**Draft Workforce Safety Supplemental Item Set**

**Nursing Home Background Information Form**

**3/8/2022**

Public reporting burden for this collection of information is estimated to average 3 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.



SOPS® Nursing Home Survey with Workplace Safety Items

Pilot Test Background Information Form

**Nursing Home Point of Contact:** Please answer the background questions for each nursing home in your chain that is participating in the pilot test.

1. What is the name of your nursing home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the address of the nursing home? Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your nursing home’s Medicare Provider ID (6 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please identify the total number of skilled nursing licensed beds in this nursing home.
   1. 1-49 beds
   2. 50-99 beds
   3. 100-199 beds
   4. 200 or more beds
3. Please identify the type of organization that controls and operates the nursing home.
4. For Profit – Operated under
5. Non Profit – Operated under voluntary or other nonprofit auspices
6. Investor-owned (for-profit)
7. Government – Operated by a governmental entity