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	SKILLED	LTC

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