

Staffing:**Average daily number of licensed and unlicensed nurses who are directly responsible for resident care:**

	Registered Nurses			Licensed Practical Nurses			Certified Nurse Assistants		
	Days	Evening	Nights	Days	Evening	Nights	Days	Evening	Nights
Weekdays	_____	_____	_____	_____	_____	_____	_____	_____	_____
Weekends	_____	_____	_____	_____	_____	_____	_____	_____	_____
Holidays	_____	_____	_____	_____	_____	_____	_____	_____	_____

Insurance contracts: (list all insurance plans that you participate in)

What else makes your facility great? Add additional comments below:

**** Please include a rate sheet and activities calendar to questionnaire.****STAFF:**

Administrator: _____

Medical Director: _____

Director of Nursing _____

BUSINESS INFORMATION:

Principal Owner _____ Since _____

Parent Corporation _____ Since _____

NAME OF PERSON COMPLETING QUESTIONNAIRE

Full Name _____ Position _____ Date _____

E-mail Address _____ Phone Number _____