



Attachment D: Nursing Home Site Information Form



Home | **1. Site Information** | 2. Questionnaire | 3. Data Use Agreement | 4. Submit Data File | 5. Review Submission Status | [My Account](#) | [Logout](#)

Site Details

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Medicare Provider ID This nursing home does not have a Medicare Provider ID.

Nursing Home Name

Address

Address 2

City

State

Zip Code

Does this nursing home share a Medicare Provider ID with another Nursing Home?

Yes No Don't Know

Please indicate the total number of certified beds in your nursing home.

Please identify the type of organization that controls and operates your nursing home.

Site Contact Information

Use my information as the contact for this site

Contact First Name

Contact Last Name

Title

Telephone number () - Ext.

Email Address

Data Collection

Denominator (Number of surveys distributed)

Survey Mode

Who Administered to

Please specify

Data Collection Completed Month: Year:

[Save](#)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.