

## HOME HEALTH AGENCY SURVEY REPORT STATE LICENSE ONLY

Name of Facility			Type of Survey <input type="checkbox"/> Initial <input type="checkbox"/> Resurvey		
Street Address					
City		County	Has there been a change of ownership since last survey? <input type="checkbox"/> Yes <input type="checkbox"/> No		
State	Zip Code	Telephone Number			
Name of Administrator					
Does this home health agency operate branch(es)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, how many? <input style="width: 50px;" type="text"/> If yes, give official name, address of each branch (include street address and zip code)					
<b>Record Reviews:</b>  Number records reviewed with home visits    _____ Number records reviewed, no home visits    _____ Number of home visits with no records reviewed    _____ Total records reviewed    _____ Total home visits    _____			<b>Patient census since last licensure survey:</b>  <b>Admissions:</b> Unduplicated admissions    _____ Readmissions    _____ <b>Discharges:</b> Total    _____		
<b>Type of Agency</b> (type applicable number in box): <input style="width: 50px;" type="text"/>  01=VNA 02=Combination Government Voluntary 03=Official Health Agency 04=Rehab based program 05=Hospital based program 06=Skilled Nursing Facility/Nursing Facility based program 07=Other			<b>Type of Control:</b> (type applicable number in box): <input style="width: 50px;" type="text"/>  <b>Voluntarily Non-Profit</b> 01=Religious Affiliation 02=Private 03=Other <b>For Profit</b> 04=Proprietary <b>Government</b> 05=State/County 06=Combination Government and Voluntary 07=Local Government		
<b>Services Offered:</b> 1=Provided by Agency Staff    2=Under Arrangement    3=Combination <i>Type in 1, 2 or 3 left side of services provided. If service provided is a 1 or 3 complete FTEs in staffing section</i>			<b>Staffing (List full-time equivalent (FTEs)):</b> <i>(i.e. 2 RNs working 20 hours each that would be equivalent to 1 full time employee 1.0)</i>		
	Nursing Care	Registered Nurse			
	Physical Therapy	Licensed Practical Nurse			
	Occupational Therapy	Physical Therapist			
	Speech Therapy	Occupational Therapist			
	Medical Social Worker	Speech Pathologist/Audiologist			
	Home Health Aide	Social Worker			
	Intern/Resident	Home Health Aide			
	Nutritional Guidance	Pharmacist			
	Pharmaceutical Services	Dietitian			
	Appliance and Equipment Service	All Others			
	Vocational Guidance				
	Laboratory Services				
	Other				