

Attachment C: Nursing Home Site Information Form

Welcome, test

- **Submitting Data**
 - 1. Enter Nursing Home Site Information
 - 2. Submit Nursing Home Questionnaire
 - 3. Submit Data Use Agreement
 - 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

Site Details

A field with an asterisk (*) before it is a required field.

[Save](#)

* 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. →

Response options for certified beds:

- 1-49 beds
- 50-99 beds
- 100-199 beds
- 200 beds or more

Response options for type of organization:

- For Profit - Operated under private commercial ownership
- Non Profit - Operated under voluntary or other nonprofit auspices
- Government - Operated by a governmental entity

Site Contact Information Use my information as t

* Contact First Name

* Contact Last Name

Title

* Telephone number Ext.

* Email Address

Response options for Survey Mode:

- Paper
- Web
- Mixed mode (paper & web)
- Other

Data Collection

* Denominator (Number of surveys distribut

* Survey Mode →

* Who Administered to →

Please specify

* Data Collection Completed Month: Year:

Response options for who administered to:

- All staff/sample of all staff
- Selected departments/units only (please specify)
- Selected staff positions only (please specify)
- Selected departments/units and selected staff positions (please specify)

[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.