

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. Contract Services | 10. Swallowing/Chewing Problems | 11. Skin Conditions - Enter a Code |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

ROSTER/SAMPLE MATRIX
Provider Instructions
USE WITH FORM BFS-682

The Roster/Sample Matrix (BFS-682) is used by the facility to list all current residents (including residents on bed hold) and to note pertinent care categories.

The following describes columns #1-11. Use the horizontal rows to list residents.

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 if the resident is not a Department Client.

7. Self-Administers Medications – Check this field if the resident self-administers their own medications

| Total | Partial | Injectables |
|-------|---------|-------------|
| T | P | I |

8. Adult Day Care – Enter a code in this field if resident is receiving Medicaid or private pay adult day care services.

| Medicaid | Private Pay |
|----------|-------------|
| M | P |

9. Contract Services – Enter a code in this field if the resident is receiving home health or hospice services.

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

10. Swallowing/Chewing Problems – Enter a code in this field if the resident has chewing or swallowing problems that may affect dietary intake. It is possible to have both codes for an individual resident.

| Swallowing Problems | Chewing Problems |
|---------------------|------------------|
| S | C |

11. Skin Conditions – Enter a code in this field if the resident has fallen within the past 30 days, or the resident has abrasions, bruises, skin tears, fractures, or pressure sores. It is possible to have more than one code for an individual resident.

| Fall in Last 30 Days | Abrasions | Skin Tears | Bruises | Fractures | Pressure Sores | Other Wounds |
|----------------------|-----------|------------|---------|-----------|----------------|--------------|
| F | A | S | B | X | P | W |