[redacted]

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. If a resident has multiple occurrences of a condition or multiple devices, use a separate line for each.
- In addition to this sheet, the surveyors must be provided with a list of all residents whether or not they are current residents who fell in the 12 months (e.g., if the date of this survey is July 1, 2014, the facility should provide information regarding July 1, 2013 through the present day), the date of the fall, and any resulting injury.

Room #	Resident Name	Physical Restraint	Date Initiated	Pressure Ulcer Location	Stage	Date of Origin	Date Healed	Indwelling Catheter (Date Initiated)	Urinary Tract Infection (Date)	Antipsychotic Medications

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