MDS Focused Survey Facility Worksheet

Instructions to the facility:

* This worksheet is to be completed to reflect a list of current residents and their room numbers with any of the noted conditions and/or devices in use in the **last 90 days** and provided to the survey team **within one hour of entrance.**
* **How many total residents currently in the facility are Medicare \_\_\_\_\_\_\_\_ Medicaid \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_ Insurance\_\_\_\_\_\_\_\_**

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| ResidentRoom | ResidentName | Restraints | Falls with Major Injury | Pressure Ulcers | Urine Cath | UTI | Antipsychotic Medications | Ext Assist of 2 or More | Skilled | LTC |
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