



**Department  
of Health**

# The Matrix

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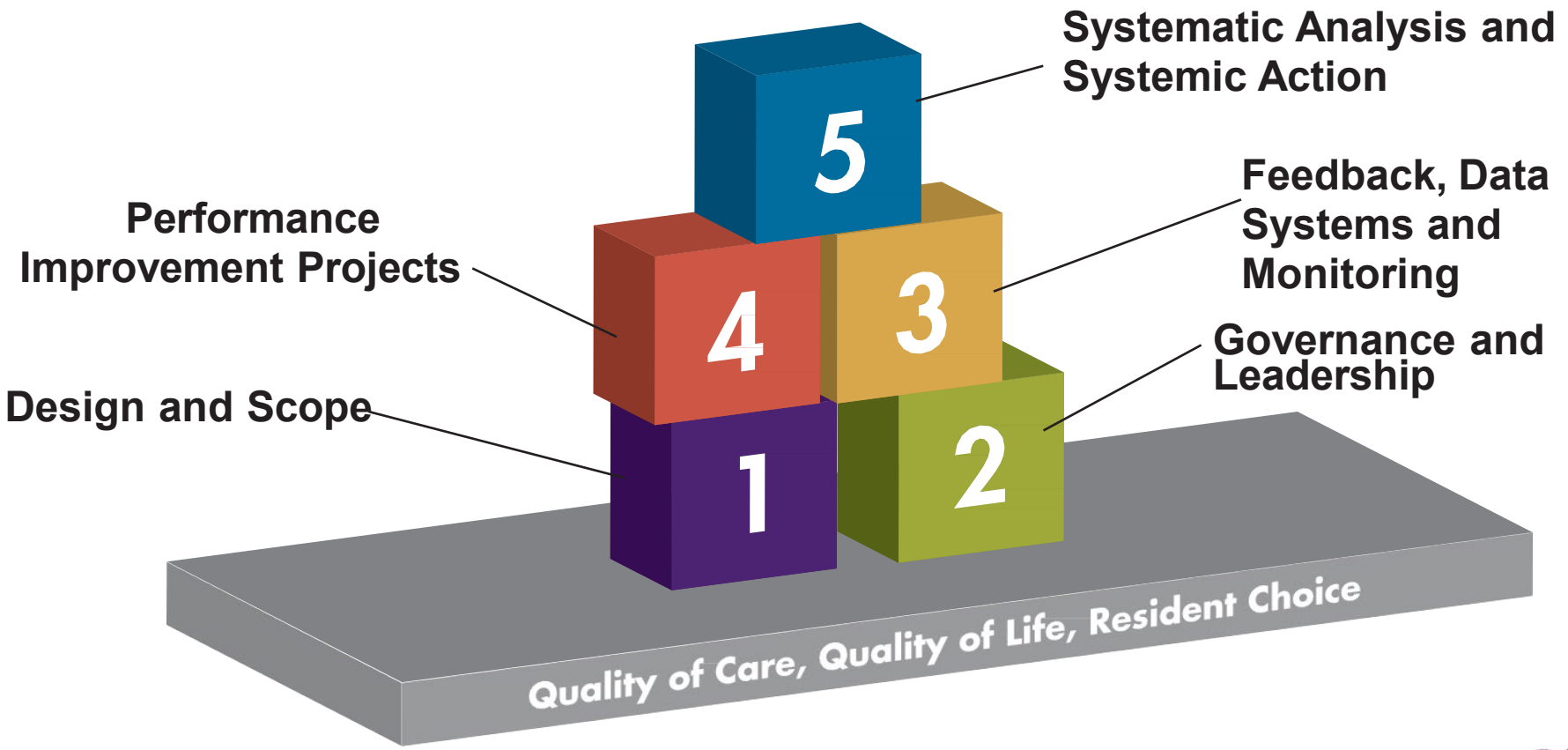
Quality Assurance and Performance Improvement Coordinator  
Division of Residential Support  
Center for Residential Surveillance  
Office of Aging & Long-Term Care

# Objectives

After the successful completion of this presentation, participants will demonstrate the ability to:

- Define Quality Assurance and Performance Improvement
- Explain the purpose of the Entrance Conference Worksheet
- Explain the purpose of the Matrix CMS Form 802
- 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.
- Define each of the Pertinent Care Categories on the Matrix.
- Demonstrate the ability to fill out the Matrix properly.
- Understand the opportunity to collaborate with the Department of Health.

# Five Elements of Quality Assurance Performance Improvement



# Entrance Conference Checklist

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## ENTRANCE CONFERENCE WORKSHEET

INFORMATION NEEDED FROM THE FACILITY IMMEDIATELY UPON ENTRANCE	
<input type="checkbox"/>	1. Census number
<input type="checkbox"/>	2. Complete matrix for new admissions in the last 30 days who are still residing in the facility.
<input type="checkbox"/>	3. An alphabetical list of all residents (note any resident out of the facility).
<input type="checkbox"/>	4. A list of residents who smoke, designated smoking times, and locations.

# Entrance Conference Checklist

<b>ENTRANCE CONFERENCE</b>	
<input type="checkbox"/>	5. Conduct a brief Entrance Conference with the Administrator. Ask the Administrator to make the Medical Director aware that the survey team is conducting a survey. Offer an opportunity to the Medical Director to provide feedback to the survey team during the survey period if needed.
<input type="checkbox"/>	6. Information regarding full time DON coverage (verbal confirmation is acceptable).
<input type="checkbox"/>	7. Information about the facility's emergency water source (verbal confirmation is acceptable).
<input type="checkbox"/>	8. Signs announcing the survey that are posted in high-visibility areas.
<input type="checkbox"/>	9. A copy of an updated facility floor plan, if changes have been made, including COVID-19 observation and COVID-19 units.
<input type="checkbox"/>	10. Name of Resident Council President.
<input type="checkbox"/>	11. Provide the facility with a copy of the CASPER 3.
<input type="checkbox"/>	12. Does the facility offer arbitration agreements? If so, please provide a sample copy.
<input type="checkbox"/>	13. Has the facility asked any residents or their representatives to enter into a binding arbitration agreement?
<input type="checkbox"/>	14. Name of the staff responsible for the binding arbitration agreements.

# Entrance Conference Checklist

## INFORMATION NEEDED FROM FACILITY WITHIN ONE HOUR OF ENTRANCE

- 15. Schedule of mealtimes, locations of dining rooms, copies of all current menus including therapeutic menus that will be served for the duration of the survey and the policy for food brought in from visitors.
- 16. Schedule of Medication Administration times.
- 17. Number and location of med storage rooms and med carts.
- 18. The actual working schedules for all staff, separated by departments, for the survey time period.
- 19. List of key personnel, location, and phone numbers including the Medical Director and contract staff (e.g., rehab services).
- 20. If the facility employs paid feeding assistants, provide the following information:
  - a) Whether the paid feeding assistant training was provided through a State-approved training program by qualified professionals as defined by State law, with a minimum of 8 hours of training;
  - b) A list of staff (including agency staff) who have successfully completed training for paid feeding assistants, and who are currently assisting selected residents with eating meals and/or snacks;
  - c) A list of residents who are eligible for assistance and who are currently receiving assistance from paid feeding assistants.
- 21. Name of the facility's infection preventionist (IP). Documentation of the IP's primary professional training and evidence of completion of specialized training in infection prevention and control.



# Entrance Conference Checklist

<b>INFORMATION NEEDED FROM FACILITY WITHIN FOUR HOURS OF ENTRANCE</b>
<input type="checkbox"/> 22. Complete the matrix for all other residents. The TC confirms the matrix was completed accurately.
<input type="checkbox"/> 23. Admission packet.
<input type="checkbox"/> 24. Dialysis Contract(s), Agreement(s), Arrangement(s), and Policy and Procedures, if applicable.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## ENTRANCE CONFERENCE WORKSHEET

<input type="checkbox"/> 25. List of qualified staff providing hemodialysis or assistance for peritoneal dialysis treatments, if applicable.
<input type="checkbox"/> 26. Agreement(s) or Policies and Procedures for transport to and from dialysis treatments, if applicable.
<input type="checkbox"/> 27. Does the facility have an onsite separately certified ESRD unit?
<input type="checkbox"/> 28. Hospice Agreement, and Policies and Procedures for each hospice used (name of facility designee(s) who coordinate(s) services with hospice providers).
<input type="checkbox"/> 29. Infection Prevention and Control Program Standards, Policies and Procedures, including: <ul style="list-style-type: none"> <li>• the surveillance plan;</li> <li>• Antibiotic Stewardship program; and</li> <li>• Influenza, Pneumococcal, and COVID-19 Immunization Policy &amp; Procedures.</li> </ul>
<input type="checkbox"/> 30. QAA committee information (name of contact, names of members and frequency of meetings).
<input type="checkbox"/> 31. QAPI Plan.
<input type="checkbox"/> 32. Abuse Prohibition Policy and Procedures.
<input type="checkbox"/> 33. Description of any experimental research occurring in the facility.
<input type="checkbox"/> 34. Facility assessment.
<input type="checkbox"/> 35. Nurse staffing waivers.
<input type="checkbox"/> 36. List of rooms meeting any one of the following conditions that require a variance: <ul style="list-style-type: none"> <li>• Less than the required square footage</li> <li>• More than four residents</li> </ul>

# Entrance Conference Checklist

## INFORMATION NEEDED BY THE END OF THE FIRST DAY OF SURVEY

- 37. Provide each surveyor with access to all resident electronic health records – do not exclude any information that should be a part of the resident’s medical record. Provide specific information on how surveyors can access the EHRs outside of the conference room. Please complete the attached form on page 4 which is titled “Electronic Health Record Information.”
- 38. Provide a list of residents, who are currently residing in the facility, that have entered into a binding arbitration agreement on or after 9/16/2019.
- 39. Provide a list of residents who resolved disputes through arbitration on or after 9/16/2019.



# Entrance Conference Checklist

## INFORMATION NEEDED FROM FACILITY WITHIN 24 HOURS OF ENTRANCE

- 40. Completed Medicare/Medicaid Application (CMS-671).
- 41. Please complete the attached form on page 3 which is titled “Beneficiary Notice - Residents Discharged Within the Last Six Months”.

# The Matrix-CMS form 802

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

## MATRIX FOR PROVIDERS

Resident Name	Resident Room Number	Date of Admission if Admitted within the Past 30 Days	Alzheimer's / Dementia	MID, ID or RC & No PASRR Level II	Medications: Insulin (I), Anticoagulant (AC), Antibiotic (ABX), Diuretic (D), Opioid (O), Hypnotic (H), Antianxiety (AA), Antipsychotic (AP), Antidepressant (AD), Respiratory (RESP)	Pressure Ulcer(s) (highest stage I, II, III, IV, U, S) not present on admission	Excessive Weight Loss	Without Prescribed Weight Loss Program	Tube Feeding: Enteral (E) or Parenteral (P)	Dehydration	Physical Restraints	Fall (F), Fall with Injury (FI), Fall w/Major Injury (FMI)	Indwelling Catheter	Dialysis: Peritoneal (P), Hemo (H), in facility (F) or offsite (O)	Hospice	End of Life Care / Comfort Care / Palliative Care	Tracheostomy	Ventilator	Transmission-Based Precautions	Intravenous therapy	Infections (M, WI, P, TB, VH, C, UTI, SEP, SCA, GI, COVID, O - describe)	PTSD/Trauma					
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22				

CMS-802 (10/2023)

# 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.

## 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 PASRR Level II:

- Resident(s) who have a serious mental disorder, intellectual disability or a related condition but does not have a PASRR 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). NOTE: Record meds according to a drug's pharmacological classification, not how it is used.

## 5. Pressure Ulcer(s) (any stage):

- Resident(s) who have a pressure ulcer at any stage, including suspected deep tissue injury (mark the highest stage: I, II, III, IV, U for unstageable, S for sDTI) that were not present on admission.

## 6. 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 days or  $>10\%$  within the past 180 days. Exclude residents receiving hospice services.



## 7. Tube Feeding:

- Resident(s) who receive enteral (E) or parenteral (P) feedings.

## 8. Dehydration:

- Resident(s) identified with actual hydration concerns 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).

## 9. 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.

## 10. Fall(s) (F) or Fall(s) with Injury (FI) or Major Injury (FMI):

- Resident(s) who have fallen in the facility in the past 120 days or since admission and have incurred an injury or not. A major injury includes bone fractures, joint dislocation, closed head injury.

# 11. Indwelling Urinary Catheter:

- Resident(s) with an indwelling catheter (including suprapubic catheter and nephrostomy tube).

## 12. Dialysis:

- Resident(s) who are receiving (H) hemodialysis or (P) peritoneal dialysis either within the facility (F) or offsite (O).

## 13. Hospice:

- Resident(s) who have elected or are currently receiving hospice services.

## 14. End of Life/Comfort Care/Palliative Care:

- Resident(s) who are receiving end of life or palliative care (not including Hospice).



## 15. Tracheostomy:

- Resident(s) who have a tracheostomy.

## 16. Ventilator:

- Resident(s) who are receiving invasive mechanical ventilation.

# 17. Transmission-Based Precautions

- Resident(s) who are currently on Transmission-based Precautions.

## 18. Intravenous therapy:

- Resident(s) who are receiving intravenous therapy through a central line, peripherally inserted central catheter, or other intravenous catheter.

## 19. Infections:

- Resident(s) who has a communicable disease or infection (e.g., MDRO-M, pneumonia-P, tuberculosis-TB, viral hepatitis-VH, C. difficile-C, wound infection-WI, UTI, sepsis-SEP, scabies-SCA, gastroenteritis-GI such as norovirus, SARS-CoV-2 suspected or confirmed-COVID, and other-O with description).

## 20. PTSD/Trauma:

- Residents(s) who has a diagnosis of Post-Traumatic Stress Disorder (PTSD) and/or a history of trauma.

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# Office of Aging and Long-Term Care

- At the helm are Deputy Director Valerie Deetz and Special Advisor Carol Rodat.
- Under their leadership, the Office focuses on the transformation of New York's aging, long-term care, and disability systems so that they remain financially and operationally sustainable.
- A key function of the office is the multi-agency collaborative Master Plan for Aging outlined at <https://www.ny.gov/programs/new-york-states-master-plan-aging>.

Mission, Vision and Values		
 <b>Mission</b>	 <b>Vision</b>	 <b>Values</b>
<p>To protect and promote health and well-being for all, building on a foundation of health equity.</p>	<p>New York is a healthy community of thriving individuals and families.</p>	<p>Public Good Integrity Innovation Collaboration Excellence Respect Inclusion</p>
Definition of Health		
<p>Health is a state of optimal physical, mental and social well-being.</p>		
Statement on Health Equity		
<p>Health equity is foundational to everything we do to help all people achieve optimal physical, mental and social well-being. Everyone at the Department of Health shares responsibility for achieving health equity and eliminating health disparities.</p>		

# References

**QAPI At a glance. Step by Step Guide to Implementing Quality Assurance and Performance**

**Improvement (QAPI) in Your Nursing Home (2024).** [QAPIAtAGlance.pdf \(cms.gov\)](#)

**Quality, Safety, and Education Portal. (2024).** [QSEP - Driving Healthcare Quality \(cms.gov\)](#)

[The Matrix-CMS form 802](#)