

**JOINT ANNUAL REPORT OF NURSING HOMES**  
**2014 General Information and Tips to Avoid Common Errors**

The following guidelines are written to assist you to complete the 2014 Joint Annual Report Nursing Home for the reporting year.

- A. Please read all information carefully before completing your Joint Annual Report form.
- B. Please complete all items on the **Excel data entry form**.
1. No schedule should be left with all blank fields.
  2. Check all computations, especially where totals are required. Notice that all totals are system calculated (represented by green cells).
  3. Use 0 (zero) only in Schedule H (financial); on all other schedules, zero is not required.
  4. If the value of an item is unknown, leave the item blank.
  5. Please provide the appropriate answer to all Yes or No questions. If you mistakenly enter something into a Yes/No box that causes the error message: "You did not select Yes or No" and the system provides you with the options "Retry" and "Cancel," click on the "Cancel" section to be able to change your answer to either "Yes" or "No."
  6. Use the drop down boxes when available.
  7. If you find that you cannot change the data to eliminate the "Error" message, you can type your comment on the "Error Sheet" in the last column. Please submit on a separate sheet the errors so I can expedite the query process.
- C. Items which appear to be inconsistent will be queried. **Facilities will be reported to the Board for Licensing Health Care Facilities for failure to file a report and failure to respond to queries.**

**SCHEDULE A – IDENTIFICATION**

There is a **tab** named "State ID" that shows the state id, license number, facility names and addresses for your information. Please look up the state id and the name of your facility. Place the state id in Schedule A and the information will populate at the top of each schedule, as well as the complete address information. The mailing address will populate if same as street address question is answered "Yes". The email address is an excellent tool for communications.

Reporting Period: All facilities are requested to report data based on the twelve month period from January 1, 2014 to December 31, 2014. This reporting period shows as the default in the field. If unable to report based on this twelve month period, type in the beginning and ending dates for the reporting period.

**SCHEDULE B – ORGANIZATION STRUCTURE**

Fill out the owner name and address.

For type of owner, choose one and only one from the list of choices.

Consult <https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx> if you have any questions.

If the facility is managed by the owner, fill out all fields matching owner fields at the top of Schedule B. In the managed by fields check one and fill out the name and address in the appropriate fields. If you check "contract with firm or other," be sure to type in the correct management company.

**SCHEDULE C – LICENSURE, ACCREDITATIONS, AND MEMBERSHIPS**

Fill in facility license number which you can find on the tab marked "State ID" for reference. Fill in the most recent survey date with mm/dd/yyyy format. Survey date field has been extended in case the facility survey was done at a later date. Answer all "Yes" or "No" boxes.

**JOINT ANNUAL REPORT OF NURSING HOMES**  
**2014 General Information and Tips to Avoid Common Errors** (continued)

**SCHEDULE D – FACILITIES AND SERVICES – PART 1**

The Certificate of Need dates of approval have been extended from 2007 through 2013 in order to accommodate dates. Fill in appropriate boxes and answer “Yes” or “No” to all services and number of units or beds if applicable.

**SCHEDULE D – FACILITIES AND SERVICES – PART 2**

Fill in appropriate boxes and answer “Yes” or “No” to all services. If you check “Yes” to occupational therapy, physical therapy or respiratory therapy, be sure to enter the number of employees in Schedule G. Do not put in zeros.

**SCHEDULE D – FACILITIES AND SERVICES – PART 3**

This schedule is called “Home and Community Based Services Waiver Program.” If you check “Yes” to the first question, then follow through to answer all of the questions in that schedule. If you check “No”, you do not have to answer any other question in this schedule.

**SCHEDULE E – BEDS**

Fill out completely. Totals for licensed beds and beds set up and staffed will be calculated by the system. \*\*\***Licensed Beds** are the total number of beds that are certified or non-certified and licensed by the Health Care Facilities in each Certification type. \*\*\*Depending on your Certification(s), you may or may not have multiple Types. **Staffed Beds** are beds set up and staffed in the facility that have nursing staff available or could have nursing staff available if needed for admission of a patient.

Fill out provider numbers for Medicare, Medicaid/TennCare Level II or Medicaid/TennCare Level I if applicable.

**SCHEDULE F – UTILIZATION – PART 1**

Fill out completely. Totals for the “level of care in the facility” section will be calculated by the system. Definitions to be used for level of care section: Admissions are the number of all residents admitted to the facility during the reporting period. Discharges include all residents discharged from the facility during the reporting period, including those who died during their stay. Transferring a resident from one level of care to another level of care within the facility is counted as a discharge and admission.

**Definition of discharge resident days:** The total number of discharge resident days of care rendered to residents who were discharged or died during the reporting period. This figure should include days of care rendered to those residents admitted prior to the beginning of the reporting period. For example: a resident admitted on 01-01-2009 and discharged on 06-30-2010 would produce 546 resident discharge days. Below is a website that will give you a quick calculation of the number of days between admission and discharge date for each of your discharged residents:  
<http://www.timeanddate.com/date/timeduration.html>

The Average Length of Stay for Level II, Level I, and the total of all residents is calculated by the system based on discharge days and discharges including deaths. For example,

$$\frac{\text{Total Discharge Resident Days}}{\text{Total Discharges including deaths}} = \frac{3,178}{14} = 227 \text{ days (average length of stay)}$$

This indicates the facility had 14 discharges or deaths during the reporting period. The average patient stayed approximately 227 days, or approximately 7 months, before discharge or death. If very low numbers or very high numbers are obtained for the Average Length of Stay, it probably means that the Discharge Days have not been calculated correctly.

Four possible errors will appear if the calculated length of stay for either Level I or Level II is less than 90 days or greater than four years. If the average length of stay is reasonable to you but results in an error message, provide an explanation in the comments column of Excel's Error Sheet.

**JOINT ANNUAL REPORT OF NURSING HOMES**  
**2014 General Information and Tips to Avoid Common Errors** (continued)

**SCHEDULE F – UTILIZATION – PART 2**

**Definition of Resident Days of Care:** The total amount of resident days of care is the number of days the resident stayed there for the reporting period only. For example, if a resident came in 01-01-2014 and left 06-30-2014, the total days would be 180 days. If a resident stays all year, it would be 365 days. If the resident days are not calculated correctly, then the following errors will pop up in the schedule.

1. Total Resident Days of Care Total is zero; provide additional data.
2. Low percentage of occupancy compared to **total licensed beds** (see top of Schedule E) would be total resident days of care are less than 50% of estimated maximum occupancy rate (licensed beds x 365 days).
3. High percentage of occupancy would be total resident days of care are greater than 100% of estimated maximum occupancy rate (licensed beds x 365 days).
4. Low percentage of occupancy compared to **total staffed beds** (see bottom of Schedule E) would be total resident days of care is less than 50% of total staffed beds x 365 days per year.
5. High percentage of occupancy would be total resident days of care is greater than 100% of total staffed beds x 365 days per year.

These errors will be reviewed during the edit process. The data will be queried in a follow-up letter if an error is detected and there is no reasonable explanation recorded in the Error Sheet. The totals are system calculated.

Zeros are not needed in Age, Race and Gender Section or the Patient Origin Section (this is an exception to the rule.) Be sure that the system calculated total of the number of residents match between the Length of Stay section and the Age, Race and Gender section. Both sections are based on the number of residents served during the entire reporting period.

The Patient Origin section asks for information for only those residents in the facility on the last day of the reporting period. Be careful to put the numbers in the right county. For example, if your facility is located in Knox County then most of the residents will be from that county; however, the next county down on the sheet is Lake County and that is located in the West Region of Tennessee. Please do not put a number in Lake County by mistake.

Length of Stay Total (line 44) should equal Total Residents (line 84).

**SCHEDULE G – PERSONNEL**

Indicate the number of personnel as of September 30. Do not include a type of employee for which you do not provide that type of service. The number of full time personnel should be represented by whole numbers. Enter FTEs rounded to two decimal places for part-time personnel.

The sections on Nurses, Contract Nursing Personnel and Nursing by shifts should be filled out if possible. Record nurses working on September 30 according to the staffing patterns of two or three shifts per day. If both patterns are used in the facility, please indicate both types.

**JOINT ANNUAL REPORT OF NURSING HOMES**  
**2013 General Information and Tips to Avoid Common Errors** (continued)

**SCHEDULE H – FINANCIAL DATA**

Please note: This reporting period should be consistent with the reporting period listed in Schedule A of this report.

Read the shaded instruction boxes carefully. All numbers should be entered as whole numbers to the nearest dollar.

Patient Revenue: Please do not leave anything blank, put in zeros where applicable.

Gross Patient Revenue (Charges): This represents the sum of all charges for services rendered to patients during the reporting year at the facility's established rate.

Adjustments to Revenue (Charges): Adjustments to revenue that decrease revenue should be entered as a positive number. This represents the amount of reduction of gross patient charges (revenue) due to contractual allowances, bad debt, charity care, etc.

Adjustment to Charges: If you put in zeros for bad debt, charity or other, make sure it is accurate data.

Expenses: Fill in the appropriate boxes excluding depreciation. All numbers should be entered as whole numbers to the nearest dollar.

Capital Assets: Indicate if you own or lease your building and equipment as indicated. Report capital assets recorded on the balance sheet at the end of the reporting period. See shaded instruction box. There is a system calculation for the Net Book Value (cost minus accumulated).

Daily Charge: Please indicate your daily charge for each category. The daily charge should be based on charges for all services, not just the room and board charge.

**ERROR TAB**

Use the Error Tab at the bottom right of the Excel form to identify and correct possible problems with your data. The Error sheet will list "Ok" or "Error", along with the Error location and the Error message.

**ADMINISTRATOR'S DECLARATION**

Once the Errors have been corrected, proceed to the Adm Dec Tab. Acknowledge the report has been reviewed and that the data is correct, enter the date, and submit your report.

Instructions on how to e-mail the report as an attachment are found on page six of the User Instructions.

We look forward to receiving your report before the due date of **Monday, June 15, 2015**

Thank you for your cooperation.