

Attachment C: Nursing Home Site Information Form

SOPS Databases Submission System

Welcome, Jana

[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

888-324-9790

DatabasesOnSafetyCulture@westat.com

[Assistance with Files](#)

OMB Control Number: 0935-0195

Expiration Date: 10/31/2024

Site Details

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

Site ID

* Medicare Provider ID This nursing home does not have a Medicare Provider ID.

* Does this nursing home share a Medicare Provider ID with another Nursing Home?
 Yes No Don't Know

* Nursing Home Name

* Address

Address 2

* City

* State

* Zip Code

Site Contact Information

* Contact First Name

* Contact Last Name

Title

* Telephone number Ext.

* Email Address

Data Collection

Data Collection

* Did you administer the Workplace Safety Supplemental Items for Nursing Home SOPS?

* Denominator (Number of surveys distributed)

* Survey Mode

* Who Administered to
 Please specify

* Data Collection Started Month: Year:

* Data Collection Completed Month: Year:
 (Between October 2022 and October 2024)

Response options administration of WPS:

- Yes
- No

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)

Response options for bed size:

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

Response options for control/operation:

- For profit - operated under private commercial ownership
- Non profit - operated under voluntary or other nonprofit auspices
- Government - operated by a government entity

Additional Nursing Home Information

* 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.

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.