

* 1. Is your facility Medicare certified?

Yes

No

* 2. Does your facility allocate beds by payor source?

Yes

No

* 3. How many beds are currently being utilized in the categories listed below (please enter a number)?

Medicare, specifically
residents requiring
rehabilitation services

Medicaid, including
residents with a pending
Medicaid application

Veteran Affairs

Private pay

* 4. Does your facility have an active waiting list of individuals seeking nursing home level of care?

Yes

No

* 5. If yes, what is the average wait time in days?

Nursing Home Admissions 2017

* 6. How many individuals by payor source are currently on the waiting list?

Medicare

Medicaid

VA

Private Pay

Unknown

* 7. Does your facility allocate beds by service category (i.e., long term care, rehabilitation, memory care, traumatic brain injury, behavioral health)?

Yes

No

* 8. If yes, how many beds are in each category listed below (please enter a number)?

Long term care beds

Rehabilitation beds

Memory care unit beds

Traumatic brain injury
beds

Behavioral health unit
beds

Nursing Home Admissions 2017

* 9. Does your facility restrict admission based on the care and services required by residents for the following:

	Yes	No
Bariatric residents	<input type="radio"/>	<input type="radio"/>
Dialysis residents	<input type="radio"/>	<input type="radio"/>
Residents requiring IV treatments	<input type="radio"/>	<input type="radio"/>
Residents requiring behavioral health services	<input type="radio"/>	<input type="radio"/>
Risk to self and others	<input type="radio"/>	<input type="radio"/>
Tracheostomy Care/Suctioning	<input type="radio"/>	<input type="radio"/>
Residents deemed incompetent and are without a guardian	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Other (please specify)

* 10. Does your facility restrict admissions based on a resident's criminal history?

Yes

No

Nursing Home Admissions 2017

* 11. Are you experiencing any staffing shortages that are affecting the number of residents you admit or the level of care you provide?

	Yes	No
Registered nurses	<input type="radio"/>	<input type="radio"/>
Licensed practical nurses	<input type="radio"/>	<input type="radio"/>
Nurse aides	<input type="radio"/>	<input type="radio"/>
Physical therapists	<input type="radio"/>	<input type="radio"/>
Resident physicians	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

* 12. On a scale of 1 to 4, does your facility have any barriers to accepting referrals as residents?

	1 (No barrier)	2	3	4 (Significant barrier)
Acuity level of referrals are too high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Need for additional or specialized equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Room will not accommodate equipment needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would require a private room to accommodate care needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff experience level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Roommate capability (gender specific bed available)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Policy restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Nursing Home Admissions 2017

* 13. Does your facility have a memory care unit?

Yes

No

* 14. If yes, how many beds are in the memory care unit?

* 15. Is your facility utilizing resident rooms originally designed as double occupancy for private rooms or other uses that has reduced bed capacity below your moratorium capacity?

Yes

No

* 16. If yes, does your facility have plans to increase bed capacity?

Yes

No

Any comments?

Nursing Home Admissions 2017

* 17. Are additional nursing facility beds needed in your community?

	Yes	No
Bariatric care	<input type="radio"/>	<input type="radio"/>
Memory care	<input type="radio"/>	<input type="radio"/>
Behavioral health care	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury care	<input type="radio"/>	<input type="radio"/>
General	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

Please specify

* 18. Please indicate which in region you are located.

- Region 1 (Butte, Lawrence, Meade, Pennington)
- Region 2 (Bennett, Custer, Fall River, Jackson)
- Region 3 (Haakon, Hughes, Hyde, Perkins, Potter, Walworth)
- Region 4 (Brule, Gregory, Mellette, Tripp)
- Region 5 (Brown, Clark, Codington, Day, Deuel, Edmonds, Grant, Hamlin, Marshall, McPherson, Roberts)
- Region 6 (Aurora, Beadle, Brookings, Davison, Faulk, Hand, Jerauld, Kingsbury, Lake, McCook, Miner, Moody, Sanborn, Spink)
- Region 7 (Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Union, Yankton)
- Region 8 (Lincoln, Minnehaha, Turner)

19. Please provide any additional information that affects your facility's ability to admit additional residents that has not been previously noted.