1 2 3 4 5 6 7 8

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	
Assisted Living Facility, Level I	
Assisted Living Facility, Level II	
ALF, Level II / Specialty (i.e. Alzheimer or dementia unit)	
Total Number of Licensed Beds	

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)

1 2 3 4 5 6 7 8

II. FACILITY

A. Occupancy

1. Best estimate for facility's occupancy rate for 20XX (enter 0 through 100):

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

3. Number of days your facility was open in 20XX: *(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 survey year.)*

4. Number of Occupied Beds by Month:

Please enter your monthly count of occupied licensed beds. If you do not have an official count by month, then please enter the average of daily counts for each month. Even an estimated ball park value is better than zero.

Do not leave any month blank; the entry must be zero or more. If any monthly entry exceeds the number of licensed beds in your facility, there must be an explanation in the Comments box at the end of this survey (Page 8).

Number of Occupied Beds in January:	0
Number of Occupied Beds in February:	0
Number of Occupied Beds in March:	0
Number of Occupied Beds in April:	0
Number of Occupied Beds in May:	0
Number of Occupied Beds in June:	0
Number of Occupied Beds in July:	0
Number of Occupied Beds in August:	0
Number of Occupied Beds in September:	0
Number of Occupied Beds in October:	0
Number of Occupied Beds in November:	0
Number of Occupied Beds in December:	0

5. Calculated Occupancy Rate (locked field):

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		
1 Bedroom		
2 Bedrooms		
Rooms used for more than 2 residents		
TOTAL:		N/A

Bathroom Type	Number of Bathrooms
Community	
Half-Bath	
Full-Bath	
TOTAL:	

II. FACILITY

D. Utilization

1.Total number of admissions in 20XX:

2.Total number of residents in 20XX:[1]

3.Total number of resident days for your facility in 20XX:[2]

4.Total number of residents who were discharged (including death) from your facility in 20XX:

5.Total number of Discharge days for your facility in 20XX:[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 20XX:[5]

8.Annual Percentage of Resident Turnover:[6] %

Note [1] This total includes the number of residents in your facility on January 1, 20XX plus the number of new admissions in 20XX).

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 20XX. 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 20XX (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 20XX. For example of the number of discharges = 10 and the number of residents who lived in your facility in 20XX 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 20XX residents who utilize this payment source:**
Self:	
Veteran's Administration Benefits:	
Medicaid / Personal Care:	

Medicaid Waiver (for low income):	
Family:	
SSI:	
Long Term Care Insurance :	
Other (Specify):	( )

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: admissions.

IV. RESIDENT INFORMATION

A_1. 20XX Admissions by Age and Gender:

Age Range	**Number of male residents admitted in 20XX by age range**	**Number of female residents admitted in 20XX by age range**
Under 65 years old		
65 - 74 years old		
75 - 84 years old		
Over 85 years old		
Don't know		
Total Admissions (locked fields)		

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. 20XX Admissions by Marital Status:

Married	**Widowed**	**Divorced / Separated**	**Never Married**	**Marital Status Unknown**	**Total Admissions** (locked field)

B. 20XX Admissions by Race / Ethnicity

Hispanic Origin:	**Number of residents admitted in 20XX by Hispanic Origin**
Hispanic	
Non-Hispanic	
Don't Know	
Total Admissions (locked field)	

Race:	**Number of residents admitted in 20XX by race**

American Indian or Alaskan Native	
African American or Black	
Asian	
Native Hawaiian or other Pacific islander	
White or Caucasian	
Another Race	
Don't Know	
Total Admissions (locked field)	

IV. RESIDENT INFORMATION

C. Referral Sources for 20XX Resident Admissions

Referred from...	**Number of residents admitted in 20XX by source:**
Hospitals:	
Nursing Home:	
ICF/MR:	
Home or self referral:	
Human Development Center:	
Home Health Agency:	
Physician:	
Group Home:	
Mental / Behavioral Health Provider:	
Other (Identify):	( )
Don't Know:	
Total (should equal the total # of admissions for 20XX and totals from Sections B () & D)	

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:	
Family residence (lived w/ adult children or others):	
Different RCF or ALF or other group home:	
Retirement or Independent Living Community:	
Nursing Home:	
Homeless:	
Other:	
Don't Know:	
Total (should equal the total # of admissions for 20XX and totals from Sections B & C)	

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 20XX, how many would be diagnosed or classified by age as:

Classification	**Number of Admissions by Age**

	Under 65 years old	65-74 years old	75-84 years old	>Over 85 years old
Intellectual Disability ***formerly labeled as Mentally Retarded*:**				
Mentally ill:				
Alzheimer's:				
Dementia:				
Dually diagnosed w/ more than one of the above:				
Traumatic Brain Injury:				
Physical Disability:				
Developmental Disability:				

IV. RESIDENT INFORMATION

F. 20XX DISCHARGES

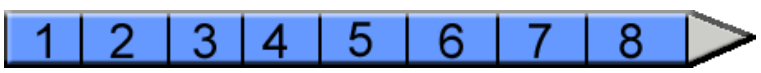
Discharged To:	**Number of Residents:**
Own Home:	
Hospital / Rehab Center:	
Nursing Home:	
Relative's Home:	
Another RCF or Assisted Living Facility:	
Group Home:	
Death (died while a resident in your facility):	
Other (Specify):	( )
Total: (this total should equal the resident discharge total of ,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

G. Formal Services Used (Within Last 90 Days)

	RCF	ALF I	ALF II	Total
Day Care:				
Hospice:				
Mental Health:				
Occupational Therapy:				
Physical Therapy:				
Speech Therapy:				
Podiatry:				

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: