Focused Survey Facility Worksheet (MDS Worksheet #1)

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		

Resident Room	Resident Name	Restraints	Falls with major injury	Pressure Ulcer	Urine Cath	UTI	Antipsychotic Medications	Ext. Assist of 2 or more	SKILL ED	LTC