



ALF/RCF Survey Report Form (print for reference)

I. MANAGEMENT/OWNERSHIP

A. Facility Name:

Name of License Owner:

Vendor Number (4 digits):

License Number (3 to 5 digits):

County:

Mailing Address:

City_State_ZIP:

Phone:

Fax:

Facility's Email Address:

Name of Facility Administrator:

Facility Administrator's Email Address:

B. Type of Ownership:

C. Type of Facility and Number of Licensed Beds:

Facility Type	Number of Licensed Beds
Residential Care Facility	<input type="text"/>
Assisted Living Facility, Level I	<input type="text"/>
Assisted Living Facility, Level II	<input type="text"/>
ALF, Level II / Specialty (i.e. Alzheimer or dementia unit)	<input type="text"/>
Total Number of Licensed Beds	<input type="text"/>

Is this Facility a RCF conversion?:

How many total rooms or apartments does your facility have?
(this will not be the same number of licensed beds,
if your facility is setup for couples or double occupancy)



II. FACILITY

A. Resident Occupancy Days

1. Best estimate for facility's occupancy rate for 2022 (enter 0 through 100):
2. Number of licensed beds in your facility (from previous page):
3. Number of days your facility was open in 2022: *(If your facility was open for the entire year, enter 365 days. The number can not be greater than 366. If the facility was open for less than a year, enter the number of days your facility was open and operational in 2022).*
4. Number of Resident Occupancy Days (ROD) (equals item #2 times #3):
5. Number of unavailable Resident Occupancy Days:¹
6. Number of licensed and available RODs in 2022 (equals item #4 minus #5):
7. Number of occupied RODs in 2022 (days that residents are using beds or beds that are being held for residents):
8. Number of RODs that are available and vacant during 2022 (locked field)(equals item #6 minus #7):
9. Calculated Occupancy Rate (locked field)(equals item #7 divided by item #4):

Note: Recheck all conclusions for Section II, questions 1-8 so that: item #2 times #3 = item #4; item #4 minus #5 = item #6; item #6 minus #7 = item #8

B. Facility History

1. Please state the age of the physical structure of your facility:
- 2a. Has the facility undergone a major remodeling/renovation (that required plans to be filed with the DHS Office of Long Term Care) in the last five years?
- 2b. Does your building include a sprinkler system?
- 2c. Is the sprinkler system a partial or full system?

C. Resident Rooms

Number of licensed beds in your facility (from previous page, locked field):

Type of Resident Room	Number of Rooms (not licensed beds)	Average Rate per Room per Month
Studio / Efficiency	<input type="text"/>	<input type="text"/>
1 Bedroom	<input type="text"/>	<input type="text"/>
2 Bedrooms	<input type="text"/>	<input type="text"/>
Rooms used for more than 2 residents	<input type="text"/>	<input type="text"/>
TOTAL:	<input type="text"/>	N/A

NOTE: For example, if your facility is licensed for 30 beds but the facility only has 20 rooms, you would enter 10 for the Number of Rooms licensed for double or more occupancy.

Bathroom Type Number of Bathrooms

- Community
- Half-Bath
- Full-Bath
- TOTAL:**

Note 1 Number of RODs for which beds were not available for immediate occupancy, for example, beds that were in rooms that were converted to office, storage, or other than resident use or rooms licensed for 2 beds but used for 1 resident bed in 2022.



II. FACILITY

D. Utilization

- 1.Total number of admissions in 2022:
- 2.Total number of residents in 2022:¹
- 3.Total number of resident days for your facility in 2022:²
- 4.Total number of residents who were discharged (including death) from your facility in 2022:
- 5.Total number of Discharge days for your facility in 2022:³
- *Note: The term "Discharge Days" is one method of calculating an average length of stay for long term care facilities.
- 6.Average length of stay (in days) for **discharged** residents in your facility:⁴
- 7.Average length of stay for the total facility for 2022:⁵
- 8.Annual Percentage of Resident Turnover:⁶ %

Note 1 This total includes the number of residents in your facility on January 1, 2022 plus the number of new admissions in 2022).

Note 2 A resident day is one resident in a bed for one day. If you had one resident for a year that would be 365 resident days; for a resident that did not stay for the entire year, count the number of days that the resident was in your facility. For example, a resident who stayed for 54 days would equal 54 resident days.

Note 3 Discharge days is the sum of the number of resident days for each resident who was discharged in 2022. For example, if 5 persons were discharged after 100 days in your facility and 6 residents were discharged after 400 days in your facility, the total number of discharge days would be (5 x 100)+(6 x 400) which equals 500+2400 = 2900 total discharge days.

Note 4 Average length of stay [LOS] is calculated by total discharge days / number of total discharges. Using the above example in # 5, total discharge days = 2900 and total discharges = 5+6 or 11; therefore, the average LOS = 2900/11= 263.6 days
[item #5 divided by item #4 equals this total item #6]

Note 5 Average length of stay for one year period is calculated by adding the number of resident days (item 3) and dividing it by the total number of residents in 2022 (item 2).
[total for item #3 divided by total for item # 2]

Note 6 Annual Turnover Percentage is calculated by the number of discharges (item #4) divided by the number of residents during 2022. For example of the number of discharges = 10 and the number of residents who lived in your facility in 2022 is 120, then your turnover is 8%
[item #4 total divided by item #2 total]



III. OPERATIONS/COST

A. Payment Source

Resident Reimbursement:	Number of 2022 residents who utilize this payment source:
Self:	<input type="text"/>
Veteran's Administration Benefits:	<input type="text"/>
Medicaid / Personal Care:	<input type="text"/>
Medicaid Waiver (for low income):	<input type="text"/>
Family:	<input type="text"/>
SSI:	<input type="text"/>
Long Term Care Insurance :	<input type="text"/>
Other (Specify):	<input type="text"/> (<input type="text"/>)

B. Resident Cost

Do you charge by:



All Admissions Sections must sum to the total admissions value you entered in Section D. Utilization Line 1: Number of admissions.

IV. RESIDENT INFORMATION

A_1. 2022 Admissions by Age and Gender:

Age Range	Number of male residents admitted in 2022 by age range	Number of female residents admitted in 2022 by age range
Under 65 years old	<input type="text"/>	<input type="text"/>
65 - 74 years old	<input type="text"/>	<input type="text"/>
75 - 84 years old	<input type="text"/>	<input type="text"/>
Over 85 years old	<input type="text"/>	<input type="text"/>
Don't know	<input type="text"/>	<input type="text"/>
Total Admissions (locked fields)	<input type="text"/>	<input type="text"/>

Total Males plus Total Females together must equal Total Admissions.

Comment: Section A total admissions should equal the total admissions in subsequent Sections, B, C, & D.

A_2. 2022 Admissions by Marital Status:

Married	Widowed	Divorced / Separated	Never Married	Marital Status Unknown	Total Admissions (locked field)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. 2022 Admissions by Race / Ethnicity

Hispanic Origin:	Number of residents admitted in 2022 by Hispanic Origin
Hispanic	<input type="text"/>
Non-Hispanic	<input type="text"/>
Don't Know	<input type="text"/>
Total Admissions (locked field)	<input type="text"/>

Race:	Number of residents admitted in 2022 by race
American Indian or Alaskan Native	<input type="text"/>
African American or Black	<input type="text"/>
Asian	<input type="text"/>
Native Hawaiian or other Pacific islander	<input type="text"/>
White or Caucasian	<input type="text"/>
Another Race	<input type="text"/>

Don't Know

Total Admissions (locked field)



IV. RESIDENT INFORMATION

C. Referral Sources for 2022 Resident Admissions

Referred from...	Number of residents admitted in 2022 by source:
Hospitals:	<input type="text"/>
Nursing Home:	<input type="text"/>
ICF/MR:	<input type="text"/>
Home or self referral:	<input type="text"/>
Human Development Center:	<input type="text"/>
Home Health Agency:	<input type="text"/>
Physician:	<input type="text"/>
Group Home:	<input type="text"/>
Mental / Behavioral Health Provider:	<input type="text"/>
Other (Identify):	<input type="text"/> (<input style="width: 300px;" type="text"/>)
Don't Know:	<input type="text"/>
Total (should equal the total # of admissions for 2022 and totals from Sections B () & D)	<input type="text"/>

D. Prior Residence (does not refer to an interim stay in another facility prior to admission)

Prior Residence:	Number of residents admitted:
Private Home or Apt:	<input type="text"/>
Family residence (lived w/ adult children or others):	<input type="text"/>
Different RCF or ALF or other group home:	<input type="text"/>
Retirement or Independent Living Community:	<input type="text"/>
Nursing Home:	<input type="text"/>
Homeless:	<input type="text"/>
Other:	<input type="text"/>
Don't Know:	<input type="text"/>
Total (should equal the total # of admissions for 2022 and totals from Sections B & C)	<input type="text"/>

Since the following section doesn't cover all possible Classifications it doesn't need to sum to match Total Admissions.

E. Of the total number of residents admitted in your facility in 2022, how many would be diagnosed or classified by age as:

Classification	<u>Number of Admissions by Age</u>			
	Under 65 years old	65-74 years old	75-84 years old	>Over 85 years old
Intellectual Disability formerly labeled as Mentally Retarded:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mentally ill:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alzheimer's:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dementia:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dually diagnosed w/ more than one of the above:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Traumatic Brain Injury:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Disability:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Developmental Disability:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



IV. RESIDENT INFORMATION

F. 2022 DISCHARGES

Discharged To:	Number of Residents:
Own Home:	<input type="text"/>
Hospital / Rehab Center:	<input type="text"/>
Nursing Home:	<input type="text"/>
Relative's Home:	<input type="text"/>
Another RCF or Assisted Living Facility:	<input type="text"/>
Group Home:	<input type="text"/>
Death (died while a resident in your facility):	<input type="text"/>
Other (Specify):	<input type="text"/> (<input type="text"/>)
Total: (this total should equal the resident discharge total of , from page 3, Section II, D, #4)	<input type="text"/>

G. Formal Services Used (Within Last 90 Days)

	RCF	ALF I	ALF II	Total
Day Care:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospice:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mental Health:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupational Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Speech Therapy:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Podiatry:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did individual residents contract with a home health company in the last year?

If yes, how many?



V. COMMENTS AND/OR EXPLANATIONS

Please comment on any responses not completed or responses that require clarification.

Thank you for completing this annual report!
If there are any questions about your responses to this report, who should be contacted?

Name:

Title or Position:

Phone Number:

Email:

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[Email David Rasmussen, drasmussen@ualr.edu, for assistance.](#)
