

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-
-----------	--------	----------------	---



Health Statistics
2nd Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243
Telephone: (615) 741-1954 Fax: (615) 253-1688

JOINT ANNUAL REPORT OF NURSING HOMES 2015

[Schedule A – Identification](#)

[Schedule B – Organization Structure](#)

[Schedule C – Licensure, Accreditations, and Memberships](#)

[Schedule D – Facilities and Services – Part 1](#)

[Schedule D – Facilities and Services – Part 2](#)

[Schedule D – Facilities and Services – Part 3](#)

[Schedule E – Beds](#)

[Schedule F – Utilization – Part 1](#)

[Schedule F – Utilization – Part 2](#)

[Schedule G – Personnel](#)

[Schedule H – Financial Data](#)

[Administrator’s Declaration](#)

[Appendix A: Commonly Prescribed Medications by](#)

[Categories by brand \(Generic\)](#)

[Appendix B: Definitions](#)

[Tips](#)

[Find Your State ID](#)

[Error Listing - Facility Comments Required](#)

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
010122	3	Summit View of Lake City	Anderson	204 Industrial Park Road	Lake City	TN	37769
010322	5	Norris Health and Rehabilitation Center	Anderson	3382 Andersonville Highway	Andersonville	TN	37705
010422	1	Golden LivingCenter - Windwood	Anderson	220 Longmire Road	Clinton	TN	37716
010522	4	NHC HealthCare, Oak Ridge	Anderson	300 Laboratory Road	Oak Ridge	TN	37830
010622	2	Briarcliff Health Care Center	Anderson	100 Elmhurst Drive	Oak Ridge	TN	37830
020142	6	Christian Care Center of Bedford County	Bedford	835 Union Street	Shelbyville	TN	37160
020242	7	Glen Oaks Health and Rehabilitation	Bedford	1101 Glen Oaks Road	Shelbyville	TN	37160
030252	8	Camden Healthcare and Rehabilitation Center	Benton	197 Hospital Drive	Camden	TN	38320
040132	9	Bledsoe County Nursing Home	Bledsoe	107 Wheelertown Avenue	Pikeville	TN	37367
050422	10	Asbury Place at Maryville	Blount	2648 Sevierville Road	Maryville	TN	37804
050522	13	Kindred Transitional Care and Rehabilitation-Maryville	Blount	1012 Jamestown Way	Maryville	TN	37803
050622	11	Colonial Hills Nursing Center	Blount	2034 Cochran Road	Maryville	TN	37803
050822	12	Kindred Nursing and Rehabilitation - Fairpark	Blount	307 North Fifth Street	Maryville	TN	37802
050922	365	Blount Memorial Transitional Care Center	Blount	2320 East Lamar Alexander	Maryville	TN	37804
051022	383	Shannondale of Maryville Health Care Center	Blount	803 Shannondale Way	Maryville	TN	37803
060132	14	Bradley Healthcare and Rehabilitation Center	Bradley	2910 Peerless Road, Northwest	Cleveland	TN	37312
060232	15	Life Care Center of Cleveland	Bradley	3530 Keith Street, Northwest	Cleveland	TN	37312
060432	16	Signature Healthcare of Cleveland	Bradley	2750 Executive Park Place	Cleveland	TN	37312
070122	18	Tennova LaFollette Health and Rehab Center	Campbell	200 Torrey Road	LaFollette	TN	37766
070222	19	Cumberland Village Care Genesis Healthcare	Campbell	136 Davis Lane	Lafollette	TN	37766
070322	17	Beech Tree Manor	Campbell	P.O. Box 300, 240 Hospital Lane	Jellico	TN	37762
080142	21	Woodbury Health and Rehabilitation Center	Cannon	119 West High Street	Woodbury	TN	37190
090252	24	Oak Manor Health Care Center	Carroll	150 Oak Manor Road	McKenzie	TN	38201
090352	22	Huntingdon Health and Rehabilitation Center	Carroll	635 High Street	Huntingdon	TN	38344
090452	23	Life Care Center of Bruceton - Hollow Rock	Carroll	105 Rowland Avenue	Bruceton	TN	38317
090552	331	McKenzie Healthcare and Rehabilitation Center	Carroll	175 Hospital Drive	McKenzie	TN	38201
100112	313	Hillview Health Center	Carter	1666 Hillview Drive	Elizabethton	TN	37643
100212	25	Ivy Hall Nursing Home	Carter	301 South Watauga Avenue	Elizabethton	TN	37643
100312	314	Hermitage Health Center	Carter	1633 Hillview Drive	Elizabethton	TN	37643
100412	27	Pine Ridge Care and Rehabilitation Center	Carter	1200 Spruce Lane	Elizabethton	TN	37643
100512	26	Life Care Center of Elizabethton	Carter	1641 Highway 19E	Elizabethton	TN	37643
100712	361	Roan Highlands Nursing Center	Carter	146 Buck Creek Road	Roan Mountain	TN	37687
110142	42	Christian Care Center of Cheatham County	Cheatham	2501 River Road	Ashland City	TN	37015
110342	318	Hillcrest Healthcare Center	Cheatham	111 East Pemberton Street	Ashland City	TN	37015
120152	41	Henderson Health & Rehabilitation Center, LLC	Chester	412 Juanita Drive	Henderson	TN	38340
130122	40	Claiborne County Nursing Home	Claiborne	1850 Old Knoxville Road	Tazewell	TN	37879
130222	39	Laurel Manor Health Care	Claiborne	902 Buchanan Road	New Tazewell	TN	37825
130422	38	Tri State Health and Rehabilitation Center	Claiborne	600 Shawanee Road	Harrogate	TN	37752
140142	36	Celina Health and Rehabilitation Center	Clay	120 Pitcock Lane	Celina	TN	38551
150122	35	Tennova Healthcare-Newport Convalescent Center	Cocke	450 College Street	Newport	TN	37821

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
150222	34	Newport Health and Rehabilitation Center	Cocke	135 Generation Drive	Newport	TN	37821
160142	33	Horizon Health and Rehab Center	Coffee	811 Keylon Street	Manchester	TN	37355
160242	31	Life Care Center of Tullahoma	Coffee	1715 North Jackson Street	Tullahoma	TN	37388
160442	355	Manchester Health Care Center	Coffee	395 Interstate Drive	Manchester	TN	37355
160542	396	NHC Healthcare, Tullahoma	Coffee	1321 Cedar Lane	Tullahoma	TN	37133
170152	29	Alamo Nursing and Rehabilitation Center	Crockett	P.O. Box 367, 580 West Main	Alamo	TN	38001
170252	30	Bells Nursing and Rehabilitation Center	Crockett	260 Herndon Drive	Bells	TN	38006
180242	312	Wyndridge Health and Rehabilitation Center	Cumberlan	456 Wayne Avenue	Crossville	TN	38555
180342	28	Wharton Nursing Home	Cumberlan	P.O. Box 447	Pleasant Hill	TN	38578
180442	285	Life Care Center of Crossville	Cumberlan	80 Justice Street	Crossville	TN	38555
180742	389	Good Samaritan Society-Fairfield Glade	Cumberlan	100 Samaritan Way	Crossville	TN	38558
190142	43	Belcourt Terrace	Davidson	1710 Belcourt Avenue	Nashville	TN	37212
190342	47	Crestview Health and Rehabilitation	Davidson	2030 25th Avenue North	Nashville	TN	37208
190842	54	Signature Health Care of Madison	Davidson	431 Larkin Springs Road	Madison	TN	37115
190942	53	Creekside Health and Rehabilitation Center	Davidson	306 West Due West Avenue	Madison	TN	37115
191042	58	McKendree Village	Davidson	4347 Lebanon Road	Hermitage	TN	37076
191642	309	The Health Center at Richland Place	Davidson	504 Elmington Avenue	Nashville	TN	37205
191842	66	Trevecca Health Care Center	Davidson	329 Murfreesboro Road	Nashville	TN	37210
191942	67	Vanco Manor Nursing and Rehabilitation Center	Davidson	813 South Dickerson Road	Goodlettsville	TN	37072
192042	49	Donelson Place Care and Rehabilitation Center	Davidson	2733 McCampbell Avenue	Nashville	TN	37214
192142	44	Bethany Health and Rehab Center	Davidson	421 Ocala Drive	Nashville	TN	37211
192542	51	Good Samaritan Health and Rehab Center	Davidson	500 Hickory Hollow Terrace	Antioch	TN	37013
192742	48	Cumberland Health Care and Rehabilitation	Davidson	4343 Ashland City Highway	Nashville	TN	37218
192842	45	West Meade Place	Davidson	1000 Saint Luke Drive	Nashville	TN	37205
192942	63	Nashville Community Care & Rehabilitation at	Davidson	1414 County Hospital Road	Nashville	TN	37218
193042	55	Jackson Park Christian Home	Davidson	4107 Gallatin Road	Nashville	TN	37216
193142	69	Grace Healthcare of Whites Creek	Davidson	3425 Knight Road	Whites Creek	TN	37189
193542	56	Lakeshore Heartland	Davidson	3025 Fernbrook Lane	Nashville	TN	37214
193842	59	The Meadows	Davidson	8044 Coley Davis Road	Nashville	TN	37221
193942	52	Greenhills Health and Rehabilitation Center	Davidson	3939 Hillsboro Circle	Nashville	TN	37215
194542	343	Woodcrest at Blakeford	Davidson	11 Burton Hills Boulevard	Nashville	TN	37215
194642	392	Life Care Center of Hickory Woods	Davidson	4200 Murfreesboro Pike	Antioch	TN	37013
194742	393	Life Care Center of Old Hickory Village	Davidson	1250 Robinson Road	Old Hickory	TN	37138
194842	394	Signature Healthcare of Nashville Rehabilitation &	Davidson	832 Wedgewood Avenue	Nashville	TN	37203
200252	315	Decatur County Health Care and Rehabilitation	Decatur	726 Kentucky Avenue	Parsons	TN	38363
200352	70	Westwood Health Care and Rehabilitation Center	Decatur	524 West Main Street	Decaturville	TN	38329
210142	71	NHC HealthCare, Smithville	DeKalb	825 Fisher Avenue	Smithville	TN	37166
220442	73	NHC HealthCare, Dickson	Dickson	812 North Charlotte Street	Dickson	TN	37055
220542	72	Dickson Health and Rehab	Dickson	901 North Charlotte Street	Dickson	TN	37055
230152	75	Oakwood Community Living Center	Dyer	1636 Woodlawn Avenue	Dyersburg	TN	38024

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
230252	76	The Highlands of Dyersburg Health and Rehab	Dyer	350 East Tickle Street	Dyersburg	TN	38024
230352	74	Dyersburg Nursing and Rehabilitation	Dyer	1900 Parr Avenue	Dyersburg	TN	38024
240162	77	Gallaway Health and Rehabilitation	Fayette	435 Old Brownsville Road	Gallaway	TN	38036
240262	78	NHC HealthCare, Somerville	Fayette	308 Lake Drive	Somerville	TN	38068
250142	80	Signature Healthcare of Fentress County	Fentress	208 Duncan Street North	Jamestown	TN	38556
260142	84	Emerald -Hodgson at Southern Tennessee Regional	Franklin	629 Hospital Road	Winchester	TN	37398
260342	82	Golden LivingCenter - Mountain View	Franklin	1360 Bypass Road	Winchester	TN	37398
260442	83	Willows of Winchester Health & Rehabilitation Center	Franklin	32 Memorial Drive	Winchester	TN	37398
270152	308	Milan Health Care Center	Gibson	8060 Stinson Road	Milan	TN	38358
270252	85	Douglas Nursing Home	Gibson	2084 West Main Street	Milan	TN	38358
270352	88	Bailey Park Community Living Center	Gibson	2400 Mitchell Street	Humboldt	TN	38343
270452	89	NHC HealthCare, Milan	Gibson	8017 Dogwood Lane	Milan	TN	38358
270552	90	Trenton Center	Gibson	2036 Highway 45 By-Pass	Trenton	TN	38382
270752	86	Humboldt Healthcare and Rehab Center	Gibson	2031 Avondale Road	Humboldt	TN	38343
270852	87	Humboldt Nursing and Rehabilitation Center	Gibson	3515 Chere Carol Road	Humboldt	TN	38343
271052	346	Tennessee State Veterans' Home	Gibson	2865 Main Street	Humboldt	TN	38343
271152	351	Dyer Nursing and Rehabilitation Center	Gibson	1124 North Main Street	Dyer	TN	38330
280142	91	Ardmore Center	Giles	25385 Main Street	Ardmore	TN	38449
280242	93	NHC HealthCare, Pulaski	Giles	993 East College Street	Pulaski	TN	38478
280342	92	Meadowbrook Health and Rehabilitation Center	Giles	1245 East College Street	Pulaski	TN	38478
290122	94	Ridgeview Terrace of Life Care	Grainger	165 Coffey Lane	Rutledge	TN	37861
300112	310	Durham-Hensley Health and Rehabilitation	Greene	55 Nursing Home Road	Chuckey	TN	37641
300312	97	Life Care Center of Greeneville	Greene	725 Crum Street	Greeneville	TN	37743
300412	95	Signature Healthcare of Greeneville	Greene	106 Holt Court	Greeneville	TN	37743
300512	96	Laughlin Healthcare Center	Greene	801 East McKee Street	Greeneville	TN	37743
310132	99	The Bridge at Monteagle	Grundy	26 Second Street	Monteagle	TN	37356
320122	101	Life Care Center of Morristown	Hamblen	501 West Economy Road	Morristown	TN	37814
320222	100	The Heritage Center	Hamblen	1026 McFarland Street	Morristown	TN	37814
330132	102	Alexian Village Health and Rehabilitation Center	Hamilton	671 Alexian Way	Signal	TN	37377
330232	114	Consulate Health Care of Chattanooga	Hamilton	8249 Standifer Gap Road	Chattanooga	TN	37421
330332	103	The Health Center at Standifer Place	Hamilton	2626 Walker Road	Chattanooga	TN	37421
330432	104	Life Care Center of Hixson	Hamilton	5798 Hixson Homeplace	Hixson	TN	37087
330732	112	NHC HealthCare, Chattanooga	Hamilton	2700 Parkwood Avenue	Chattanooga	TN	37404
330832	113	Saint Barnabas Nursing Home	Hamilton	950 Sisken Drive	Chattanooga	TN	37403
330932	107	Life Care Center of East Ridge	Hamilton	1500 Fincher Avenue	East Ridge	TN	37412
331032	106	Life Care Center of Collegedale	Hamilton	9210 Apison Pike	Collegedale	TN	37315
331432	108	Life Care Center of Red Bank	Hamilton	1020 Runyan Drive	Chattanooga	TN	37405
332232	369	Soddy Daisy Healthcare Center	Hamilton	701 Sequoyah Road	Soddy Daisy	TN	37379
332332	382	Siskin Hospital's Subacute Rehabilitation Program	Hamilton	One Siskin Plaza	Chattanooga	TN	37403
332432	397	Life Care Center of Ooltewah	Hamilton	5911 Snow Hill Road	Ooltewah	TN	37363

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
340112	115	Hancock Manor Nursing Home	Hancock	1423 Main Street	Sneedville	TN	37869
350152	116	Pleasant View Health Care Center	Hardeman	214 North Water Street	Bolivar	TN	38008
350252	117	Pine Meadows Healthcare and Rehabilitation Center	Hardeman	700 Nuckolls Road	Bolivar	TN	38008
360152	118	Harbert Hills Academy Nursing Home	Hardin	3575 Lonesome Pine Road	Savannah	TN	38372
360252	119	Hardin County Nursing Home	Hardin	935 Wayne Road	Savannah	TN	38372
360352	120	Hardin Home Nursing Home	Hardin	1620 Wayne Road	Savannah	TN	38372
360452	121	Park Rest Hardin County Health Center	Hardin	85 Shelby Drive	Savannah	TN	38372
360552	358	Savannah Health Care and Rehabilitation Center	Hardin	1645 Florence Road	Savannah	TN	38372
370212	124	Signature Healthcare of Rogersville	Hawkins	109 Highway 70 North	Rogersville	TN	37857
370312	125	Church Hill Health Care and Rehab Center	Hawkins	701 West Main Street	Church Hill	TN	37642
370512	123	Asbury Place at Kingsport	Hawkins	100 Netherland Lane	Kingsport	TN	37660
380152	122	Crestview Health Care and Rehabilitation	Haywood	704 Dupree Street	Brownsville	TN	38012
390152	127	Briarwood Community Living Center	Henderson	41 Hospital Drive	Lexington	TN	38351
390252	126	Lexington Health Care and Rehabilitation	Henderson	727 East Church Street	Lexington	TN	38351
400152	129	Paris Health Care Nursing and Rehabilitation Center	Henry	800 Volunteer Drive	Paris	TN	38242
400252	128	Henry County Healthcare Center	Henry	239 Hospital Circle	Paris	TN	38242
400352	130	Benchmark Healthcare of Puryear, Inc.	Henry	220 College Street	Puryear	TN	38251
410142	132	Hickman Community Nursing Home	Hickman	135 East Swan Street	Centerville	TN	37033
410242	131	Life Care Center of Centerville	Hickman	112 Old Dickson Road	Centerville	TN	37033
420242	133	Signature Healthcare of Erin	Houston	278 Rocky Hollow Road	Erin	TN	37061
430142	135	Humphreys County Nursing Home	Humphrey	670 Highway 13 South	Waverly	TN	37185
430242	134	Waverly Health Care and Rehabilitation Center	Humphrey	895 Powers Boulevard	Waverly	TN	37185
440142	136	Mabry Health Care and Rehab Center	Jackson	1340 North Grundy Quarles	Gainesboro	TN	38562
450122	138	Jefferson County Nursing Home	Jefferson	914 Industrial Park Road	Dandridge	TN	37725
450222	137	Jefferson City Health and Rehabilitation Center	Jefferson	283 West Broadway Boulevard	Jefferson City	TN	37760
450422	139	Life Care Center of Jefferson City	Jefferson	336 West Old Andrew Johnson	Jefferson City	TN	37760
460112	140	Mountain City Care and Rehabilitation Center	Johnson	919 Medical Park Drive	Mountain City	TN	37683
470622	146	NHC HealthCare, Knoxville	Knox	809 East Emerald Avenue	Knoxville	TN	37917
470722	148	Kindred Nursing and Rehabilitation - Northhaven	Knox	3300 North Broadway	Knoxville	TN	37917
470822	150	Shannondale Health Care Center	Knox	7424 Middlebrook Pike	Knoxville	TN	37909
471022	149	Serene Manor Medical Center	Knox	970 Wray Street	Knoxville	TN	37917
471122	141	Westmoreland Health and Rehabilitation Center	Knox	5837 Lyons View Pike	Knoxville	TN	37919
471222	144	Island Home Park Health and Rehab	Knox	1758 Hillwood Drive	Knoxville	TN	37920
471322	319	NHC HealthCare, Fort Sanders	Knox	2120 Highland Avenue	Knoxville	TN	37916
471422	145	West Hills Health and Rehab	Knox	6801 Middlebrook Pike	Knoxville	TN	37909
471522	143	Beverly Park Place Health and Rehab	Knox	5321 Beverly Park Circle	Knoxville	TN	37918
471622	147	Little Creek Sanitarium	Knox	1811 Little Creek Lane	Knoxville	TN	37922
471722	142	Summit View of Farragut	Knox	12823 Kingston Pike	Knoxville	TN	37922
471822	325	Fort Sanders Transitional Care Unit	Knox	1901 Clinch Avenue	Knoxville	TN	37916
472022	333	Holston Health and Rehabilitation Center	Knox	3916 Boyds Bridge Pike	Knoxville	TN	37914

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
472222	342	Tennova Healthcare-Physicians Regional Medical	Knox	900 East Oak Hill Avenue	Knoxville	TN	37917
472422	363	NHC HealthCare, Farragut	Knox	120 Cavett Hill Lane	Knoxville	TN	37922
472522	385	Tennessee State Veterans' Home	Knox	One Veterans Way	Knoxville	TN	37931
472622	404	WellPark at Shannondale	Knox	7512 Middlebrook Pike	Knoxville	TN	37909
480152	151	Reelfoot Manor Health and Rehabilitation	Lake	1034 Reelfoot Avenue	Tiptonville	TN	38079
480452	152	The Bridge at Ridgely	Lake	117 North Main Street	Ridgely	TN	38080
490162	154	Lauderdale Community Living Center	Lauderdale	215 Lackey Lane	Ripley	TN	38063
490262	153	Ripley Healthcare and Rehabilitation Center	Lauderdale	118 Halliburton Drive	Ripley	TN	38063
500142	157	NHC HealthCare, Scott	Lawrence	P.O. Box 767, 2380 Buffalo Road	Lawrenceburg	TN	38464
500242	155	Countryside Healthcare and Rehabilitation	Lawrence	3051 Buffalo Road	Lawrenceburg	TN	38464
500342	156	NHC Healthcare, Lawrenceburg	Lawrence	374 Brink Street	Lawrenceburg	TN	38464
510142	158	Lewis County Nursing and Rehabilitation Center	Lewis	119 Kittrell Street	Hohenwald	TN	38462
520242	159	Lincoln and Donalson Care Centers	Lincoln	P.O. Box 838	Fayetteville	TN	37334
520342	305	Fayetteville Center	Lincoln	4081 Thornton Taylor Parkway	Fayetteville	TN	37334
530122	160	Baptist Health Care Center	Loudon	700 Williams Ferry Road	Lenior City	TN	37771
530222	161	Kindred Nursing and Rehabilitation - Loudon	Loudon	1520 Grove Street	Loudon	TN	37774
540132	162	NHC HealthCare, Athens	McMinn	1204 Frye Street	Athens	TN	37303
540232	165	McMinn Memorial Nursing Home and Rehab Center	McMinn	886 Highway 411 North	Etowah	TN	37331
540332	163	Etowah Health Care Center	McMinn	409 Grady Road	Etowah	TN	37331
540432	164	Life Care Center of Athens	McMinn	1234 Frye Street	Athens	TN	37303
550152	166	McNairy County Health Care Center	McNairy	835 East Poplar Avenue	Selmer	TN	38375
550352	167	Adamsville Healthcare and Rehabilitation Center	McNairy	409 Park Avenue	Adamsville	TN	38310
560142	168	Knollwood Manor	Macon	405 Times Avenue	Lafayette	TN	37083
560242	169	The Palace Health Care and Rehabilitation Center	Macon	309 Main Street	Red Boiling	TN	37150
570252	173	Laurelwood Health Care	Madison	200 Birch Street	Jackson	TN	38301
570452	175	Mission Convalescent Home	Madison	118 Glass Street	Jackson	TN	38301
570552	170	Forest Cove Nursing and Rehab Center	Madison	45 Forest Cove	Jackson	TN	38301
570652	174	Maplewood Health Care	Madison	100 Cherrywood Place	Jackson	TN	38305
571352	171	West Tennessee Transitional Care	Madison	670 Skyline Drive	Jackson	TN	38301
571452	366	Northbrooke Healthcare and Rehabilitation Center	Madison	121 Physicians Drive	Jackson	TN	38305
580132	176	The Bridge at South Pittsburg	Marion	201 East Tenth Street	South Pittsburg	TN	37380
590142	177	NHC HealthCare, Lewisburg	Marshall	1653 Mooresville Highway	Lewisburg	TN	37091
590242	178	NHC HealthCare, Oakwood	Marshall	244 Oakwood Drive	Lewisburg	TN	37091
600142	179	Life Care Center of Columbia	Maury	841 West James Campbell	Columbia	TN	38401
600242	183	NHC HealthCare, Hillview	Maury	2710 Trotwood Avenue	Columbia	TN	38401
600342	180	NHC HealthCare, Columbia	Maury	101 Walnut Lane	Columbia	TN	38401
600442	182	Signature Healthcare of Columbia	Maury	1410 Trotwood Avenue	Columbia	TN	38401
600542	181	Mt. Pleasant Health and Rehabilitation	Maury	904 Hidden Acres Drive	Mount Pleasant	TN	38474
600642	184	Rosewood Manor, Inc.	Maury	1400 Rosewood Drive	Columbia	TN	38401
600742	359	Maury Regional Hospital Skilled Nursing Unit	Maury	1224 Trotwood Avenue	Columbia	TN	38401

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
610132	185	Brookewood Nursing Center	Meigs	332 River Road	Decatur	TN	37322
620122	187	Sweetwater Nursing Center	Monroe	978 Highway 11 South	Sweetwater	TN	37874
620222	188	Wood Presbyterian Home	Monroe	520 Old Highway 68	Sweetwater	TN	37874
620322	186	East Tennessee Health Care Center	Monroe	465 Isbill Road	Madisonville	TN	37354
630142	189	Clarksville Nursing and Rehabilitation Center	Montgome	900 Professional Park Drive	Clarksville	TN	37043
630242	190	Grace Healthcare of Clarksville	Montgome	111 Ussery Road	Clarksville	TN	37043
630342	191	Signature Healthcare of Clarksville	Montgome	198 Old Farmer Road	Clarksville	TN	37043
630442	192	Palmyra Health Care Center	Montgome	2727 Palmyra Road	Palmyra	TN	37142
630542	193	Spring Meadows Health Care Center	Montgome	220 Highway 76	Clarksville	TN	37043
640142	194	Lynchburg Nursing Center	Moore	40 Nursing Home Road	Lynchburg	TN	37352
650122	195	Life Care Center of Morgan County	Morgan	419 South Kingston Street	Wartburg	TN	37887
660252	196	Obion County Nursing Home	Obion	1084 East County Home Road	Union City	TN	38261
660352	197	Golden LivingCenter - Union City	Obion	1105 Sunswept Drive	Union City	TN	38261
660452	198	Union City Nursing and Rehabilitation Center, Inc.	Obion	P.O. Box 509, 1630 East	Union City	TN	38261
670142	200	Overton County Nursing Home	Overton	318 Bilbrey Street	Livingston	TN	38570
680142	201	Perry County Nursing Home	Perry	127 East Brooklyn Avenue	Linden	TN	37096
690142	202	Pickett Care and Rehabilitation Center	Pickett	129 Hillcrest Drive	Byrdstown	TN	38549
700232	203	Life Care Center of Copper Basin	Polk	166 Cooper Basin Industrial Park	Ducktown	TN	37326
710242	206	Kindred Transitional Care and Rehabilitation-Masters	Putnam	278 Dry Valley Road	Algood	TN	38501
710342	204	NHC HealthCare, Cookeville	Putnam	815 South Walnut Avenue	Cookeville	TN	38501
710442	207	Standing Stone Care and Rehabilitation Center	Putnam	410 West Crawford Avenue	Monterey	TN	38574
710542	379	Bethesda Health Care Center	Putnam	444 One Eleven Place	Cookeville	TN	38506
720232	208	Laurelbrook Nursing Home	Rhea	200 Sanitarium Circle	Dayton	TN	37321
720332	209	Life Care Center of Rhea County	Rhea	10055 Rhea County Highway	Dayton	TN	37321
720532	210	Spring City Care and Rehabilitation Center	Rhea	331 Hinch Street	Spring City	TN	37381
730122	211	Harriman Care and Rehabilitation Center	Roane	240 Hannah Road	Harriman	TN	37748
730222	213	The Bridge at Rockwood	Roane	5580 Roane State Highway	Rockwood	TN	37854
730322	212	Renaissance Terrace	Roane	257 Patton Lane	Harriman	TN	37748
740142	214	Christian Care Center of Springfield, LLC	Robertson	704 Fifth Avenue East	Springfield	TN	37172
740242	227	NHC HealthCare, Springfield	Robertson	608 Eighth Avenue East	Springfield	TN	37172
740342	215	Ridgetop Haven Health Care Center	Robertson	P.O. Box 590, 2002 Greer Road	Ridgetop	TN	37152
740442	216	Golden LivingCenter - Springfield	Robertson	104 Watson Road	Springfield	TN	37172
740452	395	White House Health Care, Inc.	Robertson	2871 Highway 31 W	White House	TN	37188
750142	217	Boulevard Terrace Rehabilitation and Nursing Center	Rutherford	1530 Middle Tennessee	Murfreesboro	TN	37130
750442	219	Community Care of Rutherford County, Inc.	Rutherford	901 East County Farm Road	Murfreesboro	TN	37130
750642	220	NHC HealthCare, Murfreesboro	Rutherford	420 North University Street	Murfreesboro	TN	37130
750742	221	Christian Care Center of Rutherford County	Rutherford	202 Enon Springs Road, East	Smyrna	TN	37167
751042	218	Mayfield Rehabilitation and Special Care Center	Rutherford	200 Mayfield Drive	Smyrna	TN	37167
751242	222	Tennessee Veterans Home	Rutherford	345 Compton Road	Murfreesboro	TN	37129
751342	348	Northside Health Care Nursing and Rehabilitation	Rutherford	202 East MTCS Road	Murfreesboro	TN	37130

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
751442	356	Adams Place	Rutherford	1927 Memorial Boulevard	Murfreesboro	TN	37129
760122	224	Oneida Nursing/Rehab Center	Scott	18805 Alberta Drive	Oneida	TN	37841
760222	223	Huntsville Manor	Scott	287 Baker Street	Huntsville	TN	37756
770132	225	NHC HealthCare, Sequatchie	Sequatchie	360 Dell Trail	Dunlap	TN	37327
780122	226	Fort Sanders Sevier Nursing Home	Sevier	731 Middle Creek Road	Sevierville	TN	37862
780222	229	Sevier County Health Care Center	Sevier	415 Catlett Road	Sevierville	TN	37862
780322	228	Pigeon Forge Care and Rehabilitation Center	Sevier	415 Cole Drive	Pigeon Forge	TN	37863
790162	232	Ave Maria Home	Shelby	2805 Charles Bryan Road	Bartlett	TN	38134
790262	234	Bright Glade Health and Rehabilitation Center	Shelby	5070 Sanderlin Avenue	Memphis	TN	38117
790462	236	Dove Health and Rehab of Collierville	Shelby	490 West Poplar	Collierville	TN	38017
790562	237	Rainbow Health and Rehab of Memphis	Shelby	8119 Memphis Arlington Road	Barlett	TN	38133
790762	244	The King's Daughters and Sons Home	Shelby	3568 Appling Road	Bartlett	TN	38133
790962	250	Quality Care Center of Memphis	Shelby	1755 Eldridge Avenue	Memphis	TN	38108
791462	248	Midsouth Health and Rehabilitation Center	Shelby	2380 James Road	Memphis	TN	38127
791562	256	Signature Healthcare of Memphis	Shelby	1150 Dovecrest Road	Memphis	TN	38134
791762	235	Harbor View Nursing and Rehabilitation Center	Shelby	1513 North Second Street	Memphis	TN	38107
792162	252	Ashton Place Health and Rehab Center	Shelby	3030 Walnut Grove Road	Memphis	TN	38111
792262	258	Whitehaven Community Living Center	Shelby	1076 Chambliss Road	Memphis	TN	38116
792662	257	The Highlands of Memphis Health and Rehab	Shelby	3549 Norriswood Avenue	Memphis	TN	38111
792862	241	Spring Gate Rehabilitation and Healthcare Center	Shelby	3909 Covington Pike	Memphis	TN	38135
793062	230	Allen Morgan Health and Rehabilitation Center	Shelby	177 North Highland Street	Memphis	TN	38111
793162	238	Grace Healthcare of Cordova	Shelby	955 Germantown Parkway	Cordova	TN	38018
793262	245	Quince Nursing and Rehabilitation Center	Shelby	6733 Quince Road	Memphis	TN	38119
793362	239	Signature Health Care of Primacy	Shelby	6025 Primacy Parkway	Memphis	TN	38119
793462	255	Signature Healthcare at Saint Peter Villa	Shelby	141 North McClean Boulevard	Memphis	TN	38104
793662	231	Allenbrooke Nursing and Rehabilitation Center	Shelby	3933 Allenbrooke Cove	Memphis	TN	38118
793762	254	Signature Healthcare at Saint Francis	Shelby	6007 Park Avenue	Memphis	TN	38119
793962	243	Kirby Pines Manor	Shelby	3535 Kirby Road	Memphis	TN	38115
794062	247	Signature Healthcare at Methodist	Shelby	1265 Union Avenue	Memphis	TN	38104
794162	240	Poplar Point Health and Rehabilitation	Shelby	131 North Tucker Street	Memphis	TN	38104
794262	246	Memphis Jewish Home	Shelby	36 Bazeberry Road	Cordova	TN	38018
794362	316	Millington Healthcare Center	Shelby	5081 Easley Avenue	Millington	TN	38053
794462	326	Graceland Nursing Center	Shelby	1250 Farrow Road	Memphis	TN	38116
794662	349	Parkway Health and Rehabilitation Center	Shelby	200 South Parkway West	Memphis	TN	38109
794862	352	Baptist Memorial Hospital-Memphis Skilled Nursing	Shelby	6019 Walnut Grove Road	Memphis	TN	38120
794962	375	Applingwood Health Care Center	Shelby	1536 Appling Care Lane	Cordova	TN	38016
795062	384	The Village at Germantown	Shelby	7930 Walking Horse Circle	Germantown	TN	38138
795162	391	Baptist Skilled Rehabilitation Unit - Germantown	Shelby	2100 Exeter Road	Germantown	TN	38138
795262	405	Regional One Health Subacute Care	Shelby	877 Jefferson Avenue Adams	Memphis	TN	38103
800142	259	Kindred Nursing and Rehabilitation - Smith County	Smith	112 Healthcare Drive	Carthage	TN	37030

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
810142	306	Diverse Care of Dover - Manor House of Dover	Stewart	537 Spring Street	Dover	TN	37058
820112	260	Bristol Nursing Home	Sullivan	261 North Street	Bristol	TN	37620
820212	264	Holston Manor	Sullivan	3641 Memorial Boulevard	Kingsport	TN	37664
820412	263	Greystone Health Care Center	Sullivan	181 Dunlap Road	Blountville	TN	37617
820512	261	Brookhaven Manor	Sullivan	2035 Stonebrook Place	Kingsport	TN	37660
820612	262	The Cambridge House	Sullivan	250 Bellebrook Road	Bristol	TN	37620
820712	265	The Wexford House	Sullivan	2421 John B. Dennis Parkway	Kingsport	TN	37660
821012	336	Indian Path Medical Center Transitional Care Unit	Sullivan	2000 Brookside Drive	Kingsport	TN	37660
821112	401	NHC Health Care Kingsport	Sullivan	2300 Pavillion Drive	Kingsport	TN	37660
830242	267	Gallatin Health Care Center	Sumner	438 North Water Avenue	Gallatin	TN	37066
830442	266	Golden LivingCenter - Brandywood	Sumner	555 East Bledsoe Street	Gallatin	TN	37066
830642	270	The Bridge at Highland	Sumner	215 Highland Circle Drive	Portland	TN	37148
830742	271	NHC HealthCare, Hendersonville	Sumner	370 Old Shackle Island Road	Hendersonville	TN	37075
830752	400	NHC Place Sumner	Sumner	140 Thorne Boulevard	Gallatin	TN	37066
831242	332	Westmoreland Care and Rehabilitation Center	Sumner	1559 New Highway 52	Westmoreland	TN	37186
840162	272	Covington Health Care and Rehabilitation	Tipton	1992 Highway 51 South	Covington	TN	38019
840362	324	Covington Care Nursing and Rehabilitation Center	Tipton	765 Bert Johnston Avenue	Covington	TN	38019
850142	273	Hartsville Convalescent Center	Trousdale	649 McMurry Boulevard	Hartsville	TN	37074
860112	275	Unicoi County Nursing Home	Unicoi	100 Greenway Circle	Erwin	TN	37650
860212	274	Erwin Health Care Center	Unicoi	100 Stalling Lane	Erwin	TN	37650
860312	378	Center on Aging and Health	Unicoi	880 South Mohawk Drive	Erwin	TN	37650
870122	276	Willow Ridge Center	Union	215 Richardson Way	Maynardville	TN	37807
880542	354	Generations Center of Spencer	Van Buren	87 Generations Drive	Spencer	TN	38585
890242	287	NHC HealthCare, McMinnville	Warren	P.O. Box 528, 928 Old Smithville	McMinnville	TN	37110
890342	286	Raintree Manor	Warren	415 Pace Street	McMinnville	TN	37110
900112	291	NHC HealthCare, Johnson City	Washingto	3209 Bristol Highway	Johnson City	TN	37601
900212	289	Appalachian Christian Village	Washingto	2012 Sherwood Drive	Johnson City	TN	37601
900312	293	John M. Reed Health and Rehab	Washingto	124 John Reed Home Road	Limestone	TN	37681
900512	290	Asbury Place at Johnson City	Washingto	105 West Myrtle Avenue	Johnson City	TN	37604
900712	288	Life Care Center of Gray	Washingto	791 Old Gray Station Road	Gray	TN	37615
901012	292	Four Oaks Health Care Center	Washingto	1101 Persimmon Ridge Road	Jonesborough	TN	37659
901112	329	Franklin Transitional Care	Washingto	2511 Wesley Street	Johnson City	TN	37601
901212	337	Princeton Transitional Care	Washingto	2511 Wesley Street	Johnson City	TN	37601
901312	340	Lakebridge Health Care Center	Washingto	115 Woodlawn Drive	Johnson City	TN	37604
901412	388	Christian Care Center of Johnson City	Washingto	140 Technology Lane	Johnson City	TN	37604
910142	278	Wayne County Nursing Home	Wayne	P.O. Box 510, 104 J.V. Mangubat	Waynesboro	TN	38485
910242	277	Wayne Care Nursing Home	Wayne	P.O. Box 777, 505 South High	Waynesboro	TN	38485
920152	280	Hillview Community Living Center	Weakley	897 Evergreen Street	Dresden	TN	38225
920252	282	Weakley County Nursing Home	Weakley	700 W. C. Nursing Home Road	Dresden	TN	38225
920352	283	Vanayer Healthcare and Rehab Center	Weakley	640 Hannings Lane	Martin	TN	38237

2015 Joint Annual Report of Nursing Homes

State ID	License Number	2015 Name	County	Address	City	State	Zip
920552	281	Diversicare of Martin Health Care Facility	Weakley	158 Mt. Pelia Road	Martin	TN	38237
930242	284	NHC HealthCare, Sparta	White	34 Gracey Street	Sparta	TN	38583
930342	381	Life Care Center of Sparta	White	508 Mose Drive	Sparta	TN	38583
940242	298	Grace Healthcare of Franklin	Williamson	1287 West Main Street	Franklin	TN	37064
940542	295	NHC HealthCare, Franklin	Williamson	216 Fairground Street	Franklin	TN	37064
940642	294	Claiborne and Hughes Health Center	Williamson	200 Strahl Street	Franklin	TN	37064
940742	380	NHC Place at Cool Springs	Williamson	211 Cool Springs Boulevard	Franklin	TN	37067
940842	386	Somerfield at the Heritage	Williamson	900 Heritage Way	Brentwood	TN	37027
950242	300	The Pavilion	Wilson	1406 Medical Center Drive	Lebanon	TN	37087
950342	302	Quality Care Health Center	Wilson	932 Baddour Parkway	Lebanon	TN	37087
950742	301	Lebanon Health and Rehabilitation Center	Wilson	731 Castle Heights Court	Lebanon	TN	37087
950842	322	Mount Juliet Health Care Center	Wilson	2650 North Mt. Juliet Road	Mount Juliet	TN	37122

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015	
Nursing Homes - Schedule A - Identification					
<p>According to the Department of Health rules and regulations section 1200-8-6-.11(4), "a yearly statistical report, the 'Joint Annual Report of Nursing Homes', shall be submitted to the Department." Report data for the year indicated above. Please read all information carefully before completing your Joint Annual Report. Please complete all applicable items on the Joint Annual Report. Check all computations. Please check all checkboxes. Any items which appear to be inconsistent will be queried. Facilities will be reported to the Board for Licensing Health Care Facilities for failure to timely file a report or respond to queries.</p>					
Facility	State ID	000000			
	Nursing Home Name	-			
	Did the facility name change during the reporting period?	Yes/No	-		
	If Yes, Prior Name				
	Street Address	-			
	City	-	County	-	
	State		Zip Code (5 digit)	-	
	Phone				
	Mailing Address same as Street Address? If Yes, proceed to next section.	Yes/N	-		
	Mailing Address				
	City				
	State		Zip Code (5 digit)		
Preparer	Preparer Name		Preparer Phone		
	Preparer Title				
	Preparer Email				
Reporting Period	<p>In the event that a reporting period other than January 1 through December 31 is used for statistical information, please report data for the last day of your reporting period when information is requested for December 31. If you are reporting for less than a full year, utilization and financial data should be presented for days reported only. The reporting period for the nursing home JAR report does not need to match the reporting period for an affiliated hospital.</p>				
	Is the reporting period from January 1 through December 31, 2015?			Yes/N	-
	If unable to report based on above dates, provide the beginning and ending dates (used for all utilization and financial data)		Beginning (mm/dd/yyyy)		
		Ending (mm/dd/yyyy)			
Administration	<p>TCA 63-16-111 (b) No nursing home in the state may operate unless it is under the supervision of an administrator who holds a currently valid nursing home administrator license and registration, or provisional license issued pursuant to this chapter.</p>				
	Name of Administrator				
	Administrator License				

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes - Schedule B - Organization Structure				
Owner	Name			
	Street			
	City		Phone	
	State		Zip Code	
The type of legal entity, except proprietorship, general partnerships and government entities, can be confirmed at the Secretary of State website: https://tnbear.tn.gov/Ecommerce/FilingSearch.aspx				
Type of Owner (Choose one)	For Profit	^	Proprietorship – a business owned by one person.	
		^	Partnership – an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1.	
		^	Limited Partnership (LP) – a partnership formed by two or more persons under the law of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2.	
		^	Limited Liability Partnership (LLP) – is governed by TCA § 61-1-106(C). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.	
		^	Limited Liability Company (LLC) – established by the “The Tennessee Limited Liability Company Act” found in the TCA § 48-201-101 through § 48-248-606.	
		^	Corporation – defined by the Tennessee Business Corporation Act codified in TCA Title 48 Chapters 11-27.	
	Not for Profit	^	Non-Religious Corporation or Association – defined by the “Tennessee Nonprofit Corporation Act” codified in TCA Title 48 Chapters 51-68.	
		^	Religious Corporation or Association – either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67.	
		^	Limited Liability Company (LLC) – a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).	
	Government	^	City	
		^	County	
		^	State	
		^	Federal	
		^	Other Government, specify	

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-		2015	
Nursing Homes - Schedule B - Organization Structure						
Managed By			Management Information			
			Name			
	^	Owner	Street			
	^	Contract with Firm	City	Phone		
^	Other	State	Zip Code			
Building Owner	Name					
	Street					
	City		Phone			
	State		Zip Code			
Building	Yes/No	-	Do you know the year of the original construction date?	Year		
	Yes/No	-	Has the building had a major renovation? A major renovation is any project that includes the addition of beds, services, or medical equipment.	Year		
	Yes/No	-	Has there been new construction that increased licensed bed count?	Year Cost		
Organization Structure	Yes/No	-	Hospital Based, specify:			
	Yes/No	-	Chain	Name		
				Street		
				City		
				State	Zip Code	
	Yes/No	-	Holding Company/ Parent Corporation	Name		
				Street		
City						
State				Zip Code		

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-		2015
Nursing Homes - Schedule C - Licensure, Accreditations, and Memberships					
Licensure	License Number for reporting year				
	Most recent survey date				
Accreditation	Yes/No	-	Joint Commission on Accreditation of Healthcare Organizations	Approval Year	
				Expiration Year	
	Yes/No	-	Other Accreditation, specify:		
Membership	Yes/No	-	National Hospice Organization		
	Yes/No	-	Tennessee Association for Home Care		
	Yes/No	-	LeadingAge Tennessee (formerly TNAHSA)		
	Yes/No	-	Tennessee Health Care Association		
	Yes/No	-	Tennessee Hospice Organization		
	Yes/No	-	American Health Care Association		
	Yes/No	-	THA Home Care Alliance		
	Yes/No	-	Other memberships, specify		

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes -Schedule D - Facilities and Services - Part 1				
Certificate of Need Projects	Yes/No	-	Do you have an approved, but not completed, Certificate of Need?	
	Date of Approval		Name of Service or Activity	Number of Beds (if applicable)
Services	Indicate 'Yes' or 'No' for the services that the facility provides or makes available. The services to be provided to these persons may include case management, personal care services, respite care services, adult day health services, homemaker/home health aide, habilitation, and other services requested by the State and approved by CMS (previously HCFA).			
	Continuing Care Retirement Community			
	Yes/No	-	Type of Continuing Care	Number of Units
			Independent Apartment Living	
			Assisted Care Living	
			Home for the Aged	
	Yes/No	-	Home Health Care Services: Usually furnished on a visiting basis in a place of residence used as the individual's home. However, outpatient services in a hospital, SNF, or rehabilitation center are covered home health services, if arranged for by a home health agency, when equipment is required that cannot be made available in the patient's home.	
			Number of former nursing home residents discharged from this facility that received home health care services from this facility.	
			Number of individuals who were not former nursing home residents from this facility who received home health care services from this facility.	
	Yes/No	-	Home Health Care Services Referrals: Residents referred to a home health care agency at the time of discharge.	
		Number of former nursing home residents discharged from this facility that were referred to a home health care agency.		
Yes/No	-	Adult Day Care: Minimal medical and social supervision for the older person who has help at home during the evening, but whose family or spouse is employed during the day. Services can include general assistance with the needs of daily living, socialization and lunches. In some instances, restorative and therapeutic programs may be included.		
Yes/No	-	Outpatient/Rehabilitation Services: Services that may be obtained at the facility without the need for an overnight stay. Examples of outpatient services include physician's' services, physical, occupational, and respiratory therapies as well as speech and pathology services; testing, fitting or training in the use of prosthetic and orthotic devices; social and psychological services; nursing care; drugs and biologicals that cannot be self-administered; and other items and services that are medically necessary for the rehabilitation of the patient. Nursing homes may provide one, some or all of these services.		

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015	
Nursing Homes -Schedule D - Facilities and Services - Part 1					
Services (continued)	Yes/No	-	Respite Care Services: The resident's care program involves a short-term stay in the facility for the purpose of providing relief to a nursing facility-eligible resident's primary home based caregiver(s). Following this planned short stay, it is anticipated that the resident will return to his or her home in the community.		
	Yes/No	-	Case Management Services: Services that assist individuals in obtaining home and community based services. Case managers develop an individual's plan of care and monitor the provision of services to that individual.		
	Yes/No	-	Homemaker Services: Assistance with general household activities and ongoing monitoring of the well being of the individual.		
	Yes/No	-	Personal Care Services: Direct supervision and assistance in daily living skills and activities (e.g., assisting the individual in bathing and grooming).		
	Yes/No	-	Home Delivered Meals		
	Yes/No	-	Transportation Services		
	Yes/No	-	Licensed / Approved Specialized Unit for Alzheimer's Patients: Structurally distinct parts of a nursing home designated as special care units for ambulatory residents with dementia or Alzheimer's Disease and related disorders.	Number of Beds	
	Yes/No	-	Specialized Programs for Alzheimer's Patients		
	Yes/No	-	Secured Unit: A facility or distinct part of a facility where residents are intentionally denied egress by any means.	Number of Beds	
	Yes/No	-	Behavioral Health Unit: Structurally distinct parts of a nursing home designated as special care units for patients with dementia, cognitive disorders, psychiatric disorders, post-traumatic stress disorders, mania, schizophrenia, major depression, and mood disorders.	Number of Beds	
	Yes/No	-	Hospice Care: a program where the resident is identified as being in a program for terminally ill persons where services are necessary for the palliation and management of terminal illness and related conditions whether provided by the nursing home or by contracted services.		
	Yes/No	-	Are hospice services provided by a separately licensed hospice agency that also reports service utilization via a separated Joint Annual Report?		
			Specify Facility: <input type="text"/>		
	Yes/No	-	Training in Skills Required to Return to the Community: The resident is regularly involved in individual or group activities with a licensed skilled professional to attain goals necessary for community living (e.g., medication management, housework, shopping, using transportation, activities of daily living). May include training family or other caregivers.		

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes -Schedule D - Facilities and Services - Part 2				
Skilled Care Procedures	Special Treatments	Yes/No	-	Chemotherapy: includes any type of anticancer drug given by any route.
		Yes/No	-	Dialysis: includes peritoneal or renal dialysis that occurs at the nursing facility or at another facility.
		Yes/No	-	IV Medication: includes any drug or biological given by intravenous push or drip through a central or peripheral port.
		Yes/No	-	Intake / Output: the measurement and evaluation of all fluids the resident received and/or excreted for at least three consecutive shifts.
		Yes/No	-	Ostomy Care: care that requires nursing assistance. Includes both ostomies used for intake and excretion.
		Yes/No	-	Oxygen Therapy: continuous or intermittent oxygen via mask, cannula, etc. (does not include hyperbaric oxygen for wound therapy).
		Yes/No	-	Radiation: includes radiation therapy or having a radiation implant.
		Yes/No	-	Suctioning: includes nasopharyngeal or tracheal aspiration only.
		Yes/No	-	Tracheotomy Care: includes cleansing of tracheotomy and cannula.
		Yes/No	-	Transfusions: includes transfusions of blood or any blood products (e.g., platelets), which are administered directly into the bloodstream. Do not include transfusions that were administered during dialysis or chemotherapy.
		Yes/No	-	Ventilator / Respirator: a ventilator or respirator assures adequate ventilation in residents who are, or who may become, unable to support their own respiration.

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
-----------	--------	----------------	---	------

Nursing Homes -Schedule D - Facilities and Services - Part 2

Skilled Care Procedures (continued)	Indicate therapies that occurred after admission/readmission to the nursing facility, were ordered by a physician, and were performed by a qualified therapist (i.e., one who meets state credentialing requirement or in some instances, under such a person's direct supervision). Includes only medically necessary therapies furnished after admission to the nursing facility. Also includes only therapies ordered by a physician, based on a therapist's assessment and treatment plan that is documented in the resident's clinical record. The therapy treatment may occur either inside or outside the facility. For groups of four or fewer residents per supervising therapist (or assistant), each resident has received the full time in the therapy session.			
	Therapies	Yes/No	-	Occupational therapy: services are provided or directly supervised by a licensed occupational therapist. A qualified occupational therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Include services provided by a qualified occupational therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed occupational therapist.
		Yes/No	-	Physical therapy: services are provided or directly supervised by a licensed physical therapist. A qualified physical therapy assistant may provide therapy but not supervise others (aides or volunteers) giving therapy. Include services provided by a qualified physical therapy assistant who is employed by (or under contract to) the nursing facility only if he or she is under the direction of a licensed physical therapist.
		Yes/No	-	Respiratory therapy: services are provided by a qualified professional (respiratory therapist, trained nurse). A trained nurse refers to a nurse who received specific training on the administration of respiratory treatments and procedures. Therapies may have been provided at the facility during a previous work experience or as part of an academic program. Nurses do not necessarily learn these procedures as part of their formal nurse training programs. Included treatments are coughing, deep breathing, heated nebulizers, aerosol treatments, assessing breath sounds, and mechanical ventilation, etc., which must be provided by a qualified professional (i.e., trained nurse, respiratory therapist). It does not include hand held medication dispensers. Count only the time that the qualified professional spends with the resident.
		Yes/No	-	Psychological therapy: provided only by any licensed mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or psychiatric social worker. Psychiatric nurses usually have a Masters degree and/or certification from the American Nurses Association. Psychiatric technicians are not considered to be licensed mental health professionals and their services may not be counted in this item. If the state does not license a certain category of professionals working in your facility, you may not count the services of those unlicensed therapists in this item.
Yes/No	-	Speech therapies: language pathology and audiology services that are provided by a licensed speech-language pathologist.		

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes -Schedule D - Facilities and Services - Part 2				
Skilled Care Procedures (continued)	Enterostomy Care	Yes/No	-	Colostomy Irrigation: care for a colostomy, the surgical creation of an opening between the colon and the surface of the body; also used to refer to the opening, or stoma, so created.
		Yes/No	-	Ileostomy: care for an ileostomy, the surgical creation of an opening into the ileum, usually by establishing an ileal stoma on the abdominal wall.
Levels of Resident Care	Activities of Daily Living (ADL)	Number of residents on the last day of the reporting period who received assistance with these activities of daily living. Residents will be duplicated and should be counted in every category that applies.		
		Bathing		Toileting
		Dressing		Eating
		Transferring		
		Number of residents on the last day of the reporting period		
		No ADL's		One ADL's
		Two ADL's		Three ADL's
		Four ADL's		Five or more ADL's
	Medication	Number of residents on the last day of reporting period that received medication(s). Include any of these medications given to the resident by any route in any setting (e.g., at the nursing facility, in a hospital emergency room). A list of commonly prescribed medications by category by brand is in Appendix A.		
		Antianxiety		Antidepressants
		Antipsychotics		Hypnotics
		Diuretic		Nine or More Medications
	Immunization Activity	Number of residents given influenza vaccine by this facility or any other source during the calendar year:		
		Number given by this facility		Number given by any other source
		Number of staff given influenza vaccine during the calendar year:		
		Number given by this facility		Number given by any other source
		Number of new admissions without documentation of ever having pneumococcal vaccine:		
		Number of new admissions given pneumococcal vaccine during the calendar year:		
		Number given by this facility		Number given by any other source
	Mobility	Number of residents as of the last day of the reporting period whose mobility can be described as:		Bedfast
				Chair bound
				Ambulatory

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes - Schedule D - Facilities & Services - Part 3				
HCBS Waiver Program	Elderly and Disabled Home and Community Based Services (HCBS) Statewide Medicaid Waiver Program			
	Yes/No	-	Did the facility participate in the Home and Community Based Services (HCBS) Medicaid Waiver Program during the reporting period?	
	If yes, which services were provided to patients during the reporting period as part of the HCBS waiver:			
	Yes/No	-	Adult Day Care: A place where a patient can go for more than 3 hours but less than 24 hours during the day to spend time with others	
	Yes/No	-	Case Management: A Case Manager to visit a patient at least once a month to be sure the patient gets needed care.	
	Yes/No	-	Homemaker: Someone to help a patient with household chores or errands like laundry, sweeping or grocery shopping	
	Yes/No	-	Personal Care Services: Someone to help a patient with activities of daily living like bathing, toileting or transfers	
	Yes/No	-	Home Delivered Meals: Up to one healthy meal per day delivered to a patient's home	
	Yes/No	-	Personal Emergency Response System (PERS): A call button so a patient can call for help in an emergency when the patient's caregiver is not around	
	Yes/No	-	Inpatient Respite: Short stay in a nursing home or assisted care living facility so a patient's caregiver can get some rest	
	Yes/No	-	In-home Respite: Someone to come and stay with a patient in the patient's home for a short time so the patient's caregiver can get some rest	
	Yes/No	-	Assistive Technology: Certain devices that help a patient with activities of daily living like grabbers or big handled eating utensils	
	Yes/No	-	Personal Care Assistance/Attendant: Someone to help a patient with activities of daily living for longer periods of time or go with a patient to doctor visits or other appointments	
	Yes/No	-	Pest Control: Someone to come to a patient's home a few times a year to spray for bugs or get rid of mice and rats	
	Yes/No	-	Assisted Care Living Facility: A place where a patient can live that will help the patient with personal care needs, homemaker services, and being sure the patient takes needed medicines—Medicaid can not pay for room and board	
Yes/No	-	Minor Home Modifications: Certain devices or changes to a patient home to make it easier and safer for the patient to be in the patient's home like ramps or grab-bars		

PROVISIONAL PROVISIONAL

State ID:		000000		Facility Name:		-		2015			
Nursing Homes -Schedule E - Beds											
Beds	Licensed Beds	Type						Number of Licensed Beds			
		Yes/No	-	Medicare Certified Only							
		Yes/No	-	Medicaid/TennCare Certified Only							
		Yes/No	-	Medicare and Medicaid/TennCare Certified							
		Yes/No	-	Non-Certified (licensed only) Beds							
		Total Licensed Beds						0			
		Yes/No	-	Were there changes in the number of licensed beds between the first and last day of the reporting period? If yes, complete the 'Opened' and/or 'Discontinued' and 'Date' fields below.							
		Licensed Beds Opened and Discontinued		Enter as many rows as needed to explain changes to licensed bed count.							
				Licensed Beds Opened		Licensed Beds Discontinued		Date			
	<p>Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level of care that Medicaid calls Level II. The cost of Level II is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program is called skilled nursing care and does not cover Level I and Level II services, but covers skilled care services delivered to Medicare patients only in certain circumstances and in Medicare Certified Facilities.</p>										
	Yes/No	-	Did you enter the Medicare program during this reporting period?								
	<i>If Yes, Medicare approval date</i>										
Yes/No	-	Did you withdraw from the Medicare program during this reporting period?									
<i>If Yes, Medicare withdrawal date</i>											
Medicare Provider Number											
Medicaid/TennCare Provider Number Level I											
Medicaid/TennCare Provider Number Level II											
Yes/No	-	Did you enter the Medicaid/TennCare program during this reporting period?									
<i>If Yes, Medicaid/TennCare approval date</i>											
Yes/No	-	Did you withdraw from the Medicaid/TennCare program during this reporting period?									
<i>If Yes, Medicaid/TennCare withdrawal date</i>											

PROVISIONAL PROVISIONAL

State ID: 000000		Facility Name: -		2015				
Nursing Homes -Schedule E - Beds								
Beds	Beds Set Up and Staffed	Type			Number of Beds on the last day of the reporting period			
		Yes/No	-	Number of Beds in Private Rooms. A private room contains one bed.				
		Yes/No	-	Number of Beds in Semi-Private Rooms. A semi-private room contains two beds.				
		Yes/No	-	Number of Beds in Wards. A ward is a room that contains three or more beds.				
		Total Beds Set up and Staffed				0		
		Yes/No	-	Were there changes in the number of beds set up and staffed between the first and last day of the reporting period? If yes, Enter as many rows as needed to explain changes.				
		Staffed Beds Opened and Discontinued		Staffed Beds Opened		Staffed Beds Discontinued		Date

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
-----------	--------	----------------	---	------

Nursing Homes -Schedule F - Utilization - Part 1

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. Discharge resident days are the total number of resident days of care rendered to residents who were discharged or died during the reporting period. (e.g. admitted 1/11 and discharged in the same year, on 6/30 = 171 days, the number of days that resident had been at the facility at the time of discharge; another resident admitted one year earlier on 1/11 and discharged on 6/30 the next year would be counted as 536 days). Do not include the day of discharge in the calculation unless the resident was discharged the same day as admitted. To make the calculations of the number of days a resident has stayed, you may wish to use the website, <http://www.timeanddate.com/date/timeduration.html>

Level of Care in the Facility	Yes/No	Level (See definition in Licensed Beds section above.)	Admissions	Discharges (including deaths)	Deaths	Discharge Resident Days (including deaths)	Average Length of Stay
	-	Medicare - Skilled Care					0
	-	Level II Skilled Care (Non-Medicare)					0
	-	Level I Intermediate Care					0
	Total			0	0	0	0

Source of Admissions	Number of admissions from sources	
	Home (private residence): Any house, condominium, or apartment in the community whether owned by the resident or another person. Also included in this category are retirement communities, and independent housing for the elderly.	
	Private Home with Home Health Services: Includes skilled nursing, therapy (e.g., physical, occupational, speech), nutritional, medical, psychiatric and home health aide services delivered in the home. Does not include the following services unless provided in conjunction with the services previously named: homemaker/personal care services, home delivered meals, telephone reassurance, transportation, respite services or adult day care.	
	Home and Community Based Services (HCBS) Waiver Program: statewide Medicaid program, available through application.	
	Home for the Aged	
	Assisted Care Living Facility: A non-institutional community residential setting that includes services of the following types: home health services, homemaker/personal care services, or meal services.	
	Other Nursing Home: An institution (or a distinct part of an institution) that is primarily engaged in providing skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for injured, disabled or sick persons.	

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015	
Nursing Homes -Schedule F - Utilization - Part 1					
Source of Admissions (Continued)	Hospital: Includes acute care hospitals, psychiatric hospitals, MR/DD facilities, and rehabilitation hospitals. An acute care hospital is an institution that is engaged in providing, by or under the supervision of physicians for inpatients, diagnostic services, therapeutic services for medical diagnosis, and the treatment and care of injured, disabled or sick persons. A psychiatric hospital is an institution that is engaged in providing, by or under the supervision of a physician, psychiatric services for the diagnosis and treatment of mentally ill patients. An MR/DD facility is an institution that is engaged in providing, under the supervision of a physician, any health and rehabilitative services for individuals who are mentally retarded or who have developmental disabilities. An Inpatient Rehabilitations Hospital (IRF) is engaged in providing, under the supervision of physicians, rehabilitation services for the rehabilitation of injured, disabled or sick persons.				
	Transfers Within Facility	To Medicaid/TennCare Level I from Medicaid/TennCare Level II			
		To Medicaid/TennCare Level I from Medicare SNF			
		To Medicaid/TennCare Level II from TennCare Level I			
		To Medicaid/TennCare Level II from Medicare SNF			
		To Medicare SNF from Medicaid/TennCare Level I			
		To Medicare SNF from Medicaid/TennCare Level II			
	Other (please specify)				
Source of Admissions Total				0	
Discharge Destination (Do not include deaths)	Home (private residence)				
	Private Home with Home Health Services from Other Source				
	Private Home with Home Health Services from this Facility				
	Home and Community Based Services (HCBS) Waiver Program				
	Home for the Aged				
	Assisted Care Living Facility				
	Other Nursing Home				
	Hospital (bed held for return)				
	Hospital (did not return)				
	Residential Hospice				
	Transfers Within Facility	To Medicaid/TennCare Level I from Medicaid/TennCare Level II			
		To Medicaid/TennCare Level I from Medicare SNF			
		To Medicaid/TennCare Level II from TennCare Level I			
		To Medicaid/TennCare Level II from Medicare SNF			
		To Medicare SNF from Medicaid/TennCare Level I			
To Medicare SNF from Medicaid/TennCare Level II					
Other (please specify)					
Discharge Destination Total (not including deaths)				0	

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
-----------	--------	----------------	---	------

Nursing Homes - Schedule F - Utilization - Part 2

Do not enter zero. Blank fields will represent zero residents.

Resident Days of Care	A resident day of care, also commonly referred to as an inpatient day, patient day, census day, or an occupied bed day, is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the resident was admitted the same day. Report resident days of care for the reporting period and according to the primary payment source. Include Medicare/TennCare dually entitled residents in Medicare SNF. (Rule 1240-3-1-.02) July, 1997 (Revised) 2 (f) Level I care is health care in a nursing facility, which is more than room and board, but is less than skilled nursing care (Level I care was formerly called I.C.F. - Intermediate Care Facility). (m) Level II care is health care in a nursing facility which is a higher level of care than Level I, but less than inpatient hospitalization. (Level II care was formerly called Skilled Nursing Care.)			
	Payer Source	Level I Care/ Intermediate Care	Level II Care/ Skilled Nursing Care	Total
	Medicare Advantage			0
	All Other Medicare			0
	TennCare MCO			0
	All Other Medicaid/ TennCare			0
	VA Contract			0
	Other Government			0
	Access TN			0
	Private (Self Pay)			0
	Long-Term Care Insurance			0
	Other non-government			0
	Total	0	0	0

Age, Race and Gender on the last day of the reporting period	Number of residents served during the entire reporting period by age, race, and gender								
	Age	White		Black		Other		Total	
		Male	Female	Male	Female	Male	Female	Male	Female
	Under 21							0	0
	21-59							0	0
	60-64							0	0
	65-69							0	0
	70-74							0	0
	75-79							0	0
	80-84							0	0
	85-89							0	0
	90-94							0	0
	95-99							0	0
	100 & Over							0	0
Total	0	0	0	0	0	0	0	0	
Total Male and Female								0	

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes - Schedule F - Utilization - Part 2				
Do not enter zero. Blank fields will represent zero residents.				
Number of residents during the entire reporting period with a diagnosis of mental illness				
Number of residents during the entire reporting period with a diagnosis of mental retardation				
Length of Stay	Enter the number of residents whose length of stay correspond to the following categories and were not discharged as of the last day of reporting period.			Number of Residents
	Less Than 100 Days			
	100 Days to 180 Days			
	181 Days to 364 Days			
	1 Year to Less Than 2 Years			
	2 Years to Less Than 3 Years			
	3 Years to Less Than 4 Years			
	4 or More Years			
	Total			0

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
-----------	--------	----------------	---	------

Nursing Homes - Schedule F - Utilization - Part 2

Do not enter zero. Blank fields will represent zero residents.

Please enter the number of residents from each county who received services during the entire reporting period

	County	Number of Residents	County	Number of Residents	County	Number of Residents
	Patient Origin Tennessee Counties	01 Anderson		33 Hamilton		65 Morgan
02 Bedford			34 Hancock		66 Obion	
03 Benton			35 Hardeman		67 Overton	
04 Bledsoe			36 Hardin		68 Perry	
05 Blount			37 Hawkins		69 Pickett	
06 Bradley			38 Haywood		70 Polk	
07 Campbell			39 Henderson		71 Putnam	
08 Cannon			40 Henry		72 Rhea	
09 Carroll			41 Hickman		73 Roane	
10 Carter			42 Houston		74 Robertson	
11 Cheatham			43 Humphreys		75 Rutherford	
12 Chester			44 Jackson		76 Scott	
13 Claiborne			45 Jefferson		77 Sequatchie	
14 Clay			46 Johnson		78 Sevier	
15 Cocke			47 Knox		79 Shelby	
16 Coffee			48 Lake		80 Smith	
17 Crockett			49 Lauderdale		81 Stewart	
18 Cumberland			50 Lawrence		82 Sullivan	
19 Davidson			51 Lewis		83 Sumner	
20 Decatur			52 Lincoln		84 Tipton	
21 DeKalb			53 Loudon		85 Trousdale	
22 Dickson			54 McMinn		86 Unicoi	
23 Dyer			55 McNairy		87 Union	
24 Fayette			56 Macon		88 Van Buren	
25 Fentress			57 Madison		89 Warren	
26 Franklin			58 Marion		90 Washington	
27 Gibson			59 Marshall		91 Wayne	
28 Giles			60 Maury		92 Weakley	
29 Grainger			61 Meigs		93 White	
30 Greene			62 Monroe		94 Williamson	
31 Grundy			63 Montgomery		95 Wilson	
32 Hamblen			64 Moore		96 Unknown	
Total Tennessee Residents						0
Patient Origin Out of State	01 Alabama		18 Kentucky		34 North Carolina	
	04 Arkansas		25 Mississippi		47 Virginia	
	11 Georgia		26 Missouri		55 Other States/ Countries	
	Total Non-Tennessee Residents					
Total Residents						0

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015	
Nursing Homes -Schedule G - Personnel					
Type of Employee by Service	<p>Please 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. For example, do not include Physical Therapists unless you provide Physical Therapy services. If you have additional types of employees that are not listed in the following table, please include them in either the 'Other Health' or 'Other Non-Health' categories as applicable. For example, you may list Non-Certified Nurse Aides in the 'Other Health' category. Leave the item blank if the value is unknown or not applicable. Full-Time - employees whose regularly scheduled work week is 40 hours or more. Full Time Equivalent (FTE) = Number of Hours worked by part-time employees per week /40 hours per week. For example, three Registered nurses, each working 20 hours a week, the FTE would be (3 x 20) / 40 = 1.5.</p> <p style="text-align: center;">Do not enter zero. Blank fields will represent zero employees.</p>				
	Type of Employee	Employee		Employee Pool/ Consultant/Contract	
		Full-Time	Part-Time In FTE	Full-Time	Part-Time In FTE
	Administrator				
	Assistant Administrator				
	Physicians (M.D. or D.O.)				
	Registered Nurses				
	Licensed Practical Nurses				
	Certified Nurses Aides				
	Licensed Pharmacists				
	Dietary Managers				
	Registered Dieticians				
	Dietetic Technicians				
	Medical Social Workers				
	Social Workers				
	Registered Respiratory Therapists				
	Licensed Physical Therapists				
	Physical Therapists Assistants and Aides				
	Registered Occupational Therapists				
	Other Occupational Therapists Assistants				
	Recreational Therapists				
	Activity Coordinators				
	Medical Records Technicians				
	Maintenance				
	Housekeeping				
Other Health					
Other Non-Health					
Total	0	0.00	0	0.00	

PROVISIONAL PROVISIONAL

State ID:		000000		Facility Name:		-		2015	
Nursing Homes -Schedule G - Personnel									
	Nurse Type	Highest Education Level	Number Currently Employed	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months		
							Clinical	Admin.	
Nurses	Registered	Associate							
		Diploma							
		Bachelors							
		Masters							
		Doctorate							
		Total		0	0		0	0	0
	Advanced Practice	Nurse Practitioner							
		Clinical Nurse							
		Certified Registered Nurse Anesthetist							
		Total		0	0		0	0	0
	Licensed Practical Nurses								
	Certified Nurse Aides								
Other Nurses (specify)									
	Yes/No	-	Does your organization use contract nursing personnel? If yes, indicate the number of contract personnel in the following categories.						
Contract Nursing Personnel	Type		Number Currently Contracted	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months		
	Registered Nurses								
	Licensed Practical Nurses								
	Certified Nurse Aides								

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-			2015
Nursing Homes -Schedule G - Personnel						
Please indicate the number of nursing personnel on duty, on the premises and routinely serving the patients on September 30 for each shift. DO NOT include personnel who are on call. Use the section for the three-shift pattern or for the two shift pattern depending on your facility, or both if your facility uses a mix of 8 and 12 hour shifts.						
Nursing Three Shifts per Day Patterns	Three Shifts	Shift # 1 (day)	Shift # 2 (evening)	Shift # 3 (night)	Total	
	Registered Nurses				0	
	Licensed Practical Nurses				0	
	Aides				0	
	Total	0	0	0	0	
Nursing Two Shifts per Day Patterns	Two Shifts	Shift # 1 (day)	Shift # 2 (evening)			Total
	Registered Nurses					0
	Licensed Practical Nurses					0
	Aides					0
	Total	0	0			0

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2014
-----------	--------	----------------	---	------

Nursing Homes - Schedule H - Financial Data

Round to the nearest dollar. Use the same reporting period as used for the other sections of the Joint Annual Report. If you are reporting for less than a full year, financial data should be presented for days reported only.

Reporting Period	Yes/No	-	Is the financial data reporting period different from the Joint Annual Report statistical data reporting period entered on Schedule A?		
	If yes, the different reporting period is (Enter dates even if less than 12 months.)	Beginning date of Financial reporting period.			
		Ending date of Financial reporting period.			

Revenues	<p>Generally Accepted Accounting Principles require that accounting records be on the accrual basis. Under the accrual basis, revenues are recognized when realizable and earned. The assumption is that Adjustments to Revenue have a normal debit balance. The receipt of cash is not required for the recognition of revenues. Revenues and adjustments should be included for the reporting period only. Gross Patient Revenue is the full established rate charged to patients for services rendered during the accounting period. Adjustments to Revenue are classified as 1) contractual adjustments when the nursing home agrees through a contractual arrangement to accept less than 100% of the amount charged for patient services, 2) Bad Debt (see definition to follow), and 3) as Charity Care (see definition to follow). Do not include losses in adjustments. Revenues and adjustments that are not appropriately reported in any of the specific categories should be reported in the "other" category.</p> <p style="text-align: center;">Adjustments to revenue that decrease revenue should be entered as a positive number.</p>				
----------	--	--	--	--	--

Patient Revenue	Source		Gross Patient Charges	minus	Adjustments to Revenue	equals	Net Patient Revenue
	Patient Revenue	Government	Medicare Advantage		-		=
All Other Medicare				-		=	\$0
TennCare MCO				-		=	\$0
All other Medicaid/ TennCare				-		=	\$0
VA Contract				-		=	\$0
Other Government				-		=	\$0
Total Government				\$0	-	\$0	=
Cover Tennessee		Access Tennessee		-		=	\$0
		Total Cover Tennessee		\$0	-	\$0	=
Non-government		Private (Self-Pay)		-		=	\$0
		Long Term Care Insurance		-		=	\$0
		Other Non-government		-		=	\$0
		Total Non-government		\$0	-	\$0	=

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-				2014
Nursing Homes - Schedule H - Financial Data							
Patient Revenue (Continued)	Total Patient Revenue Total Government + Cover Tennessee + Total Non-government		\$0	-	\$0	=	\$0
Non-Patient Revenue	All Other Revenue						
Total Revenue	Grand Total Revenue Total Patient Revenue + Non Patient Revenue					\$0	
Adjustment to Charges	Bad Debts - (See Appendix B: Definitions)						
	Charity Care – (See Appendix B: Definitions)						
	Other – Any other adjustments that are not appropriately reported in either Bad Debt or Charity						
	Total Adjustments					\$0	
Expenses (exclude depreciation)	Expenses are recognized when assets are used in the production of revenue. The disbursement of cash is not required for the recognition of expenses.					Amount	
	Payroll (for full-time and part-time personnel included in Schedule G)						
	Benefits (social security, group insurance, retirement benefits, etc.)						
	Other Operating (contract staff, professional fees, energy expense, etc.)						
	Non-Operating (interest, taxes, real estate lease expenses, etc.)						
Total Expenses					\$0		

PROVISIONAL PROVISIONAL

State ID:		000000		Facility Name:		-		2014	
Nursing Homes - Schedule H - Financial Data									
Report capital assets recorded on the balance sheet at the end of the reporting period. Capital assets are property, buildings and equipment. Indicate if you lease or own your facility and equipment. Record the estimated fair market and net book value.									
Capital Assets	Category		Cost		Depreciation		Net Book Value (cost minus accumulated)		Fair Market Value
					Annual	Accumulated			
	Building						\$0		
	Own or Lease	-							
	Equipment						\$0		
	Own or Lease	-							
	Other, Specify						\$0		
	none						\$0		
Total Capital Assets		\$0		\$0	\$0	\$0		\$0	
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. Levels of care (Level I and Level II): The intensity of care provided to nursing home patients depends on their medical needs. Most patients need a less intensive level of care that the Medicaid program calls Level I (formerly called intermediate care), while others need a more intensive level called Level II or skilled nursing care. The cost of Level II care is higher than that of Level I, both to private pay patients and to the Medicaid program. The Medicare program does not cover Level I care and covers skilled care only in certain circumstances and in certified facilities.									
Daily Charge	Type								Daily Charge on the last day of reporting period
	Federal and State	Yes/No	-	Medicare/Skilled Care (Average Daily Charge)				\$0	
		Yes/No	-	Medicaid/TennCare Level II				\$0	
		Yes/No	-	Medicaid/TennCare Level I				\$0	
	Private Pay	Yes/No	-	Private Level II (one resident per room)				\$0	
		Yes/No	-	Private Level I (one resident per room)				\$0	
		Yes/No	-	Semi Private Level II (two residents per room)				\$0	
		Yes/No	-	Semi Private Level I (two residents per room)				\$0	
		Yes/No	-	Ward Level II (more than two residents per room)				\$0	
Yes/No	-	Ward Level I (more than two residents per room)				\$0			

PROVISIONAL PROVISIONAL

State ID:	000000	Facility Name:	-	2015
Nursing Homes - Administrator's Declaration				
-	Have you Saved and Renamed the report with your State ID and Facility name as instructed? Example: "12345 ABC _NH_2015"			
-	Have you <u>Checked</u> and <u>Corrected</u> all Errors on the Error Tab?			
Administrator's Declaration	-	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.		
Date (mm/dd/yyyy) (use slashes)				

PROVISIONAL PROVISIONAL

Appendix A: Commonly Prescribed medications by Category by Brand (Generic)

This list includes examples of anti-anxiety, anti-depressants, anti-psychotics, diuretics and hypnotics (brand name and generic equivalents) likely to be used in a nursing facility population. This list is not inclusive; consult your pharmacist, the resident's physician, or a drug reference manual, as necessary. Medications are listed as Brand (Generic).

Antianxiety	Antidepressants	
Atarax (Hydroxyzine)	Asendin (Amoxapine)	Norpramin (Desipramine)
Ativan (Lorazepam)	Asimia (Paroxetine Mesylate)	Pamelor (Nortriptyline)
Buspar (Buspirone)	Aventyl, Pamelor (Nortriptyline)	Parnate (Tranylcypromine)
Centrax (Prazepam)	Celexa (Citalopram Hydrobromide)	Paxil (Paroxetine Hydrochloride)
Equanil, Miltown (Meprobamate)	Citalopram ODT (Citalopram)	Pexeva (Paroxetine Mesylate)
Librium (Chlordiazepoxide)	Cymbalta (Duloxetine)	Prozac (Fluoxetine)
Noctec (Chloral Hydrate)	Desyrel (Trazodone)	Remeron Soltab (Mirtazapine)
(Phenobarbital)	Elavil (Amitriptyline)	Serzone (Nefazodone)
Tranxene (Clorazepate)	Etralon (Perphenazine & Amitriptyline)	Sinequan (Doxepin)
Valium (Diazepam)	Lexapro (Escitalopram Oxalate)	Surmontil (Trimipramine)
Vistaril (Hydroxyzine)	Lithonate, Lithane (Lithium)	Tofranil (Imipramine)
Xanax (Alprazolam)	Marplan (Isocarboxazid)	Wellbutrin (Bupropion)
	Nardil (Phenelzine)	Zoloft (Sertraline)
Antipsychotics	Diuretics	
Clozaril (Clozapine)	Aldactazide (Spironolactone/hydrochlorothiazide)	Hydrodiuril (Hydrochlorothiazide)
Haldol (Haloperidol)	Aldactone (Spironolactone)	Hydromox (Quinethazone)
Inapsine (Droperidol)	Aquatensen (Methyclothiazide)	Hygroton (Chlorthalidone)
Loxitane (Loxapine)	Bumex (Bumetanide)	Lasix (Furosemide)
Mellaril (Thioridazine)	Demadex (Torsemide)	Lozol (Indapamide)
Moban (Molindone)	Diamox (Acetazolamide)	Mannitol (Mannitol)
Navane (Thiothizene)	Diucardin (Hydroflumethiazide)	Maxzide (Triamterene/hydrochlorothiazide)
Orap (Pimozide)	Diuril (Chlorothiazide)	Midamor (Amiloride)
Prolixin (Fluphenzaine)	Dyazide (Triamterene/hydrochlorothiazide)	Moduretic (Amiloride HC1/hydrochlorothiazide)
Risperdal (Risperidone)	Dyrenium (Triamterene)	Mykrox (Metolazone)
Serentil (Mesoridazine)	Edecrin (Ethacrynic Acid)	Neptazane (Methazolamide)
Seroquel (Aquetiapine Fumarate)	Enduron (Methyclothiazide)	Oretic (Hydrochlorothiazide)
Stelazine (Trifluoperazine)	Esidrix (Hydrochlorothiazide)	Zaroxolyn (Metolazone)
Taractan (Chlorprothixene)		
Thorazine (Chlorpromazine)	Hypnotics	
Trilafon (Perphenazine)	Dalmane (Flurazepam)	ProSom (Estazolam)
Zyprexa (Olanzapine)	Halcion (Triazolam)	Restoril (Temazepam)
	Nembutal (Pentobarbital)	

PROVISIONAL PROVISIONAL

Appendix B: Definitions

<p>Bad Debt</p>	<p>(1) Bad debts are amounts considered to be uncollectible from accounts and notes receivable which are created or acquired in providing services. "Accounts receivable" and "notes receivable" are designations for claims arising from rendering services and are collectible in money in the relatively near future.</p> <p>(A) A debt must meet these criteria: (i) The provider must be able to establish that reasonable collection efforts were made. (ii) The debt was actually uncollectible when claimed as worthless. (iii) Sound business judgment established that there was no likelihood of recovery at any time in the future. (iv) Accounts turned over to a collection agency should be classified as bad debt.</p> <p>(B) If after reasonable and customary attempts to collect a bill, the debt remains unpaid more than one hundred twenty (120) days from the date the first bill is mailed to the patient, the debt may be deemed uncollectible. Bankrupt accounts shall be considered bad debts, unless there is documented evidence that the medical bill caused bankruptcy. Such accounts would then be counted as charity.</p>
<p>Charity Care</p>	<p>(2) Charity care is reductions in charges made by the provider of services because of the indigence or medical indigence of the patient. The provider should apply the following guidelines for making a determination of indigence or medical indigence:</p> <p>(A) The patient's indigence must be determined by the provider, not by the patient; i.e., a patient's signed declaration of his inability to pay his medical bills cannot be considered proof of indigence;</p> <p>(B) The provider should take into account a patient's total resources which would include, but are not limited to, an analysis of assets (only those convertible to cash and unnecessary for the patient's daily living), liabilities, and income and expenses. Indigence income means an amount not to exceed one hundred percent (100%) of the federal poverty guidelines. Medical indigence is a status reached when a person uses or commits all available current and expected resources to pay for medical bills and is not limited to a defined percent of the federal poverty guidelines. In making this analysis the provider should take into account any extenuating circumstances that would affect the determination of the patient's indigence;</p> <p>(C) The provider must determine that no source other than the patient would be legally responsible for the patient's medical bill; e.g., Title XIX, local welfare agency and guardian; and</p> <p>(D) The patient's file should contain documentation of the method by which indigence was determined in addition to all backup information to substantiate the determination.</p> <p>(E) Once indigence is determined and the provider concludes that there had been no improvement in the beneficiary's financial condition, the debt may be deemed uncollectible without applying the bad debt collection criteria.</p>

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHA_NameChange	A-01-01	Indicate Yes or No to question concerning facility name change during reporting period.	
000000	Ok	NHA_NameChange	A-01-02	Prior Name change was indicated; provide prior name.	
000000	Error	NHA_MAYN	A-01-03	Facility Maining address information is needed.	
000000	Error	NHA_RptPeriodYN	A-01-04	Indicate Yes or No to question concerning reporting period.	
000000	Error	NHA_StreetAddress	A-02-01	Facility address information is needed.	
000000	Error	NHA_MAYN	A-02-02	Indicate Yes or No to question concerning facility mailing address different from Street address.	
000000	Error	NHA_PrepName	A-02-03	Preparer information is needed.	
000000	Ok	NHA_RptPeriodYN	A-02-04	Reporting Period answered No; however; Beginning and Ending Date(s) not changed.	
000000	Error	NHA_Admin	A-02-05	Provide Administrator name and license.	
000000	Error	NHB_OwnName	B-01-01	Provide complete owner information.	
000000	Error	NHB_TpeProfProp	B-01-02	Select only one type of owner.	
000000	Ok	NHB_TypeGovtOther	B-01-03	Other Government checked; specify name.	
000000	Error	NHB_MangOwn	B-01-04	Place X in only one managed by boxes (Owner; Contract with Firm; or Other).	
000000	Error	NHB_OwnName	B-01-05	Provide complete building owner information.	
000000	Error	NHB_BldgConstYN	B-01-06	Indicate Yes or No to question concerning year of original construction date.	
000000	Error	NHB_BldgRenYN	B-01-07	Indicate Yes or No to question concerning major renovation of building data.	
000000	Error	NHB_BldgNewCYN	B-01-08	Indicate Yes or No to question concerning new construction to add to bed count.	
000000	Error	NHB_OrgSHBYN	B-01-09	Indicate Yes or No to question concerning hospital based facility.	
000000	Error	NHB_OrgSChYN	B-01-10	Indicate Yes or No to question concerning Chain based facility.	
000000	Error	NHB_OrgSHCYN	B-01-11	Indicate Yes or No to question concerning Holding Company/Parent Corporation based facility.	
000000	Error	NHB_MangName	B-02-01	Provide complete management information.	
000000	Ok	NHB_BldgConstYr	B-02-02	Knowledge of original construction year was indicated; enter the original construction year.	
000000	Ok	NHB_BldgRenYr	B-02-03	A major building renovation was indicated; enter the major renovation year.	
000000	Ok	NHB_BldgNewCYr	B-02-04	New construction that increased licensed bed count was indicated; enter the new construction year.	
000000	Ok	NHB_BldgNewCCs	B-02-05	New construction that increased licensed bed count was indicated; enter the new construction cost.	
000000	Ok	NHB_OrgSChName	B-02-06	Chain was indicated; provide complete chain information.	
000000	Ok	NHB_OrgSHCName	B-02-07	Holding Company/Parent Corporation was indicated; provide complete information.	
000000	Ok	NHB_OrgSHBSpecify	B-03-01	Hospital Based was indicated; provide hospital name.	
000000	Error	NHC_AcrJComYN	C-01-01	Indicate Yes or No to question concerning Joint Commission on Accreditation of Healthcare.	
000000	Error	NHC_AcrOtherYN	C-01-02	Indicate Yes or No to question concerning other accreditation.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHC_MemNHOYN	C-01-03	Indicate Yes or No to question concerning National Hospice Organization membership.	
000000	Error	NHC_MemTAHCYN	C-01-04	Indicate Yes or No to question concerning Tennessee Association for Home Care.	
000000	Error	NHC_MemTAHSAgeYN	C-01-05	Indicate Yes or No to question concerning Tennessee Association of Homes and Services for the Aging.	
000000	Error	NHC_MemTHCAYN	C-01-06	Indicate Yes or No to question concerning Tennessee Health Care Association.	
000000	Error	NHC_MemTHOYN	C-01-07	Indicate Yes or No to question concerning Tennessee Hospice Organization.	
000000	Error	NHC_MemTAHCYN	C-01-08	Indicate Yes or No to question concerning American Health Care Association.	
000000	Error	NHC_MemTHAYN	C-01-09	Indicate Yes or No to question concerning THA Home Care Alliance.	
000000	Error	NHC_MemOtherYN	C-01-10	Indicate Yes or No to question concerning Other memberships.	
000000	Error	NHC_LicYear	C-01-11	Please record license number.	
000000	Ok	NHC_AcrJComYN	C-02-01	Joint Commission on Accreditation of Healthcare Organizations was indicated; enter the approval and expiration dates or check 'No'.	
000000	Ok	NHC_AcrJcomAD	C-02-02	Indicate Joint Commission on Accreditation of Healthcare Organizations expiration year that is later than the approval year.	
000000	Ok	NHC_MemOtherYN	C-02-03	Other Accreditation was indicated; specify additional data.	
000000	Ok	NHC_MemOther	C-02-04	Other Member was indicated; specify additional data.	
000000	Error	NHC_LicSurvey	C-02-05	Please record most recent survey date.	
000000	Error	NHD1_ConProjectYN	D1-01-01	Indicate Yes or No to question concerning approved Certificate of Need.	
000000	Error	NHD1_SrvCCRCYN	D1-01-02	Indicate Yes or No to question concerning Continuing Care.	
000000	Error	NHD1_SrvHHCYSYN	D1-01-03	Indicate Yes or No to question concerning Home Health Care Services.	
000000	Error	NHD1_SrvHHRRefYN	D1-01-04	Indicate Yes or No to question concerning Home Health Care Services Referrals.	
000000	Error	NHD1_SrvADCYN	D1-01-05	Indicate Yes or No to question concerning Adult Day Care.	
000000	Error	NHD1_SrvORSYN	D1-01-06	Indicate Yes or No to question concerning Outpatient/Rehabilitation Services.	
000000	Error	NHD1_SrvRCSYN	D1-01-07	Indicate Yes or No to question concerning Respite Care Services.	
000000	Error	NHD1_SrvCMSYN	D1-01-08	Indicate Yes or No to question concerning Case Management Services.	
000000	Error	NHD1_SrvHSYN	D1-01-09	Indicate Yes or No to question concerning Homemaker Services.	
000000	Error	NHD1_SrvPCSYN	D1-01-10	Indicate Yes or No to question concerning Personal Care Services.	
000000	Error	NHD1_SrvHDMYN	D1-01-11	Indicate Yes or No to question concerning Home Delivered Meals.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHD1_SrvTSYN	D1-01-12	Indicate Yes or No to question concerning Transportation Services.	
000000	Error	NHD1_SrvAlzYN	D1-01-13	Indicate Yes or No to question concerning Licensed/Approved Specialized Unit for Alzheimer's patients.	
000000	Error	NHD1_SrvAlzProgYN	D1-01-14	Indicate Yes or No to question concerning Specialized Programs for Alzheimer's Patients.	
000000	Error	NHD1_SrvSecUYN	D1-01-15	Indicate Yes or No to question concerning Secured Unit.	
000000	Error	NHD1_SrvBehUYN	D1-01-16	Indicate Yes or No to question concerning Behavioral Health Unit.	
000000	Error	NHD1_SrvHosCareYN	D1-01-17	Indicate Yes or No to question concerning Hospice Care.	
000000	Error	NHD1_SrvHosCareYN	D1-01-18	Indicate Yes or No to question concerning Hospice services provided by separately licensed agency.	
000000	Error	NHD1_SrvTrainYN	D1-01-19	Indicate Yes or No to question concerning Training in skills required to return to community.	
000000	Ok	NHD1_ConDate1	D1-02-01	Certificate of Need was indicated; provide additional data.	
000000	Ok	NHD1_SrvCCRCIAL	D1-02-02	Continuing Care was indicated; provide number of units.	
000000	Ok	NHD1_SrvHHCSDisch	D1-02-03	Home Health Care Services was indicated; provide additional data.	
000000	Ok	NHD1_SrvHHRRefDisch	D1-01-06	Home Health Care Service Referrals was indicated; provide additional data.	
000000	Ok	NHD1_SrvAlzBed	D1-02-07	Licensed Specialized Alzheimer's unit was indicated; provide additional data.	
000000	Ok	NHD1_SrvSecUBed	D1-02-08	Secured Unit was indicated; provide additional data.	
000000	Ok	NHD1_SrvBehUBed	D1-02-09	Behavior Health Unit was indicated; provide additional data.	
000000	Ok	NHD1_HospiceData	D1-02-10	Hospice Service by a separately licensed hospice agency was indicated; provide additional data.	
000000	Error	NHD2_SCPChemoYN	D2-01-01	Indicate Yes or No to question concerning Chemotherapy.	
000000	Error	NHD2_SCPDialYN	D2-01-02	Indicate Yes or No to question concerning Dialysis.	
000000	Error	NHD2_SCPiVmedYN	D2-01-03	Indicate Yes or No to question concerning IV Medication.	
000000	Error	NHD2_SCPInOutYN	D2-01-04	Indicate Yes or No to question concerning Intake/Output.	
000000	Error	NHD2_SCPOstoYN	D2-01-05	Indicate Yes or No to question concerning Ostomy Care.	
000000	Error	NHD2_SCPoxyYN	D2-01-06	Indicate Yes or No to question concerning Oxygen Therapy.	
000000	Error	NHD2_SCPRadYN	D2-01-07	Indicate Yes or No to question concerning Radiation.	
000000	Error	NHD2_SCPsuctYN	D2-01-08	Indicate Yes or No to question concerning Suctioning.	
000000	Error	NHD2_SCPTrachYN	D2-01-09	Indicate Yes or No to question concerning Tracheotomy Care.	
000000	Error	NHD2_SCPTransYN	D2-01-10	Indicate Yes or No to question concerning Transfusions.	
000000	Error	NHD2_SCPVentYN	D2-01-11	Indicate Yes or No to question concerning Ventilator/Respirator.	
000000	Error	NHD2_SCPOccupYN	D2-01-12	Indicate Yes or No to question concerning Occupational therapy.	
000000	Error	NHD2_SCPPhysYN	D2-01-13	Indicate Yes or No to question concerning Physical therapy.	
000000	Error	NHD2_SCPRespYN	D2-01-14	Indicate Yes or No to question concerning Respiratory therapy.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHD2_SCPPsychYN	D2-01-15	Indicate Yes or No to question concerning Psychological therapy.	
000000	Error	NHD2_SCPSpeecYN	D2-01-16	Indicate Yes or No to question concerning Speech therapy.	
000000	Error	NHD2_SCPColoYN	D2-01-17	Indicate Yes or No to question concerning Colostomy Irrigation.	
000000	Error	NHD2_SCPileoYN	D2-01-18	Indicate Yes or No to question concerning Ileostomy.	
000000	Error	NHD2_ADLBath	D2-01-19	Provide additional data concerning Activities of Daily Living (ADL).	
000000	Error	NHD2_ADLNo	D2-01-20	Provide additional data concerning number of ADLs.	
000000	Error	NHD2_MedAnxiety	D2-01-21	Provide additional data concerning Medication.	
000000	Error	NHD2_ImmuGiven	D2-01-22	Provide additional data concerning Immunization.	
000000	Error	NHD2_MobBed	D2-01-23	Provide additional data concerning Mobility.	
000000	Error	NHD3_HCBSYN	D3-01-01	Indicate Yes or No to question concerning Home and Community Based Services waiver program.	
000000	Error	NHD3_AdultDayYN	D3-01-02	Indicate Yes or No to question concerning Adult Day Care.	
000000	Error	NHD3_CaseMgmtYN	D3-01-03	Indicate Yes or No to question concerning Case Management.	
000000	Error	NHD3_HMakeYN	D3-01-04	Indicate Yes or No to question concerning Homemaker.	
000000	Error	NHD3_PCSYN	D3-01-05	Indicate Yes or No to question concerning Personal Care Services.	
000000	Error	NHD3_HMealsYN	D3-01-06	Indicate Yes or No to question concerning Home Delivered Meals.	
000000	Error	NHD3_PERSYN	D3-01-07	Indicate Yes or No to question concerning Personal Emergency Response System.	
000000	Error	NHD3_InResYN	D3-01-08	Indicate Yes or No to question concerning Inpatient Respite.	
000000	Error	NHD3_IHomeResYN	D3-01-09	Indicate Yes or No to question concerning In-home Respite.	
000000	Error	NHD3_AsTechYN	D3-01-10	Indicate Yes or No to question concerning Assistive Technology.	
000000	Error	NHD3_PerCareYN	D3-01-11	Indicate Yes or No to question concerning Personal Care Assistance/Attendant.	
000000	Error	NHD3_PestCYN	D3-01-12	Indicate Yes or No to question concerning Pest Control.	
000000	Error	NHD3_ACLFYN	D3-01-13	Indicate Yes or No to question concerning Assisted Care Living Facility.	
000000	Error	NHD3_MinHomeYN	D3-01-14	Indicate Yes or No to question concerning Minor Home Modifications.	
000000	Ok	NHD3_HCBSYN	D3-02-01	HCBS checked Yes; additional data concerning HCBS Services is needed.	
000000	Error	NHE_BedMCOYN	E-01-01	Indicate Yes or No to question concerning Medicare Certified only.	
000000	Error	NHE_BedMCaidTCYN	E-01-02	Indicate Yes or No to question concerning Medicaid/TennCare Certified only.	
000000	Error	NHE_BedMCareMTCYN	E-01-03	Indicate Yes or No to question concerning Medicare and Medicaid/TennCare Certified.	
000000	Error	NHE_BedNonCertYN	E-01-04	Indicate Yes or No to question concerning Non-Certified beds.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHE_BedChangeYN	E-01-05	Indicate Yes or No to question concerning changes in Licensed bed count.	
000000	Error	MedicareAppdate	E-01-06	Indicate Yes or No to question concerning entering the Medicare program.	
000000	Error	MedicareWithdate	E-01-07	Indicate Yes or No to question concerning withdrawal the Medicare program.	
000000	Error	NHE_EnterMTCYN	E-01-08	Indicate Yes or No to question concerning entering the Medicaid/TennCare program.	
000000	Error	NHE_WdrawMTCYN	E-01-09	Indicate Yes or No to question concerning withdrawal from the Medicaid/TennCare program.	
000000	Error	NHE_PrivateYN	E-01-10	Indicate Yes or No to question concerning private room beds.	
000000	Error	NHE_SemiPYN	E-01-11	Indicate Yes or No to question concerning semi-private room beds.	
000000	Error	NHE_WardsYN	E-01-12	Indicate Yes or No to question concerning Ward beds.	
000000	Error	NHE_TotBeds	E-01-13	Indicate Yes or No to question concerning Changes in staffed bed count.	
000000	Ok	NHE_SBedOpn1	E-01-14	A change in the number of beds Set up and Staffed was indicated; provide additional data.	
000000	Ok	NHE_BedMCO	E-02-01	Medicare Certified only was indicated; provide number of beds.	
000000	Ok	NHE_BedMCaidTC	E-02-02	Medicaid/TennCare Certified only was indicated; provide number of beds.	
000000	Ok	NHE_BedMCareMTC	E-02-03	Medicare and Medicaid/TennCare Certified was indicated; provide number of beds.	
000000	Ok	NHE_BedNonCert	E-02-04	Non-Certified beds was indicated; provide number of beds.	
000000	Ok	NHE_BedOpn1	E-02-05	Change in licensed bed count was indicated; provide additional data.	
000000	Ok	MedicareEnterdate	E-02-06	Yes was indicated to Medicare enter program, provide approval date	
000000	Ok	MedicareWithEnterdate	E-02-07	Yes was indicated to Medicare end program, provide withdrawal date	
000000	Ok	NHE_EnterMTCdate	E-02-08	Entry into Medicaid/TennCare was indicated; provide additional data.	
000000	Ok	NHE_WdrawMTCdate	E-02-09	Withdrawal from Medicaid/TennCare was indicated; provide additional data.	
000000	Ok	NHE_Private	E-02-10	Private room beds were indicated; provide additional data.	
000000	Ok	NHE_SemiP	E-02-11	Semi-Private room beds were indicated; provide additional data.	
000000	Ok	NHE_Wards	E-02-12	Ward room beds were indicated; provide additional data.	
000000	Error	NHE_MCarePNum	E-03-01	Please record Medicare provider number.	
000000	Error	NHE_MCaidTC1PNum	E-03-02	Please record Medicaid/TennCare provider number level I.	
000000	Error	NHE_MCaidTC2PNum	E-03-03	Please record Medicaid/TennCare provider number level II.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHF1_Lev2Medicare_Admin	F1-01-01	Average Length of Medicare/Skilled Care: Based on number of discharge days divided by discharges including deaths; the average length of stay is less than 1 day. Re-calculate the discharge days according to instructions provided on the form.	
000000	Error	NHF1_Lev2Admin	F1-01-02	Average Length of Stay Level II/Skilled Care: Based on number of discharge days divided by discharges including deaths; the average length of stay is less than 1 day. Re-calculate the discharge days according to instructions provided on the form.	
000000	Error	NHF1_Lev1Admin	F1-01-03	Average Length of Stay Level I/Intermediate Care: Based on number of discharge days divided by discharges including deaths; the average length of stay is less than 1 day. Re-calculate the discharge days according to instructions provided on the form.	
000000	Ok	NHF1_TransOther	F1-01-04	Admissions from another source was indicated; provide additional data.	
000000	Ok	NHF1_TWFOtherSpec	F1-01-05	Discharges to other destinations was indicated; provide additional data.	
000000	Ok	NHF1_Lev2Medicare_Admin	F1-02-01	Average Length of Medicare/Skilled Care: Based on number of discharge days divided by discharges including deaths; the average length of stay is greater than four years. Re-calculate the discharge days according to instructions provided on the form.	
000000	Ok	NHF1_Lev2Admin	F1-02-02	Average Length of Stay Level II/Skilled Care: Based on number of discharge days divided by discharges including deaths; the average length of stay is greater than four years. Re-calculate the discharge days according to instructions provided on the form.	
000000	Ok	NHF1_Lev1Admin	F1-02-03	Average Length of Stay Level I/Intermediate: Based on number of discharge days divided by discharges including deaths; the average length of stay is greater than four years. Re-calculate the discharge days according to instructions provided on the form.	
000000	Ok	NHF1_Lev2Admin	F1-02-04	Level of Care in the facility Admissions total does not equal Source of Admissions total; check for accuracy.	
000000	Ok	NHF1_Lev2Admin	F1-02-05	Level of Care in the Facility: discharges (including deaths) minus deaths does not equal Discharge Destination total (not including deaths).	
000000	Error	NHF2_RDCMAlev2	F2-01-01	Total Resident Days of Care Total is zero; provide additional data.	
000000	Error	NHF2_U21WM	F2-01-02	Male and Female residents Total is zero; provide additional data.	
000000	Error	NHF2_LSL100	F2-01-03	Length of Stay: Total residents is zero; provide additional data.	
000000	Error	NHF2_TN01	F2-01-04	Patient Origin Total Residents is zero; provide additional data.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHF2_RDCMAlev2	F2-02-01	Total resident days of care is less than 50% of estimated maximum occupancy rate (licensed beds x 365 days).	
000000	Error	NHF2_RDCMAlev2	F2-02-02	Total resident days of care is greater than 100% of estimated maximum occupancy rate (licensed beds x 365 days).	
000000	0	NHF2_RDCMAlev2	F2-02-03	Total Resident Days of Care is less than 50% of total staffed beds x 365 days per year.	
000000	Error	NHF2_RDCMAlev2	F2-02-04	Total Resident Days of Care is greater than 100% of total staffed beds x 365 days per year.	
000000	Ok	NHF2_LSL100	F2-02-05	Total number of residents does not match among these sections: length of stay; patient origin; check calculations.	
000000	Ok	NHG_OthN1Specify	G-01-01	Data for Other Nurses line one was indicated; specify type of nurse.	
000000	Error	NHG_ConNYN	G-01-02	Indicate Yes or No to question concerning contract nursing personnel used by facility.	
000000	Error	NHG_3SRNDay	G-01-03	No nursing shift data was indicated; provide additional data.	
000000	Ok	NHG_OthN2Specify	G-02-01	Data for Other Nurses line two was indicated; specify type of nurse.	
000000	Ok	NHG_ConRNEmp	G-02-02	Contract Nursing was indicated; provide additional data.	
000000	Error	NHH_FinDataYN	H-01-01	Indicate Yes or No to question concerning Financial data reporting period.	
000000	Error	NHH_FinDateBeg	H-01-02	Financial Begin Date is after the End Date; check dates.	
000000	Ok	NHH_GMCGPC	H-01-03	Medicare Advantage Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_GOMCGPC	H-01-04	All Other Medicare Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_GMMTCGPC	H-01-05	TennCare MCO Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_GMMTCGPC	H-01-06	All other Medicaid/TennCare Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_GVAGPC	H-01-07	VA Contract Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_GOGGPC	H-01-08	Other Government Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_CTATGPC	H-01-09	Access Tennessee Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_NGSPGPC	H-01-10	Private Self-Pay Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_NGInsGPS	H-01-11	Long Term Care Insurance Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_NGOthGPC	H-01-12	Other Non-government Gross Patient Charges was omitted; provide data.	
000000	Ok	NHH_OtherRev	H-01-13	Non-Patient Revenue was omitted; provide data.	
000000	Ok	NHH_Payroll	H-01-14	Payroll expenses were omitted; provide data.	
000000	Ok	NHH_Benefit	H-01-15	Benefits expenses were omitted; provide data.	
000000	Ok	NHH_OthOpExp	H-01-16	Other Operating expenses were omitted; provide data.	
000000	Ok	NHH_NonOpExp	H-01-17	Non-Operating expenses was omitted; provide data.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHH_CABOL	H-01-18	Building data was omitted; provide data.	
000000	Ok	NHH_CAOlthSp	H-01-19	Other Assets data in not complete; provide data.	
000000	Error	NHH_DCMSCYN	H-01-20	Indicate Yes or No to question concerning Medicare/Skilled Care.	
000000	Error	NHH_DCMTCLevIIYN	H-01-21	Indicate Yes or No to question concerning Medicaid/TennCare Level II.	
000000	Error	NHH_DCMTCLevIYN	H-01-22	Indicate Yes or No to question concerning Medicaid/TennCare Level I.	
000000	Error	NHH_DCPriLevIIYN	H-01-23	Indicate Yes or No to question concerning Private Level II.	
000000	Error	NHH_DCPriLevIYN	H-01-24	Indicate Yes or No to question concerning Private Level I.	
000000	Error	NHH_DCSPLEVIYN	H-01-25	Indicate Yes or No to question concerning Semi-Private Level II.	
000000	Error	NHH_DCSPLevIYN	H-01-26	Indicate Yes or No to question concerning Semi-Private Level I.	
000000	Error	NHH_DCWardLevIIYN	H-01-27	Indicate Yes or No to question concerning Ward Level II.	
000000	Error	NHH_DCWardLevIYN	H-01-28	Indicate Yes or No to question concerning Ward Level I.	
000000	Ok	NHH_FinDateBeg	H-02-01	Statistical Data and Financial Data reporting period different; check dates.	
000000	Ok	NHH_GMCRRev	H-02-02	Medicare Advantage Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_GOMCRRev	H-02-03	All Other Medicare Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_GMTCRev	H-02-04	TennCare MCO Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_GMMTCRev	H-02-05	All other Medicaid/TennCare Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_GVARev	H-02-06	VA Contract Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_GOGRev	H-02-07	Other Government Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_CTATRev	H-02-08	Access Tennessee Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_NGSPRev	H-02-09	Private Self-Pay Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_NGinsRev	H-02-10	Long Term Care Insurance Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_NGOthRev	H-02-11	Other Non-government Adjustments to Revenue was omitted; provide data.	
000000	Ok	NHH_BadDebt	H-02-12	Bad Debts Adjustment to Charges was omitted; provide data.	
000000	Ok	NHH_Charity	H-02-13	Charity Care Non-Government Adjustments was omitted; provide data.	
000000	Ok	NHH_OthAdj	H-02-14	Other Non-Government Adjustments was omitted; provide data.	
000000	Error	NHH_CABECost	H-02-15	Capital Assets Cost was omitted; provide data.	
000000	Error	NHH_CABEDepAc	H-02-16	Capital Assets Accumulated Depreciation was omitted; provide data.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Error	NHH_CABEOL	H-02-17	Equipment data was omitted; provide data.	
000000	Ok	NHH_DCMSC	H-02-18	Medicare/Skilled Care average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCMCLevII	H-02-19	Medicaid/TennCare Level II average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCMTCLevI	H-02-20	Medicaid/TennCare Level I average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCPRIlevII	H-02-21	Private Level II average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCPRIlevI	H-02-22	Private Level I average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCSPLevII	H-02-23	Semi-Private Level II average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCSPLevI	H-02-24	Semi-Private Level I average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCWardLevII	H-02-25	Ward Level II average daily charge default value of "#" was not changed.	
000000	Ok	NHH_DCWardLevI	H-02-26	Ward Level I average daily charge default value of "#" was not changed.	
000000	Ok	NHH_GMCRRev	H-03-01	Medicare Advantage Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_GOMCRRev	H-03-02	All Other Medicare Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_GMTCRev	H-03-03	TennCare MCO Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_GMMTCRev	H-03-04	All other Medicaid/TennCare Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_GTotRev	H-03-05	VA Contract Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_GOGRev	H-03-06	Other Government Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_CTATRev	H-03-07	Access Tennessee Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_NGSPRev	H-03-08	Private Self-Pay Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_NGinsRev	H-03-09	Long Term Care Insurance Adjustment to Revenue was omitted; provide data.	
000000	Ok	NHH_NGOthRev	H-03-10	Other Non-government Adjustment to Revenue was omitted; provide data.	
000000	Error	NHH_CABOL	H-03-11	Building Own or Lease data was omitted; provide data.	
000000	Error	NHH_CABEOL	H-03-12	Equipment Own or Lease data was omitted; provide data.	
000000	Ok	NHH_GMCRRev	H-03-13	Medicare/Skilled Care average daily charge was indicated; provide data.	
000000	Ok	NHH_GOMCRRev	H-03-14	Medicaid/TennCare Level II average daily charge was indicated; provide data.	
000000	Ok	NHH_GMTCRev	H-03-15	Medicaid/TennCare Level I average daily charge was indicated; provide data.	

2014 Joint Annual Report of Nursing Homes

State ID	Ok/ Error	Return to schedule	Error Number	Error message 2015	Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error" Comments:
000000	Ok	NHH_GMMTCRev	H-03-16	Private Level II average daily charge was indicated; provide data.	
000000	Ok	NHH_GTotRev	H-03-17	Private Level I average daily charge was indicated; provide data.	
000000	Ok	NHH_GOGRev	H-03-18	Semi-Private Level II average daily charge was indicated; provide data.	
000000	Ok	NHH_CTATRev	H-03-19	Semi-Private Level I average daily charge was indicated; provide data.	
000000	Ok	NHH_NGSPRev	H-03-20	Ward Level II average daily charge was indicated; provide data.	
000000	Ok	NHH_NGinsRev	H-03-21	Ward Level I average daily charge was indicated; provide data.	
000000	Ok	NHH_NGOthRev	H-03-22	Daily charges over \$2000 were indicated; check for accuracy.	
000000	Error	NHAD_AdmDec	NHAD-02-01	Administrator's Declaration was not indicated.	
000000	Error	NHAD_AdmDecDate	NHAD-02-02	Administrator's Declaration Date was not indicated; provide date.	

JOINT ANNUAL REPORT OF NURSING HOMES
2015 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. 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, 2015 to Dec. This reporting period shows as the default in the field. If unable to report based on this twelve month period, type in the be

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: 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 c. Survey date field has been extended in case the facility survey was done at a later date. Answer all "Yes" or "No" boxes.

SCHEDULE D - FACILITIES AND SERVICES - PART 1

The Certificate of Need dates of approval have been extended from 2007 through 2015 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.

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" to the first question, you do not need to answer the other questions 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 maximum number of beds that are certified or non-certified and licensed by the Health Care Facility.

Staffed Beds are beds set up and staffed in the facility that have nursing staff available or could have nursing staff available.

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 the reporting period.

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 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 a resident.

<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 resident days.

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

This indicates the facility had 14 discharges or deaths during the reporting period. The average patient stayed approximately 227 days. If very low numbers or very high numbers are obtained for the Average Length of Stay, it probably means that the Discharge Resident Days are not 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 365 days. If the average length of stay is reasonable to you but results in an error message, provide an explanation in the comments.

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 in the facility during the reporting period. For example, if a resident came in 01-01-2013 and left 06-30-2013, 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 appear:

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).
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).
4. Low percentage of occupancy compared to total staffed beds (see bottom of Schedule E). would be total resident days of care are less than 50% of estimated maximum occupancy rate (staffed beds x 365).
5. High percentage of occupancy would be total resident days of care are greater than 100% of total staffed beds x 365.

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 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. 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. 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

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 data. The number of full time personnel should be represented by whole numbers. Enter FTEs rounded to two decimal places for

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

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

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

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

Capital Assets: Indicate if you own or lease your building and equipment as indicated. Report capital assets recorded on the balance sheet. 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

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

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 **Wednesday, June 15, 2016**. Thank you for your cooperation.

1.
at the top of each schedule, as well as the complete address information.

December 31, 2015.
beginning and ending dates for the reporting period.

fields check one and fill out the name and address in the appropriate fields.

date with mm/dd/yyyy format.

res in Schedule G. Do not put in zeros.

o", you do not have to answer any other question in this schedule.

ties.

le if needed for admission of a patient.

ie reporting period.

air stay.

ssion.

ere discharged or died during the reporting period.

ys.

ach of your discharged residents:

je days and discharges including deaths. For example,

ly 227 days, or approximately 7 months, before discharge or death.

je Days have not been calculated correctly.

an four years.

column of Excel's Error Sheet.

ere for the reporting period only.

will pop up in the schedule.

65 days).

1 occupancy rate (licensed beds x 365 days).

it days of care is less than 50% of **total staffed beds** x 365 days per year.

35 days per year.

and there is no reasonable explanation recorded in the Error Sheet.

, Race and Gender section.

Be careful to put the numbers in the right county.

Put a number in Lake County by mistake.

Put type of service.
or part-time personnel.

If both are used in the facility, please indicate both types.

Reporting year at the facility's established rate.

or.
nursing care, etc.

Nearest dollar.

From the balance sheet at the end of the reporting period.

For services, not just the room and board charge.

If the data is correct, enter the date, and submit your report.

Signature.