08-16	FORM CMS-2540-10	4190 (Cont.)				
SKILLED NURSING FACILITY AND	PROVIDER CCN:	PERIOD :	WORKSHEET S-3			
SKILLED NURSING FACILITY HEALTH CARE COMPLEX		FROM	PART I			
STATISTICAL DATA		то				

	Number	Bed	Inpatient Days / Visits					Discharges					
	of	Days	Title	Title	Title			Title	Title	Title			
Component	Beds	Available	V	XVIII	XIX	Other	Total	V	XVIII	XIX	Other	Total	
	1	2	3	4	5	6	7	8	9	10	11	12	
1 Skilled Nursing Facility													1
2 Nursing Facility													2
3 ICF / IID													3
4 Home Health Agency													4
5 Other Long Term Care													5
6 SNF-Based CMHC													6
7 Hospice													7
8 Total (sum of lines 1-7)													8

											Time	
		Average Length of Stay				Admissions					Equivalent	
	Title	Title	Title		Title	Title	Title			Employees	Nonpaid	
Component	V	XVIII	XIX	Total	V	XVIII	XIX	Other	Total	on Payroll	Workers	
	13	14	15	16	17	18	19	20	21	22	23	
1 Skilled Nursing Facility												
2 Nursing Facility												
3 ICF / IID												T
4 Home Health Agency												
5 Other Long Term Care												
6 SNF-Based CMHC												Т

FORM CMS-2540-10 (08/2016) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-2, SECTIONS 4105.1)