
MATRIX INSTRUCTIONS FOR PROVIDERS

The Matrix is used to identify pertinent care categories for: 1) newly admitted residents in the last 30 days who are still residing in the facility, and 2) all other residents.

The facility completes the resident name, resident room number and columns 1-20, which are described in detail below. Blank columns are for Surveyor Use Only.

All information entered into the form 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.

For each resident mark all columns that are pertinent.

1. **Residents Admitted within the Past 30 days:** Resident(s) who were admitted to the facility within the past 30 days and currently residing in the facility. days or >10% within the past 180 days. Exclude residents receiving hospice services.
2. **Alzheimer's/Dementia:** Resident(s) who have a diagnosis of Alzheimer's disease or dementia of any type.
3. **MD, ID or RC & No PASARR Level II:** Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASARR level II evaluation and determination.
4. **Medications:** Resident(s) receiving any of the following medications: (I) = Insulin, (AC) = Anticoagulant (e.g. Direct thrombin inhibitors and low weight molecular weight heparin [e.g., Pradaxa, Xarelto, Coumadin, Fragmin]. Do not include Aspirin or Plavix), (ABX) = Antibiotic, (D) = Diuretic, (O) = Opioid, (H) = Hypnotic, (AA) = Antianxiety, (AP) = Antipsychotic, (AD) = Antidepressant, (RESP) = Respiratory (e.g., inhaler, nebulizer).
5. **Facility Acquired Pressure Ulcer(s) (any stage):** Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (e.g., I, II, III, IV, unstageable, sDTI)
6. **Worsened Pressure Ulcer(s) at any stage:** Resident(s) with a pressure ulcer at any stage that have worsened.
7. **Excessive Weight Loss without Prescribed Weight Loss program:** Resident(s) with an unintended (not on a prescribed weight loss program) weight loss > 5% within the past 30
8. **Tube Feeding:** Resident(s) who receive enteral or parenteral feedings.
9. **Dehydration:** Resident(s) identified with actual hydration concerns (e.g., receives enteral, parenteral and/or IV feeding/fluids, or is dehydrated) takes in less than the recommended 1,500 ml of fluids daily (water or liquids in beverages and water in foods with high fluid content, such as gelatin and soups).
10. **Physical Restraints:** Resident(s) who have a physical restraint in use. A restraint is defined as the use of any manual method, physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of movement or normal access to one's body (e.g., bed rail, trunk restraint, limb restraint, chair prevents rising, mitts on hands, confined to room, etc.). Do not code wander guards as a restraint.
11. **Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):** Resident(s) who have fallen since admission or within the past 90 days and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury with altered consciousness, subdural hematoma.

Use (F) to identify residents with a fall(s), (FI) to identify a resident who has sustained an injury excluding major injury, and (FMI) to identify a resident who has sustained a fall(s) with Major Injury.
12. **Indwelling Urinary Catheter:** Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).

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13. **Dialysis:** Resident(s) who are receiving **(H)** hemodialysis or **(P)** peritoneal dialysis either within the facility **(F)** or offsite **(O)**.
14. **Hospice:** Resident(s) who have elected or are currently receiving hospice services.
15. **End of Life/Comfort Care/Palliative Care:** Resident(s) who are receiving end of life or palliative care (not including Hospice).
16. **Tracheostomy:** Resident(s) who have a tracheostomy.
17. **Ventilator:** Resident(s) who are receiving invasive mechanical ventilation.
18. **Transmission-Based Precautions:** Resident(s) who are currently on Transmission-based Precautions.
19. **Intravenous therapy:** Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.
20. **Infections:** Residents(s) who has a communicable disease/contagious infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB or viral hepatitis-VH, or c-diff-C) OR has a healthcare-associated infection (e.g., wound infection-WI or UTI).

