

**ESRD FACILITY SURVEY  
(CMS-2744)  
INSTRUCTIONS FOR COMPLETION**

**REPORTING RESPONSIBILITY**

The ESRD Facility Survey is designed to capture only a limited amount of information concerning each Federally approved renal facility's operation. It is not intended to yield information on the full range of ancillary services or activities, e.g., referrals, graft outcome, etc. These concerns are more appropriately and validly addressed by the network in supplemental requests or through other segments of the Program Management and Medical Information System.

Every facility/center approved by Medicare to provide services to ESRD patients must furnish the information requested in the ESRD Facility Survey (42 U.S.C. 426; 20 CFR 405, Section 2133). It is also the facility's/center's responsibility to provide patient and treatment counts to their local ESRD Network upon termination of operations. Facilities certified as only providing inpatient services are not requested to complete a survey.

For purposes of this document, the word "facility" will be used interchangeably when referring to renal dialysis facilities, renal dialysis centers, or renal transplant centers, as applicable.

**Survey Period**

The Facility Survey is completed annually. The survey period is January 1 through December 31. This Facility Survey is to be completed for the period January 1, 2005 through December 31, 2005. Unless specified otherwise, all data entered on the Facility Survey is to cover the entire survey period. The form should be completed and forwarded to the local ESRD Network.

**GENERAL INSTRUCTIONS**

Please complete the following information which will be used to update the CMS Dialysis Facility Compare website. This information should reflect your facility status as of December 31:

**Facility Physical Address**

Complete this information if your physical address is different from your mailing address.

**Number of Dialysis Stations**

Provide the number of approved dialysis stations in your facility as of December 31.

**Facility Telephone**

Provide your facility telephone number including area code.

### **Facility Ownership Type**

Check the appropriate block for profit or non-profit type of ownership.

### **Facility Local/National Affiliation/Chain Information**

Provide information if your facility is owned or managed by a national corporation, e.g., Gambro, Fresenius, etc.

### **Types of dialysis services offered**

Provide information on the types of dialysis services your facility is approved to provide as of December 31. These are the types of services that are listed on the Dialysis Facility Compare website; Incenter Hemodialysis, Peritoneal Dialysis and/or Home Hemodialysis Training.

### **Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?**

Provide information as to whether your facility offers dialysis shifts that begins on or after 5:00 as of December 31.

## **DIALYSIS PATIENTS, TREATMENTS AND STAFFING (FOR COMPLETION BY DIALYSIS UNITS ONLY)**

### **PATIENT LOAD**

All patient and treatment counts requested are to include only the diagnosed chronic ESRD population; no reversible failure (Acute) patients or treatments may be counted.

All diagnosed chronic ESRD patients treated at the facility should be counted and reported as (1) regular, continuing caseload (field 03); (2) added to the regular caseload (fields 04A through 07B); or (3) lost from the regular caseload (fields 08A through 13B).

Inclusion of patients in counts should not depend on entitlement determination; newly diagnosed chronic unit admissions should be included, both for peritoneal or hemodialytic therapy and transplantation.

**NOTE:** Any provider who has signed an agreement with a dialysis supplier to provide support services to Method II home patients should count those patients as part of their regular dialysis population on the ESRD Facility Survey Form. Please keep this in mind when completing fields for home dialysis patients.

### **Patients Receiving Care Beginning of Survey Period**

**Field 01: Incenter.** Enter the number of patients dialyzing in your facility at the beginning of the

survey period. This number should reflect your “permanent” patient population; i.e., those patients for whom your facility had ongoing medical responsibility for the routine care of the patient until he/she was formally transferred elsewhere. Include those of your routine patients who were hospitalized or were in transient status away from your facility at the beginning of the survey period.

**Field 02: Home.** Enter the number of patients followed by your facility; that is, for whom your facility had the major medical responsibility, (e.g., the facility which provides incenter backup dialysis, performs necessary medical follow-ups, provides the patient with home dialysis supplies, or has a written agreement to provide support services to Method II patients). Enter the number of patients who were dialyzing at home (hemodialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis or other dialysis, e.g., intermittent peritoneal dialysis) at the beginning of the survey period.

**Field 03: Total.** Enter the sum of fields 01 and 02. This should equal the number of patients on your facility’s register at the beginning of the survey period.

### **Additions During the Survey Period**

**NOTE:** This section requires counts for additional incenter and home dialysis patients accepted during the survey period.

### **Newly Diagnosed Patients:**

**Field 04A: Incenter-Started for the First Time Ever.** Enter the number of newly diagnosed ESRD patients who were admitted to your facility as chronic maintenance dialysis patients for the first time ever during the survey period. This is a count of patients who have begun their initial course of incenter maintenance dialysis therapy during the survey period and for whom your facility will have major medical responsibility. Do not include patients who transferred to your facility from another dialysis facility; that data is to be reported in field 06A.

**Field 04B: Home-Started for the First Time Ever.** Enter the number of newly diagnosed ESRD patients who, after being stabilized on dialysis, successfully completed a course of self-dialysis training and began home dialysis (their initial course of home dialysis after training) during the survey period. If they are still in training at the end of the survey period, report them in field 04A.

### **Restarted Dialysis:**

**Field 05A: Incenter-Restarted.** Enter the number of patients who restarted incenter dialysis during the survey period. This is a count of persons who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but restarted routine incenter dialysis during the survey period.

**Field 05B: Home—Restarted.** Enter the number of patients who restarted home dialysis during the survey period. This is a count of patients who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but restarted regular home dialysis during the survey period.

### **Transferred From Another Facility:**

**NOTE:** Include those patients who received their first outpatient dialysis (or transplant) at a Non-Medicare facility including a prison or a facility in another country. Do not count patients who have transferred in for transient treatments (less than 30 days).

**Field 06A: Incenter -Transferred from Other Dialysis Unit.** Enter the number of patients admitted to your facility who were formally transferred from another dialysis facility during the survey period and who are continuing a regular course of dialysis at your facility. A formal transfer is the transfer of a patient, including his/her medical records, to another facility that will permanently become the primary care provider.

**Field 06B: Home-Transferred from Other Dialysis Unit.** Enter the number of home patients who were formally transferred by another facility during the survey period to your unit for ongoing medical supervision and responsibility. A formal transfer is the transfer of a patient, including his/her medical records, to another facility that will permanently become the primary care provider.

### **Returned After Transplantation:**

**NOTE:** Do not include dialysis patients who are post transplant and are waiting for their graft to function. Include only those patients for whom a physician has written a prescription for a regular course of dialysis (at least 3 times per week).

**Field 07A: Incenter -Returned After Transplantation.** Enter the number of patients who returned to incenter dialysis during the survey period after a transplant failure. (Do not include patients in this field who are on temporary backup dialysis due to an Acute failure episode or patients receiving dialysis post transplant while waiting for their graft to function.)

**Field 07B: Home-Returned After Transplantation.** Enter the number of patients who returned to home dialysis during the survey period after a transplant failure. (Do not include patients in this field who are on temporary backup dialysis due to an Acute failure episode or patients receiving dialysis post transplant while waiting for their graft to function.)

## **Losses During the Survey Period**

**NOTE:** These fields describe losses to your facility of both incenter and home patients that occurred during the survey period. For purposes of this survey, “incenter” includes patients who routinely dialyzed incenter at the time of loss to the reporting facility, and “home” includes patients who routinely dialyzed at home at the time of loss to the reporting facility.

### **Deaths:**

**NOTE: If a patient death occurs within 30 days of stopping dialysis, then submit a CMS-2746, Death Notification Form, and count the patient as a death.**

**Field 08A: Incenter-Deaths.** Enter the number of incenter dialysis patients who died during the survey period. These deaths must be shown in 08A if patient was on incenter dialysis at time of death.

**Field 08B: Home-Deaths.** Enter the number of home dialysis patients who died during the survey period. These deaths must be shown in 08B if patient was on home dialysis at time of death.

### **Recovered Kidney Function:**

**Field 09A: Incenter -Recovered Kidney Function.** Enter the number of patients who recovered function of their native kidneys and ceased chronic incenter dialysis during the survey period.

**Field 09B: Home-Recovered Kidney Function.** Enter the number of patients who recovered function of their native kidneys and ceased chronic home dialysis during the survey period.

### **Transplanted:**

**NOTE:** Any patient receiving a kidney transplant must be listed in this category, even if the graft never functioned.

**Field 10A: Incenter -Received Transplant.** Enter the number of patients who received a kidney transplant during the survey period.

**Field 10B: Home-Received Transplant.** Enter the number of patients who received a kidney transplant during the survey period.

### **Transferred Out:**

**NOTE:** Include patients who left the facility to dialyze elsewhere (at Medicare approved or non-Medicare approved facility) for more than 30 days. Include patients who have been involuntarily discharged regardless of where patients received services after discharge. Do not count patients who were dialyzing at your facility as a short-term transient patient.

**Field 11A: Incenter -Transferred to Other Dialysis Unit.** Enter the number of incenter dialysis patients who permanently transferred to another dialysis facility for their ongoing dialysis during the survey period; that is, those patients whose ongoing, routine medical supervision became the responsibility of another dialysis facility.

**Field 11B: Home-Transferred to Other Dialysis Unit.** Enter the number of home patients who had been followed by your facility but who are now permanently followed by another home dialysis program.

**Discontinued Dialysis:**

**NOTE:** These fields should contain counts of patients whose last known activity was that they discontinued dialysis. This would pertain mostly to patients who were lost to the facility at the end of the survey period, were not lost to follow-up and had not yet expired by December 31 (a Death Notification Form has not yet been submitted on the patient). You must follow the patient for 30 days after his/her last dialysis session. If a patient death occurs within 30 days of stopping dialysis, then submit a CMS-2746, Death Notification Form, and count the patient as a death.

**Field 12A: Incenter -Discontinued Dialysis.** Enter the number of chronic patients who permanently discontinued dialysis (excluding those reported in fields 08A, 09A, 10A, 11A and 13A) who had been dialyzing incenter during the survey period.

**Field 12B: Home-Discontinued Dialysis.** Enter the number of chronic patients who permanently discontinued dialysis (excluding those reported in fields 08B, 09B, 10B, 11B and 13B) who had been dialyzing at home during the survey period.

**Lost to Follow-Up:**

**NOTE:** Do **not** use this event when a patient has voluntarily discontinued dialysis (report in Fields 12/A or 12/B) or has transferred out to another facility (report in Field 11/A or 11/B). Patients should be included only after every effort has been made to locate the patient.

**Field 13A: Incenter – Other - Lost to Follow-Up (LTFU).** Enter the number of patients, who had been dialyzing incenter, who left your dialysis program during the survey period, and whose current status is unknown to your facility (lost to follow-up) Do not include those patients reported in fields 08A, 09A, 10A, 11A, or 12A.

**Field 13B: Home- Other - Lost to Follow-Up (LTFU).** Enter the number of patients, followed by your facility, who had been dialyzing at home, who were removed from your facility's rolls during the survey period, and whose current status is unknown (lost to follow-up). Do not include those patients reported in fields 08B, 09B, 10B, 11B, or 12B.

**Patients Receiving Care at the End of the Survey Period**

**NOTE:** DO NOT COUNT A PATIENT IN MORE THAN ONE FIELD. Patients receiving care at the beginning of the survey period plus the additions during the survey period minus the losses during the survey period should equal the patients receiving care (remaining) at the end of the

survey period. Please ensure that field 03 plus field 04A through 07B, minus fields 08A through 13B, equals field 26.

### **Incenter Dialysis:**

**NOTE:** Patients who are dialyzing incenter, but are performing all dialysis procedures without the assistance of staff, are to be counted incenter self-dialyzing either in fields 14 or 15. (Since this is not a large patient population, not all facilities will have patients that fall into this category.) Treatments for these patients should be counted as outpatient treatments in fields 36 or 37.

**Field 14: Hemodialysis.** Enter the number of patients who, at the end of the survey period, were receiving staff-assisted hemodialysis or performing incenter self-hemodialysis.

**Field 15: Other Dialysis.** Enter the number of patients who, at the end of the survey period, were receiving dialysis, other than hemodialysis. For example, those patients who are on staff-assisted intermittent peritoneal dialysis or performing incenter self- peritoneal dialysis would be counted in this field.

### **Self-Dialysis Training:**

**Field 16: Hemodialysis.** Enter the number of patients who are in a self hemodialysis training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to perform their own self-dialysis incenter or at home.

**Field 17: Continuous Ambulatory Peritoneal Dialysis (CAPD).** Enter the number of patients who are in a CAPD training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CAPD.

**Field 18: Continuous Cycling Peritoneal Dialysis (CCPD).** Enter the number of patients who are in a CCPD training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CCPD.

**Field 19: Other Dialysis.** Enter the number of patients who are in a self dialysis training program, e.g., a self intermittent peritoneal dialysis (IPD) training program as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to perform their own self-dialysis incenter or at home.

**Field 20: Total Incenter.** Enter the total number of patients who are incenter status as of the end of the survey period (the sum of fields 14 through 19).

### **Home Dialysis**

**NOTE:** Patients who are dialyzing at home with the assistance of staff provided by a dialysis supplier or facility should be counted as home patients (fields 21 through 24).

**Field 21: Hemodialysis.** Enter the number of patients who were hemodialyzing at home as of the end of the survey period.

**Field 22: Continuous Ambulatory Peritoneal Dialysis (CAPD).** Enter the number of patients who are on CAPD as of the end of the survey period.

**Field 23: Continuous Cycling Peritoneal Dialysis (CCPD).** Enter the number of patients who are on CCPD as of the end of the survey period.

**Field 24: Other Dialysis.** Enter the number of patients who are on another type of home dialysis e.g., intermittent peritoneal dialysis (IPD) as of the end of the survey period.

**Field 25: Total Home.** Enter the total number of patients who are in home status as of the end of the survey period (the sum of fields 21 through 24).

**Total:**

**Field 26: Total.** Enter the total number of patients on your facility's register at the end of the survey period (the sum of fields 20 and 25).

**Patient Eligibility Status-End of Survey Period**

**NOTE:** Counts should reflect entitlement only, not based on how reimbursement is made for dialysis services provided by your facility. For example, a VA (Department of Veterans Affairs) patient whose reimbursement is made by the VA, but is a Medicare entitled patient, should be counted in Field 27. Please ensure that the sum of fields 27, 28, and 29 equals field 26, the total number of patients at the facility at the end of the survey period.

**Field 27: Currently Enrolled in Medicare.** Enter the number of patients at the end of the survey period who were enrolled in Medicare. This count should include patients who are Medicare Secondary Payer beneficiaries or patients enrolled in Medicare HMO/Medicare+Choice.

**Field 28: Medicare Application Pending.** Enter the number of patients at the end of the survey period who had Medicare applications pending.

**Field 29: Non-Medicare.** Enter the number of patients at the end of the survey period who were not enrolled in Medicare and who did not have Medicare applications pending.

**Patients Dialyzing More Than 4 Times Per Week**

**Note:** Report only those patients on hemodialysis as of December 31 and dialyzing more than 4 times per week. Nocturnal dialysis is defined as hemodialysis that takes place while the patient is sleeping for approximately 8 hours.

**Field 30A: Incenter/Day.** Enter the number of hemodialysis patients who are dialyzing incenter, *and* during the day, for more than 4 times per week.



**Field 30B: Home/Day.** Enter the number of hemodialysis patients who are dialyzing at home, *and* during the day, for more than 4 times per week.

**Field 31A: Incenter/Nocturnal.** Enter the number of hemodialysis patients who are dialyzing incenter and nocturnal for more than 4 times per week.

**Field 31B: Home/Nocturnal.** Enter the number of hemodialysis patients who are dialyzing at home and nocturnal for more than 4 times per week.

### **Vocational Rehabilitation**

**NOTE:** Enter the following information on each of the patients reported based on their activities *at any time during the calendar year (January 1 through December 31)*. **Information being provided is for patients, who as of December 31, are living and have attained the ages of 18 through 54. You can count patients as both attending school and employed either full-time or part-time.**

**Field 32: Patients Aged 18 through 54.** Enter the number of dialysis patients who, as of December 31, were ages 18 through 54, and who were dialyzing at your facility.

**Field 33: Patients Receiving Services from Voc Rehab.** For the dialysis patients counted in Field 32, enter the number who are receiving Vocational Rehabilitation Services (public or private). Include any patients for whom *any* of the following applies:

- Talked with VR personnel **AND** agreed to be evaluated for services by completing an application, having medical records requested, or being assigned a counselor.
- Received evaluation services by participating in testing (for example: interest inventories, skills testing, aptitude testing, work readiness inventories) or by attending an evaluation/testing center.
- Received vocational counseling, training at a community facility private or public educational/training center or school.
- Received assistance with job seeking skills, with job placement, or with retaining or modifying a job through a VR counselor job placement specialist, private or public agencies.

**Field 34: Patients Employed Full-Time or Part-Time.** Enter the number of patients who are employed either full-time or part-time. Include any patient, aged 18 through 54, who received taxable wages from an employer or who was self-employed and paid taxes on earnings. Count only those patients who were receiving taxable earnings.

**Fields 35: Patients Attending School Full-Time or Part-Time.** Enter the number of patients who are attending school either full-time or part-time. Include any patient, aged 18 through 54, who was enrolled in *any* formal education or training program (for example: college, technical school, GED program, community facility training).

## TREATMENT AND STAFFING

**NOTE:** The following section (fields 36 and 37) should reflect all outpatient treatments given to ESRD patients including self-care training treatments and those provided to transients during the survey year. Please be certain to report treatments to correspond with patients counted at the end of the survey period in a particular modality. If a situation occurs where a patient is reported at the end of the survey period but no treatments were provided, please explain why no treatments were provided in the Remarks section of the survey form. **DO NOT INCLUDE ACUTE TREATMENTS.**

### Hemodialysis

**Field 36: Outpatient Treatments.** Enter the number of staff-assisted treatments, training hemodialysis treatments and treatments performed by self-dialyzing patients, incenter, during the survey period.

### Other

**Field 37: Other Treatments.** Enter the number of all other types of treatments provided incenter. For all types of peritoneal dialysis training, report the number of days for which exchanges were provided. Do not report the number of exchanges and do not report days where no dialysis treatments or exchanges were furnished. For example, report the number of staff-assisted and training intermittent peritoneal (IPD) treatments, CAPD and CCPD training days and all other number of treatments performed by self-dialyzing patients or training patients, incenter, during the survey period.

### Staffing

Enter the number of Full Time and Part Time staff positions at your facility as of December 31. Also provide the number of Full Time and Part Time staff positions that are open and not filled as of December 31.

The following definitions are provided as guidelines in completing this section:

**Full Time Position** is defined as a position with at least 32 hours employment per week

**Part time Position** is defined as a position with less than 32 hours per week and includes per diem staff.

**RN:** Staff holding a Registered Nurse degree.

**LPN/LVN:** Licensed Practical Nurse, Licensed Vocational Nurse: Staff holding either of those degrees.

**PCT:** Patient Care Technician. Include staff providing direct patient care.

**APN:** Advanced Practice Nurse.

The Advanced Practice Nurse (APN) is a Certified Registered Nurse (RN) with advanced certification as a nurse practitioner (NP) or a Clinical Nurse Specialist (CNS) who has met advanced educational and clinical practice requirements. Do not report Certified Nephrology Nurses (CNNs) in this category. Do not double count a registered nurse in this category.

**Dietitian:** Renal Dietitians. Staff with renal dietitian credentials.

**Social Worker:** Staff with LCSW, MSW, BSW or other professional social work degrees.

**Field 38:** Enter the number of Full Time staff as of December 31: a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.

**Field 39:** Enter the number of Part Time staff as of December 31: a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.

**Field 40:** Enter the number of Full Time staff positions that are open as of December 31: a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.

**Field 41:** Enter the number of Part Time staff positions that are open as of December 31: a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.

## Signatures

Part One of the Facility Survey requires signatures, as follows:

**Completed by:** Enter the date completed and the name, title, and telephone number of the person who completed the Facility Survey for your facility. This person should be the individual who the ESRD network or CMS can contact to discuss any information provided in the Facility Survey.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0447. The time required to complete this information collection is estimated to average 7 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

## **KIDNEY TRANSPLANTS PERFORMED**

**(FOR COMPLETION BY KIDNEY TRANSPLANT CENTERS ONLY)**

**NOTE: Every kidney transplant must be reported in this category, even if the transplant never functioned.**

### **PATIENTS/TRANSPLANTS**

**Field 42: Patients Who Received Transplant at This Facility.** Enter the number of patients who received a kidney transplant at your facility during the survey period. If a patient received more than one transplant at your center during the survey period, the patient is to be counted only once. Total of fields 43 + 44 + 45 + 46.

### **Patient Eligibility Status of Patients Transplanted During Survey Period**

**NOTE:** Fields 43 through 46 refer to those patients actually transplanted during the survey period. Ensure that the total of fields 43 through 46 equals the count in field 42. Fields 45 and 46 (Non-Medicare U.S. Residents and Other) makes reference to foreign nationals. A foreign national is any person who is not a U.S. citizen, and includes permanent resident aliens.

**Field 43: Currently Enrolled in Medicare.** Enter the number of patients transplanted during the survey period who were enrolled in Medicare. Count Medicare transplant recipients based on enrollment rather than primary insurer.

**Field 44: Medicare Application Pending.** Enter the number of patients transplanted during the survey period that had Medicare applications pending.

**Field 45: Non-Medicare, U.S. Residents.** Enter the number of patients transplanted during the survey period who were not enrolled in Medicare and did not have Medicare applications pending who were either U.S. citizens or a foreign national U.S. resident.

**Field 46: Non-Medicare, Other.** Enter the number of patients transplanted during the survey period who were not enrolled in Medicare, did not have Medicare applications pending, and were neither a U.S. citizen nor a U.S. resident (e.g., foreign national).

### **Transplants Performed at This Facility:**

**Field 47: Transplants Performed at This Facility-Living Related Donor.** Enter the number of living related donor kidney transplants performed at your center during the survey period.

**Field 48: Transplants Performed at This Facility-Living Unrelated Donor.** Enter the number of living unrelated donor kidney transplants performed at your center during the survey period.

**Field 49: Transplants Performed at This Facility-Deceased Donor.** Enter the number of deceased donor kidney transplants performed at your center during the survey period.

**Field 50: Transplants Performed at This Facility-Total Fields 47, 48 and 49.** Enter the sum of fields 47 + 48 + 49.

**Patients Awaiting Transplant:**

**Field 51: Patients Awaiting Transplant-Dialysis.** Enter the number of current dialysis patients actively awaiting a kidney transplant at your center as of the last day of the survey period. These patients must (a) be medically able, (b) have given consent, and (c) be on an active transplant list. This count is limited to individuals awaiting transplant at the reporting center.

**Field 52: Patients Awaiting Transplant-Non-Dialysis.** Following the criteria described above, enter the number of non-dialysis patients who are awaiting transplant as of the last day of the survey period. This is to include patients scheduled for transplant who have not yet initiated a regular course of dialysis.

**Signatures**

Part Two of the Facility Survey requires signatures as follows:

**Completed by:** Enter the date completed and the name, title and telephone number of the person who completed the Facility Survey for your facility.

**REMARKS/COMMENTS**

You may include here any remarks or additional information you wish to supply concerning the information furnished on this survey.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0447. The time required to complete this information collection is estimated to average 7 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.