

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 control/operation:

- For profit
- Non profit
- Government

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

Response options for Survey Mode:

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

* Who Administered to

Response options for Who Administered to:

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

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.