is receiving oxygen therapy, etc., check this column.
- Crosswalk:  
At item P1a, if g, i, j or l checked, then 802 - 31 = checked.  
If P1bAd is greater than 0, then 802 - 31 = checked.
- 32. 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.
- Mark A for an admission. Code for first assessment after initial admission or readmission after discharge without expectation of return.  
Mark T for a transfer and D for a discharge.
- Crosswalk:  
If today's date minus AB1 is less than or equal to 30 days, then 802 - 32 = A.  
No codes are available for transfer and discharge anticipated.  
Code manually.
- 33. MR/MI (Non Dementia)** – Enter a code in this column if the resident has a diagnosis of mental retardation or mental illness.
- Mark MR for mental retardation or MI for mental illness not classified as dementia.
- Crosswalk:  
If AB10 b, e or f checked, then 802 - 33 = MR.  
If I1 dd ee, ff or gg checked, then 802 - 33 = MI.