

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.

Pilot Test of the Proposed Workforce Safety Supplemental Item Set for the Surveys on Patient Safety Culture™, Supporting Statement A

Attachment F: Nursing Home Background Information Form



**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: _____
2. What is your nursing home's Medicare Provider ID (6 digits): _____
3. 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
4. Please identify the type of organization that controls and operates the nursing home.
 1. For Profit - Operated under
 2. Non Profit - Operated under voluntary or other nonprofit auspices
 3. Investor-owned (for-profit)
 4. Government - Operated by a governmental entity