

Attachment C: Nursing Home Site Information Form

Databases

Welcome, Suzie

Submitting Data

1. Enter Nursing Home Site Information
2. Submit Nursing Home Questionnaire
3. Submit Data Use Agreement
4. Submit Survey Data File(s)

Check Your Submission Status

Your Account

- Change Password
- Edit Contact Information

Logout

Stay Connected

888-324-6790

DatabasesOnSafetyCulture@westat.com

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.

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](#)

- Response options for control/operation:
- For profit
 - Non profit
 - Government

- Response options for Survey Mode:
- Paper
 - Web
 - Mixed mode (paper & web)
 - Other

- 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)

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, 5600 Fishers Lane, # 7, Rockville, MD 20857.