SKILLED NURSING FACILITY AND PROVIDER NO.: PERIOD WORKSHEET S-3 SKILLED NURSING FACILITY HEALTH CARE COMPLEX **FROM** PART I STATISTICAL DATA Inpatient Days Number Bed Discharges Title Total Days Title of Title Title Total Title Title XIX XIX Component Beds Available V XVIII Other V XVIII Other 3 7 8 12 5 6 10 11 Skilled Nursing Facility Nursing Facility 3 3.1 ICF/MR Other Long Term Care 5 Home Health Agency 5 6 SNF-Based Outpatient Rehabilitation Providers Hospice 8 Total (Sum of lines 1-8) 10 Ambulance Trips

											Full Time		
		Average Length of Stay				Admissions					Equivalent		
		Title	Title	Title	Total	Title	Title	Title		Total	Employees	Nonpaid	
		V	XVIII	XIX		V	XVIII	XIX	Other		on Payroll	Workers	
		13	14	15	16	17	18	19	20	21	22	23	
1	Skilled Nursing Facility												1
2													2
3	Nursing Facility												3
3.1	ICF/MR												3.1
4	Other Long Term Care Facility												4
5	Home Health Agency												5
6													6
7	SNF-Based Outpatient												7
	Rehabilitation Providers												
8	Hospice			·									8
9	Total (Sum of lines 1-8)												9
10	Ambulance trips												10

FORM CMS 2540-96 (07/99) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN HCFA PUB. 15-II, SECTION 3509)

35-306 Rev. 13