

2017 User Instructions for the Joint Annual Report of Nursing Homes

Downloading and Saving the Nursing Home (NH) Program

The 2017 Nursing Home form was developed in Excel, a common Microsoft Office application. This is a spreadsheet program and may be able to be used by other spreadsheet programs.

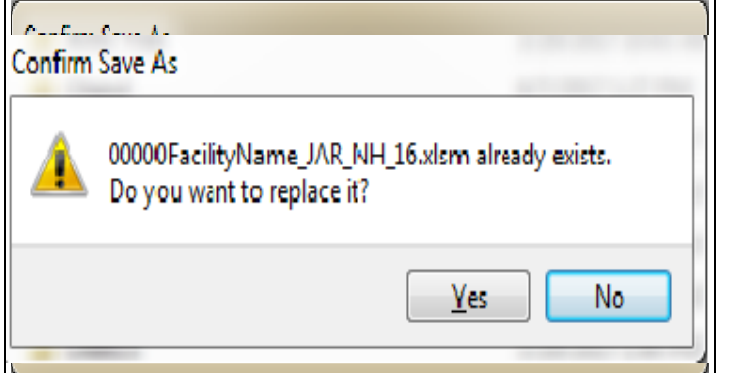
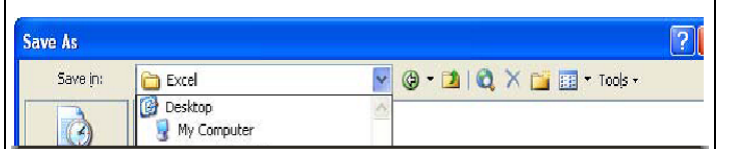
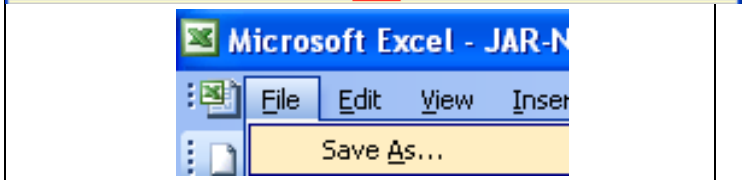
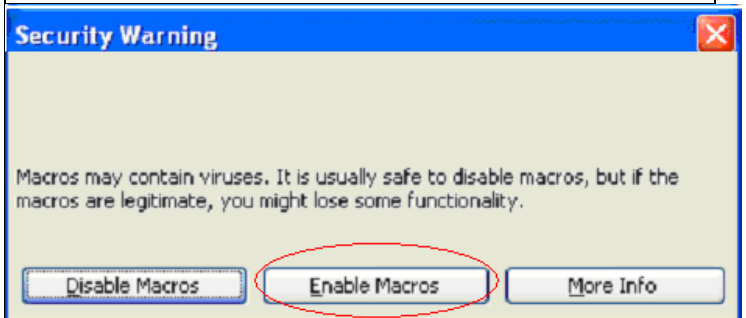
Download from the website by going to:

<https://www.tn.gov/content/tn/health/health-program-areas/statistics/health-data/jar/jar-nh.html>

Click on the first icon to read, save and print user instructions. Click on the second icon to read and save the “Tips to Avoid Common Errors”. Click on the third icon to save (download) and open the program.

If you see a security warning, please respond Enable Macro. If this step prevents you from opening the file, contact your IT consultant.

Save As and navigating to a location on your hard drive where your work will be stored between data entry sessions. Name the file with your state ID and facility name and **Save**.

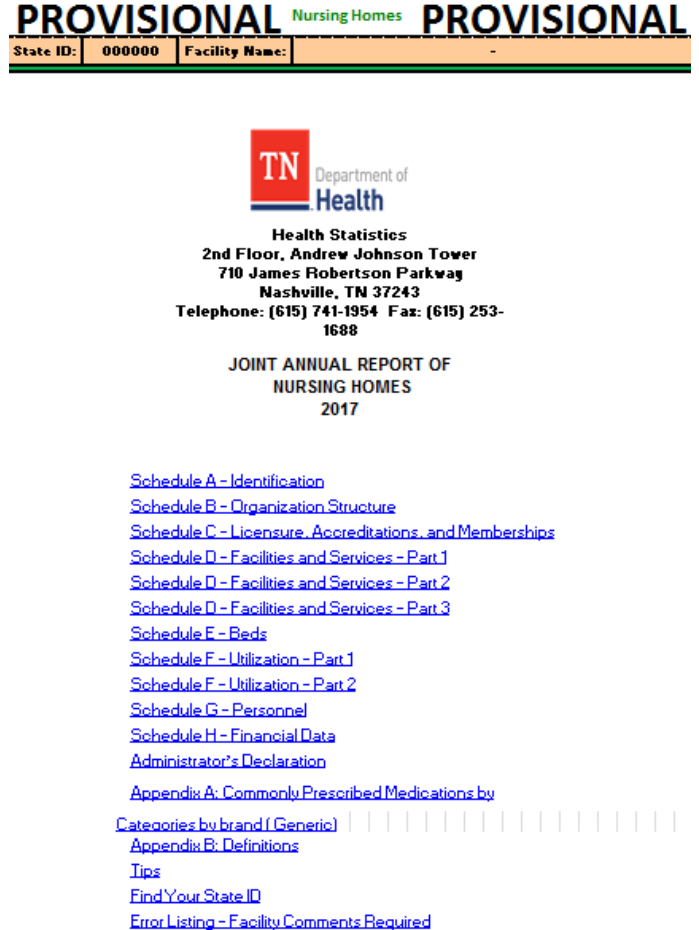


Navigating Within the 2017 Nursing Home Program

Your facility's State ID can be found in the "State ID" worksheet in the Excel program.

The Main "menu" provides a link (blue) to each of the schedules and the error list, and to the Administrator's Declaration Page (electronic signature):

There is also a link to the "Find your State ID" sheet where you can look up your six digit number that is used to identify your facility.



PROVISIONAL Nursing Homes **PROVISIONAL**

State ID: 000000 Facility Name: -

TN Department of Health

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 2017

- [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](#)

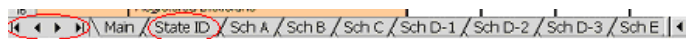
Please use this list to find your State ID, facility name and address to enter in Schedule A.

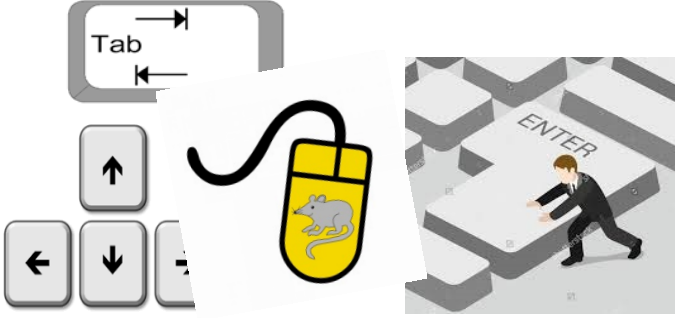
Do not use ALL CAPS in filling out this form.

| A | B | C | D | E |
|----------|----------------|--|----------|----------------------------|
| State ID | License Number | Name | County | Address |
| 010122 | 3 | Summit View of Lake City, LLC | Anderson | 204 Industrial Park Road |
| 010322 | 5 | Norris Health and Rehabilitation Center | Anderson | 3382 Andersonville Highway |
| 010422 | 1 | Golden LivingCenter - Windwood | Anderson | 220 Longmire Road |
| 010522 | 4 | NHC Healthcare, Oak Ridge | Anderson | 300 Laboratory Road |
| 010622 | 2 | Briarcliff Health Care Center | Anderson | 100 Elmhurst Drive |
| 020142 | 6 | Christian Care Center of Bedford County, LLC | Bedford | 835 Union Street |
| 020242 | 7 | Glen Oaks Health and Rehabilitation | Bedford | 1101 Glen Oaks Road |
| 030252 | 8 | Camden Healthcare and Rehabilitation Center | Benton | 197 Hospital Drive |

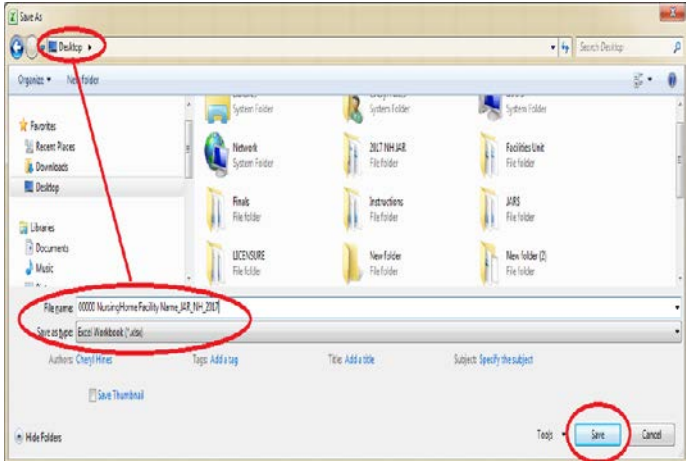
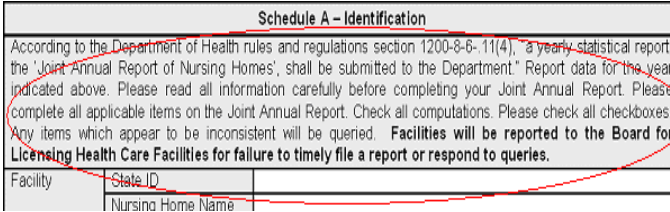
Also, at the bottom of each screen you will see the tabs that name the schedules and other sheets available for your use.

Use the arrows to see additional sheets.



| | |
|--|--|
| <p>For your convenience at the end of each schedule there are links to click as shown.</p> | <p>Go to Next Schedule Return to Main Menu Go to Error Listing</p> |
| <p>All Schedules</p> <p>To move to the next data field, you may use the Tab key (generally moves across the page) or the Enter key (generally moves down the page) on your keyboard, or use your mouse to go to a particular field. You may also use the arrow keys on your keyboard to move in the desired direction</p> |  |

ENTERING 2017 DATA

| | |
|--|---|
| <p>Preparation for Data Entry</p> <p>Print a blank form on which to gather your information prior to data entry.</p> | <p>A blank JAR form. One is available on the Internet at http://health.state.tn.us/statistics/facilities.htm. Alternatively, you could use the Excel program to print schedules (as described on page 5).</p> |
| <p>Whenever you leave the Excel program, by using the “X” in the top right of the screen, a message will ask if you want to save the changes. Respond Yes or data you entered will be lost.</p> <p>Choose the location on your hard drive to which you saved before.</p> <p>Always using the same name to “save as” will eliminate the possibility of having partial data in multiple locations.</p> |  |
| <p>Instructions and definitions are included on the form itself. Please read these carefully prior to completing each Schedule. Also please refer to the User Instructions and Tips to Avoid Common Errors documents included on this website</p> |  |

2017 Data Fields

Only data entry fields (yellow and white) are available for selection. Other areas of the worksheet, such as tan boxes or areas outside the form are protected.

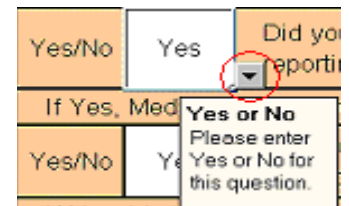
| | | | |
|----------|---|--------|----------|
| Facility | State ID | | |
| | Nursing Home Name | | |
| | Did the facility name change during the reporting period? | Yes/No | - |
| | If Yes, Prior Name | | |
| | Street Address | | |
| | Mailing Address | | |
| | City | | |
| | State | TN | Zip Code |
| Preparer | Phone | | |
| | Preparer Name | | |
| | Preparer Title | | |
| | Preparer Email | | |

Please attempt to answer all questions by supplying information in each yellow or white box, unless otherwise instructed.

| | | |
|--|------------------------|------------|
| Is the reporting period from January 1 through December 31? | Yes/No | No |
| 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) | 1/01/2017 |
| | Ending (mm/dd/yyyy) | 12/31/2017 |

Use of Drop-down boxes for Yes/No and other questions

Answer every Yes/No question. To select Yes or No, you may use the dropdown selection. If there is additional information requested after a Yes answer, please provide or specify that information.



Helpful information and definitions

Some data fields have associated frames with helpful information or definitions.

| | | | | |
|----------|---|----|----------------|---|
| | City | | County | |
| | State | TN | Zip Code | |
| | Phone | | | |
| Preparer | Preparer Name | | Preparer Phone | |
| | Preparer Title | | | |
| | Preparer Email | | | |
| | In the event that a reporting period other than January 1 through December 31 | | | Phone Enter 10 digit phone number with NO () or - EXAMPLE: 6151234567 |

If the helpful information gets in the way of entering or seeing a field, simply click (hold) and drag with the mouse to move it to another location.

| | | | | |
|----------|---|----|----------------|---|
| | City | | County | |
| | State | TN | Zip Code | |
| | Phone | | | |
| Preparer | Preparer Name | | Preparer Phone | |
| | Preparer Title | | | |
| | Preparer Email | | | |
| | In the event that a reporting period other than January 1 through December 31 | | | Phone Enter 10 digit phone number with NO () or - EXAMPLE: 6151234567 |

2017 Errors and Errors Sheet

Error checking

The Excel spreadsheets onto which you enter data have built-in error checking which occurs in boxes to the right of the data entry. "OK" indicates that there is likely no Error. "Error" indicates that there may be an error in the data provided.

| | | | | |
|----|--|----|-----------------|------------------------|
| OK | AL | AM | Yes/No Question | Facility data provided |
| | 'OK' = Likely no Error 'Error' = Maybe Error in data provided | | Ok | |
| | | | Prior Name | Ok |

2017 Errors Sheet

All “Error?” fields from the various schedules are listed in the Errors sheet.

You may go to the Errors sheet from the Main menu link or from the sheet tab at the bottom of any screen.

All lines marked “OK” in the first column indicate that the error description does not apply and the data is probably not in error.

Errors Sheet

The lines marked “Error” describe likely errors in the data that was entered.

A link is provided to return to the schedule involved to make a change in the data, if possible.

Comments/Explanations

If you find that you cannot change the data to eliminate the “Error” message, a descriptive comment or explanation on the reason why this cannot be done must be entered in the last column.

These comments will be reviewed upon submission and you may or may not be queried about the error for which you provide a comment.

| | A | B | C | D | E |
|----|----------|-----------|-----------------------------------|--------------|---|
| | State ID | Ok/ Error | Return to schedule | Error Number | Error message |
| 1 | | | | | |
| 2 | | | | | |
| 3 | 180342 | Ok | NHA_NameChange | NHA_Error010 | Indicate Yes or No to question concerning facility name change during reporting period. |
| 4 | 180342 | Error | NHA_StreetAddress | NHA_Error020 | Facility address information is needed. |
| 5 | 180342 | Error | NHA_NameChange | NHA_Error030 | Prior Name change was indicated; provide prior name. |
| 6 | 180342 | Ok | NHA_PrepName | NHA_Error040 | Preparer information is needed. |
| 7 | 180342 | Error | NHA_RepPeriodYN | NHA_Error050 | Indicate Yes or No to question concerning reporting period. |
| 8 | 180342 | Ok | NHA_RepPeriodYN | NHA_Error060 | Reporting Period answered No; however, Beginning and Ending Date(s) not changed. |
| 9 | 180342 | Ok | NHA_Admin | NHA_Error070 | Provide Administrator name and license. |
| 10 | 180342 | Ok | NHE_OvrName | NHE_Error010 | Provide complete owner information. |
| 11 | 180342 | Ok | NHE_TypeProfShop | NHE_Error020 | Select only one type of owner. |
| 12 | 180342 | Ok | NHE_TypeGovtOther | NHE_Error030 | Other Government checked; specify name. |

| | A | B | C | D | E |
|---|----------|-----------|-----------------------------------|--------------|---|
| | State ID | Ok/ Error | Return to schedule | Error Number | Error message |
| 1 | | | | | |
| 2 | | | | | |
| 3 | 180342 | Ok | NHA_NameChange | NHA_Error010 | Indicate Yes or No to question concerning facility name change during reporting period. |
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F

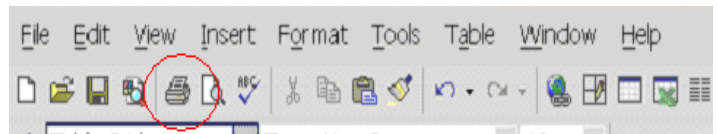
Please provide an explanation of why the data cannot be changed (why an error may remain) for all error messages that are marked "Error"

Comments:

Printing 2017 Joint Annual Report of Nursing Homes

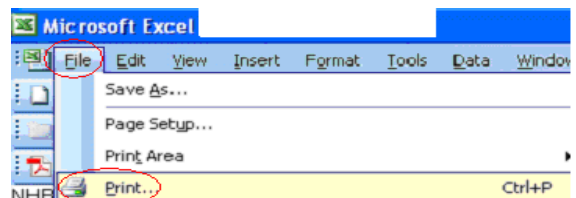
Printing Schedules

After you have entered data, print by selecting each schedule and using File/Print or the Print Icon. This printout will be a record of the data you submitted



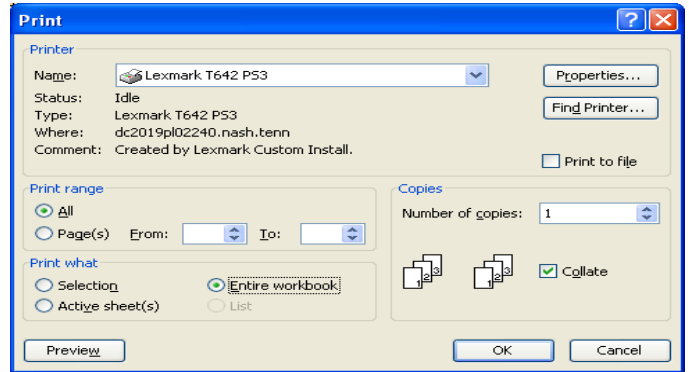
Printing All Schedules and Error Messages

If you wish to print all the schedules and the error messages, use **File/Print**.



At the resulting screen, select **Entire workbook** and **OK**. This will print all 2017 JAR Form pages.

NOTE: The main screen and State ID worksheets print on ten pages. Printing all schedules will take 26 pages. If you print the error sheets it will be an additional nine pages.

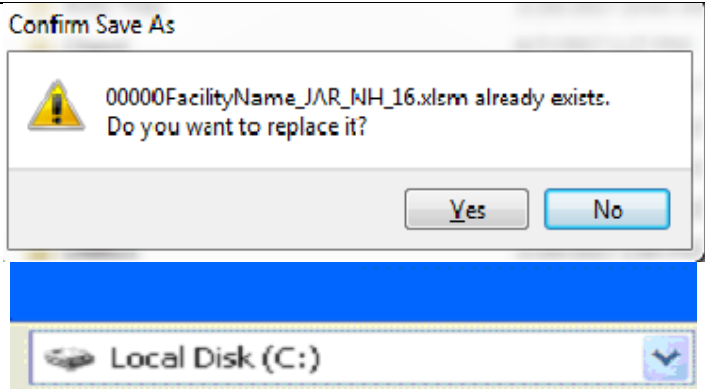


SAVING 2017 JAR Form

Whenever you leave the Excel program by using the “X” in the top right of the screen, a message will ask if you want to save the changes. Respond **Yes** or data you entered will be lost.

Choose a location on your C: drive that you will be able to locate later.

BE SURE your State ID and Facility Name are part of the File Name the last time you save.



SUBMITTING 2017 DATA

Submit the report via e-mail attachment to: JARNursingHome.Health@tn.gov or make a copy of the Joint Annual Report from your hard drive to a CD. Label the CD with your facility’s name and State ID and mail it to:

Cheryl Hines
Tennessee Department of Health
2nd Floor Health Statistics
Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243

There is no need to mail or fax a paper form!

DUE DATE: Friday, July 20, 2018 no later than 4:30 p.m. (Central Standard Time)

If you have any questions, call Cheryl Hines, 615-532-7888 or email cheryl.hines@tn.gov or JARNursingHome.Health@tn.gov

Attaching 2017 Excel JAR Form to Email

To E-mail the Excel report, **address e-mail to**
JARNursingHomeHealth@tn.gov
and put in subject line the State ID, Facility Name and
NH_17. Go to the **attachment** icon and click
on (browse or look in) and find the file name
on your computer at the location that you
saved it. **Attach** it and **send** it. You will
receive an e-mail confirmation that the report
has been received. Please print that e-mail for
documentation purposes to confirm that the
report was submitted on time.

