	HOME HEALTH AGENCY SURVEY REPORT					
	PART 1: To Be Completed by Facility Staff					
1. Name of Facility: 3. Street Address:		2. Provider No: 4. Telephone:				
				5. Name of Administ		
		1 = RN 2 = Physician 3 = Undergraduate degree				
7. Type of Control:	8. Has there been a change of ownership of the facility since last survey?2 = Government Operated					
01 – Proprietary	02 – Government Operated	Yes No				
9. Is this home healt	h agency co-located with a separate	ly Medicare-certified Hospice? Yes No				
If yes, provide the	e hospice Medicare provider number:					
10. Does this home l	nealth agency operate any branches	locations? Yes No				
If yes, how many	branches locations?					
Indicate all brancl	n locations below (including official na	me and full mailing address).				
If additional space	e is needed, attach separate page and c	heck this box.				
Branch No.	Branch Name	Branch Mailing Address				
Branch #1						
Branch #2						
Branch #3						
Branch #4						

11. Services Provided:

For each type of care services provided, indicate how this service is provided:

1 = HHA staff

2 = Under Arrangement

3 = Combination

Response	Type of Service Provided		
	01 – Skilled Nursing		
	02 – Physical Therapy		
	03 – Occupational Therapy		
	04 – Speech Therapy		
	05 – Social Worker		
	06 – Home Health Aide		
	07 – Pharmaceutical Services		
	08 – Infusion Services		
	09 – Laboratory Services		
	10 – Outpatient Therapy Services		

12. Staffing - List full-time equivalents (not hours):

Direct Hire Staff	FTE(s)	Staff Under Arrangement	FTE(s)
Registered Nurse		Registered Nurse	
Licensed Practical Nurse		Licensed Practical Nurse	
Physical Therapist		Physical Therapist	
Physical Therapist Assistant		Physical Therapist Assistant	
Occupational Therapist		Occupational Therapist	
Occupational Therapist Assistant		Occupational Therapist Assistant	
Speech-Language Pathologist		Speech-Language Pathologist	
Social Worker		Social Worker	
Social Work Assistant		Social Work Assistant	
Home Health Aide		Home Health Aide	

Name & Title of Person Completing Form:

Date Form Completed:

PART 2: Surveyor to Complete:

13. Type of Survey:

Initial Survey:

Recertification:

1 = Standard 2 = Partial Extended 3 = Extended 4 = 1 and 2 5 = 1 and 3 6 = 1, 2, and 3

14. Survey Data:

Total Number of Home Visits:

Number of Records Reviewed, No Home Visits:

PRA Disclosure Statement

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