

**ROSTER/SAMPLE MATRIX**  
**Provider Instructions**

The Roster/Sample Matrix is used by the facility to list all current residents (including residents on bed hold) and the care services that are provided to them.

**1. Alzheimer's/Dementia Diagnosis** – Check this field if the resident has a diagnosis of Alzheimer's/Dementia.

**2. Developmental Disability Diagnosis** – Check this field if the resident has a diagnosis of a developmental disability.

**3. Mental Illness Diagnosis** – Check this field if the resident has a diagnosis of a mental illness.

**4. Traumatic Brain Injury Diagnosis** – Check this field if the resident has a diagnosis of a traumatic brain injury.

**5. Behavioral Symptoms** – Check this field if the resident has behavioral symptoms.

**6. Private Pay** - Check this field only if the resident is not a Department/Medicaid client.

**7. Self-Administers Medications** – Enter a code to indicate at what level the resident self-administers their own medications.

Total	Partial	Injectable Medications
T	P	I

**8. Adult Day Care** – Enter a code to indicate if resident is receiving Medicaid/private pay adult day care services.

Medicaid	Private Pay
M	P

**9. Outside Services** – Enter a code in this field to indicate when the resident is receiving outside services.

Home Health	Hospice	Day Treatment	PSR services	DDA services
HH	HS	DT	PSR	DDA

**10. Dietary Accommodations** – Enter a code in this field to indicate if the resident has any physical difficulties that may affect dietary intake.

Swallowing Problems	Chewing Problems	Mechanical Soft Diet	Puree Diet	Thickened Liquids
S	C	MS	P	L

**11. At Risk Conditions** – Enter a code in this field to indicate if the resident has any at risk conditions.

Fall in Last 30 Days	Skin Tears	Bruises	Fractures	Pressure Ulcer	Other Wounds
F	S	B	X	PU	W

**12. Assistance with Transfers/Mobility** – Enter a code in this field to indicate the residents required level of assistance with mobility/transfers.

Independent	Stand by Assistance	One-Person Assistance	Two-person Assistance	Bed Bound
I	SBA	1	2	B

FACILITY ROSTER / SAMPLE MATRIX

FACILITY				DATE											
Resident Number	Assigned Surveyor	Resident Room	Resident Name	1. Alzheimer's / Dementia Diagnosis	2. Developmental Disability Diagnosis	3. Mental Illness Diagnosis	4. Traumatic Brain Injury Diagnosis	5. Behavioral Symptoms	6. Private Pay	7. Self-Administers Medications	8. Adult Day Care	9. Outside Services	10. Dietary Accommodations	11. At Risk Conditions	12. Assistance with Transfers/Mobility