END STAGE RENAL DISEASE MEDICAL INFORMATION SYSTEM
ESRD FACILITY SURVEY (DIALYSIS UNITS ONLY)

Survey Period

Facility Mailing Address | Suite/room

City | State | ZIP code

Facility Physical Address (if different than mailing address) | Suite/room

City | State | ZIP code

Number of dialysis stations | Facility Telephone ( ) - | Facility Ownership Type: ○ Profit ○ Non-profit

Facility Local/National Affiliation/Chain Information (i.e. Satellite Healthcare, etc.)

Types of Dialysis Services offered:

○ In-center Hemodialysis ○ Peritoneal Dialysis ○ Home Hemodialysis Training

Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?.. ○ Yes ○ No

Days and shifts your dialysis facility is open:

○ Monday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4   ○ Friday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4

○ Tuesday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4   ○ Saturday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4

○ Wednesday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4   ○ Sunday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4

○ Thursday   Shifts per day: ○ 1 ○ 2 ○ 3 ○ 4

DIALYSIS PATIENTS AND TREATMENTS

Dialysis

Patients Receiving Care Beginning of Survey Period		
In-center	Home	Total Fields 01 – 02
01	**02**	**03**

Additions during Survey Period				
	Started First Time Ever	Restarted	Transferred from Other Dialysis Facility(ies)	Returned after Transplant Failed
In-center				
Home				
	04A **04A**	**05A** **05B**	**06A** **06B**	**07A** **07B**

Losses during Survey Period					
	Deaths	Recovered Kidney Function	Received Transplant	Transferred to Other Care Facility	Discontinued Dialysis	Other (LTFU)
In-center						
Home						
	08A **08B**	**09A** **09B**	**10A** **10B**	**11A** **11B**	**12A** **12B**	**13A** **13B**

Patients Receiving Care at End of Survey Period

In-center Dialysis		Self-Dialysis Training				Total In-center Dialysis	Home Dialysis				Total Home Dialysis	Total Patients
Hemodialysis	Other	Hemodialysis	CAPD	CCPD	Other	Fields 14 – 19	Hemodialysis	CAPD	CCPD	Other	Fields 21 – 24	Fields 20 – 25
14	15	16	17	18	19	20	21	22	23	24	25	26

Patient Eligibility Status End of Survey Period

Currently enrolled in Medicare	Medicare application pending	Non-Medicare
27	28	29

Hemodialysis Patients Dialyzing 4 or more times per week

Setting	Day	Nocturnal
In-center		
Home		
	30A 30B	31A 31B

Vocational Rehabilitation

Patients aged 18 – 64	Patients receiving services from Voc Rehab	Patients Employed full-time or part-time
32	33	34

Treatment and Staffing

In-center Dialysis Treatments (Include Training Treatments)

Hemodialysis	Other
35	36

Staffing

Position	Number of Staff		Number of Open Positions		Staff to Patient Ratio
	Full Time	Part Time	Full Time	Part Time	
a. RNs					
b. LPN/LVNs					
c. PCTs					
d. APNs					
e. Dietitians					
f. Social Workers					
	37	38	39	40	41

Completed by (Name)	Date	Title	Phone number

REMARKS REGARDING INFORMATION PROVIDED ON THIS SURVEY SHOULD BE ENTERED ON THE LAST PAGE OF THE SURVEY

This report is required by law (42 USC 426; 42 CFR 405.2133). Individually identifiable patient information will not be disclosed except as provided for in the Privacy Act of 1974 (5 USC 5520; 45 CFR, Part 5a). According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX (Expires XX/XX/XXXX). This is a **mandatory** information collection. The time required to complete this information collection is estimated to average two (2) hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Christina Goatee.

ESRD FACILITY SURVEY (CMS-2744)
INSTRUCTIONS FOR COMPLETION REPORTING RESPONSIBILITY

The ESRD Facility Survey is designed to capture only a limited amount of information concerning each Federally approved renal facility's operation. It is not intended to yield information on the full range of ancillary services or activities, e.g., referrals, graft outcome, etc. These concerns are more appropriately addressed by the ESRD Network in supplemental requests or through other segments of the Program Management and Medical Information System (PMMIS). Every facility/center approved by Medicare to provide services to ESRD patients must furnish the information requested in the ESRD Facility Survey (42 U.S.C. 426; 20 CFR 405, Section 2112). It is also the facility's/center's responsibility to provide patient and treatment counts to their local ESRD Network upon termination of operations. Facilities certified as only providing acute hospital inpatient dialysis services are not requested or required to complete this survey.

For purposes of this document, the word "facility" will be used interchangeably when referring to renal dialysis facilities, renal dialysis centers, or renal transplant centers, as applicable depending on the use of the CMS-2744A or the CMS-2744B.

Survey period

The Facility Survey is completed annually between January 1st and the second Friday in April. The survey period is January 1st through December 31st of the previous year. Unless specified otherwise, all data entered on the Facility Survey is to cover the entire survey period. The form should be completed and submitted in the ESRD Quality Reporting System (EQRS).

General instructions

Please complete the following information, which will be used to **update the CMS Dialysis Facility Compare website**. This information should reflect your facility status as of December 31 of the previous year.

- **Facility Physical Address:** Complete this information if your physical address is different from your mailing address.
- **Number of Dialysis Stations:** Provide the number of approved dialysis stations in your facility, as of December 31.
- **Facility Telephone:** Provide your facility telephone number including area code.
- **Facility Ownership Type:** Check the appropriate block for profit or non-profit type of ownership.
- **Facility Local/National Affiliation/Chain Information:** Provide information if your facility is owned or managed by a national corporation, e.g., Satellite Healthcare, etc.
- **Types of dialysis services offered:** Provide information on the types of dialysis services your facility is approved to provide, as of December 31. These are the types of services that are listed on the Dialysis Facility Compare website; In-center Hemodialysis, Peritoneal Dialysis and/or Home Hemodialysis.
- **Does your facility offer a dialysis shift that starts at 5:00 p.m. or later?** Provide information as to whether your facility offers dialysis shifts that begins on or after 5:00, as of December 31.
- **Days and shifts your facility is open:** Select all the days of the week your facility is open and the number of shifts staffed to provide dialysis services per day, as of December 31.

Dialysis patients, treatments and staffing (for completion by dialysis units only) patient load

All patient and treatment counts requested are to include only the diagnosed chronic ESRD population; **no reversible failure (Acute) patients or treatments may be counted.** All diagnosed chronic ESRD patients treated at the facility should be counted and reported as (1) regular, continuing caseload (fields 01 through 03); (2) added to the regular caseload (fields 04A through 07B); or (3) lost from the regular caseload (fields 08A through 13B). Inclusion of patients in counts should not depend on entitlement determination; newly diagnosed chronic unit admissions should be included, including peritoneal or hemodialytic therapy, and transplantation.

Patients Receiving Care Beginning of Survey Period

- **Field 01: In-center.** Enter the number of patients that were dialyzing in your facility, as of January 1, of the survey period. This number should reflect your "permanent" patient population; i.e., those patients for whom your facility had ongoing medical responsibility for the routine care of the patient until he/she/they was/were formally transferred elsewhere. Include those routine patients who were hospitalized or were away from your facility as of January 1, of the survey period.
- **Field 02: Home.** Enter the number of patients who were dialyzing at home (hemodialysis, continuous ambulatory peritoneal dialysis, continuous cycling peritoneal dialysis or other dialysis, e.g., intermittent peritoneal dialysis), as of January 1, of the survey period.

- **Field 03: Total.** Enter the sum of fields 01 and 02. This should equal the number of patients on your facility's register, as of January 1 of the survey period.

Additions During the Survey Period

Note: This section requires counts for additional in-center and home dialysis patients accepted during the survey period.

Newly Diagnosed Patients:

- **Field 04A: In-center—Started for the First Time Ever.** Enter the number of newly diagnosed ESRD patients who were admitted to your facility as **chronic maintenance** dialysis patients for the first time ever. This is a count of patients who have begun their **initial course of in-center maintenance dialysis therapy** during the survey period and for whom your facility will have major medical responsibility. **Do not include patients who transferred to your facility from another dialysis facility; that data is to be reported in field 06A.**
- **Field 04B: Home—Started for the First Time Ever.** Enter the number of newly diagnosed ESRD patients who successfully completed a course of self-dialysis training and began home dialysis (their initial course of home dialysis after training) during the survey period. **If they are still in training at the end of the survey period, report them in field 04A.**

Restarted Dialysis:

- **Field 05A: In-center—Restarted.** Enter the number of patients who restarted in-center dialysis during the survey period. This is a count of persons who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but, restarted routine in-center dialysis during the survey period.
- **Field 05B: Home—Restarted.** Enter the number of patients who restarted home dialysis during the survey period. This is a count of patients who had temporarily recovered kidney function, had discontinued dialysis, or had been lost to follow-up but, restarted regular home dialysis during the survey period.

Transferred from Another Facility:

Note: Include those patients who received their first outpatient dialysis (or transplant) at a Non-Medicare facility including a prison or a facility in another country.

- **Field 06A: In-center —Transferred from Other Dialysis Unit.** Enter the number of patients admitted to your facility who were formally transferred from another dialysis facility during the survey period and who are continuing a regular course of dialysis at your facility. A formal transfer is the transfer of a patient, including his/her/their medical records, to another facility that will permanently become the primary dialysis provider.
- **Field 06B: Home—Transferred from Other Dialysis Unit.** Enter the number of home patients who were formally transferred by another facility, during the survey period, to your unit for ongoing medical supervision and responsibility. A formal transfer is the transfer of a patient, including his/her/their medical records, to another facility that will permanently become the primary home dialysis provider.

Returned After Transplantation Failed:

Note: Do not include dialysis patients who were post-transplant and were waiting for their graft to function (Dialysis in support of transplant). Include only those patients for whom a physician had written a prescription after a transplant failed.

- **Field 07A: In-center—Returned After Transplantation Failed.** Enter the number of patients who returned to in-center dialysis during the survey period **after a transplant failure**. (Do not include patients in this field who were on temporary backup dialysis due to an Acute failure episode or patients who were receiving dialysis post-transplant while waiting for their graft to function [Dialysis in Support of Transplant].)
- **Field 07B: Home—Returned After Transplantation Failed.** Enter the number of patients who returned to home dialysis, during the survey period, after a transplant failure. (Do not include patients in this field who were on temporary backup dialysis due to an Acute failure episode or patients who were receiving dialysis post-transplant while waiting for their graft to function [Dialysis in Support of Transplant].)

Losses During the Survey Period

Note: These fields describe losses to your facility of both in-center and home patients that occurred during the survey period. For purposes of this survey, "in-center" includes patients who routinely dialyzed in-center at the time of loss to the reporting facility, and "home" includes patients who routinely dialyzed at home at the time of loss to the reporting facility.

Deaths:

Note: If a patient death occurred within 30 days of stopping dialysis, then submit a CMS2746, Death Notification Form, and count the patient as a death.

- **Field 08A: In-center—Deaths.** Enter the number of in-center dialysis patients who died during the survey period. These deaths must be shown in 08A if patient was on in-center dialysis at time of death or training for home dialysis.
- **Field 08B: Home—Deaths.** Enter the number of home dialysis patients who died during the survey period. These deaths must be shown in 08B if patient was on home dialysis at time of death.

Recovered Kidney Function:

- **Field 09A: In-center —Recovered Kidney Function.** Enter the number of in-center dialysis patients who recovered function of their native kidneys and ceased in-center dialysis during the survey period.
- **Field 09B: Home—Recovered Kidney Function.** Enter the number of home dialysis patients who recovered function of their **native kidneys** and ceased home dialysis during the survey period.
- **Transplanted: Note:** Any patient who received a kidney transplant, during the survey period must be listed in this category, even if the graft never functioned.
- **Field 10A: In-center —Received Transplant.** Enter the number of in-center dialysis patients who received a kidney transplant, during the survey period.
- **Field 10B: Home—Received Transplant.** Enter the number of home dialysis patients who received a kidney transplant, during the survey period.

Transferred Out:

Note: Include patients who left the facility to dialyze elsewhere (at a Medicare approved or a non-Medicare approved facility). Include patients who had been involuntarily discharged regardless of where patients received services after discharge.

- **Field 11A: In-center —Transferred to Other Dialysis Unit.** Enter the number of in-center dialysis patients who **permanently** transferred to another dialysis facility for their ongoing dialysis, during the survey period; that is, those patients whose ongoing, routine medical supervision became the responsibility of another dialysis facility.
- **Field 11B: Home—Transferred to Other Dialysis Unit.** Enter the number of home dialysis patients who **permanently** transferred to another home dialysis program, during the survey period.

Discontinued Dialysis:

Note: These fields should contain counts of patients whose last known activity was that they discontinued dialysis. Patients who make the conscious decision to stop dialysis. You must follow the patient for 30 days after his/her/their last dialysis session. If a patient death occurs within 30 days of stopping dialysis, then submit a CMS-2746, Death Notification Form, and count the patient as a death.

- **Field 12A: In-center —Discontinued Dialysis.** Enter the number of in-center dialysis patients who consciously, permanently discontinued dialysis (exclude those reported in fields 08A, 09A, 10A, 11A and 13A, these have not discontinued dialysis), during the survey period.
- **Field 12B: Home—Discontinued Dialysis.** Enter the number of home dialysis patients who permanently discontinued dialysis (excluding those reported in fields 08B, 09B, 10B, 11B and 13B, these have not discontinued dialysis), during the survey period.

Lost to Follow-Up:

Note: Do not use this event when a patient has voluntarily discontinued dialysis (report in Fields 12/A or 12/B) or has transferred out to another facility (report in Field 11/A or 11/B). Patients should be included in Field 13A or 13B, only after every effort has been made to locate the patient.

- **Field 13A: In-center – Other - Lost to Follow-Up (LTFU).** Enter the number of patients, who had been dialyzing In-center, left your dialysis program and whose current status was unknown to your facility (lost to follow-up), during the survey period. Do not include those patients reported in fields 08A, 09A, 10A, 11A, or 12A.

- **Field 13B: Home—Other - Lost to Follow-Up (LTFU).** Enter the number of patients, followed by your facility, who had been dialyzing at home, left your dialysis program and whose current status was unknown to your facility (lost to follow-up), during the survey period.). Do not include those patients reported in fields 08B, 09B, 10B, 11B, or 12B.

Patients Receiving Care at the End of the Survey Period

Note: No not count a patient in more than one field. Patients receiving care at the beginning of the survey period plus the additions during the survey period minus the losses during the survey period should equal the patients receiving care (remaining) at the end of the survey period. **Please ensure that field 03 plus field 04A through 07B, minus fields 08A through 13B, equals field 26.**

In-center Dialysis:

Note: Patients who are dialyzing in-center but, are performing all dialysis procedures without the assistance of staff, are to be counted either in fields 14 or 15. (Not all facilities will have patients that fall into this category.) Treatments for these patients should be counted as outpatient treatments in fields 35 or 36.

- **Field 14: Hemodialysis.** Enter the number of patients who, at the end of the survey period, were receiving staff-assisted hemodialysis or performing in-center self-hemodialysis.
- **Field 15: Other Dialysis.** Enter the number of patients who, at the end of the survey period, were receiving dialysis, other than hemodialysis. For example, those patients who were on staff-assisted intermittent peritoneal dialysis (IPD) or performing in-center self- peritoneal dialysis would be counted in this field.

Self-Dialysis Training:

- **Field 16: Hemodialysis.** Enter the number of patients who were in a self-hemodialysis training program, as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to perform their own self-dialysis in-center or at home.
- **Field 17: Continuous Ambulatory Peritoneal Dialysis (CAPD).** Enter the number of patients who were in a CAPD training program, as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CAPD.
- **Field 18: Continuous Cycling Peritoneal Dialysis (CCPD).** Enter the number of patients who were in a CCPD training program, as of the end of the survey period. Patients are to be reported in this category only if the training is designed to enable them to independently perform CCPD.
- **Field 19: Other Dialysis.** Enter the number of patients who were in a self-dialysis training program, e.g., a **self-intermittent peritoneal dialysis (IPD) training program,** as of the end of the survey period. Patients are to be reported in this category only if the training is designed to **enable them to perform their own self-dialysis in-center or at home.**
- **Field 20: Total In-center.** Enter the total number of patients who were in-center status, as of the end of the survey period (the sum of fields 14 through 19).

Home Dialysis

Note: Patients who were dialyzing at home with the assistance of staff provided by a dialysis supplier or facility should be counted as home patients (fields 21 through 24).

- **Field 21: Hemodialysis.** Enter the number of patients who were using hemodialysis at home, as of the end of the survey period.
- **Field 22: Continuous Ambulatory Peritoneal Dialysis (CAPD).** Enter the number of patients who were on CAPD, as of December 31 of the survey period.
- **Field 23: Continuous Cycling Peritoneal Dialysis (CCPD).** Enter the number of patients who were on CCPD, as of December 31 of the survey period.
- **Field 24: Other Dialysis.** Enter the number of patients who were on another type of home dialysis, e.g., intermittent peritoneal dialysis (IPD), as of December 31 of the survey period.
- **Field 25: Total Home.** Enter the total number of patients who were in home status, as of December 31 of the survey period (the sum of fields 21 through 24).

Total:

- **Field 26: Total.** Enter the total number of patients on your facility's register, as of December 31 of the survey period (the sum of fields 20 and 25).

Patient Eligibility Status-End of Survey Period

Note: Counts should reflect entitlement only, not based on how reimbursement is made for dialysis services provided by your facility. For example, a VA (Department of Veterans Affairs) patient whose reimbursement is made by the VA, but is a Medicare entitled patient, should be counted in Field 27. Please ensure that the sum of fields 27, 28, and 29 equals field 26, the total number of patients at the facility, at the end of the survey period.

- **Field 27: Currently Enrolled in Medicare.** Enter the number of patients, at the end of the survey period, who were enrolled in Medicare. This count should include patients who are Medicare Secondary Payer beneficiaries or patients enrolled in Medicare HMO/Medicare+Choice.
- **Field 28: Medicare Application Pending.** Enter the number of patients, at the end of the survey period, who had Medicare applications pending.
- **Field 29: Non-Medicare.** Enter the number of patients, at the end of the survey period, who were not enrolled in Medicare and who did not have Medicare applications pending.

Hemodialysis Patients Dialyzing 4 or More Times Per Week

Note: Report only those patients on hemodialysis, as of December 31, who were dialyzing 4 or more times per week. Nocturnal dialysis is defined as hemodialysis that takes place while the patient is sleeping for approximately 8 hours.

- **Field 30A: In-center/Day.** Enter the number of hemodialysis patients who were dialyzing, at the end of the survey period, in-center and during the day, for 4 or more times per week.
- **Field 30B: Home/Day.** Enter the number of hemodialysis patients, who at the end of the survey period, were dialyzing at home and during the day, for more than 4 times per week.
- **Field 31A: In-center/Nocturnal.** Enter the number of hemodialysis patients, who at the end of the survey period, were dialyzing in-center and nocturnal for 4 or more times per week.
- **Field 31B: Home/Nocturnal.** Enter the number of hemodialysis patients, who at the end of the survey period, were dialyzing at home and nocturnal for 4 or more times per week.

Vocational Rehabilitation

Note: Enter the following information on patients reported, based on their activities during the survey period. Information being provided is for patients, who as of December 31, were living and had attained the ages of 18 through 64 that are employed either full-time or part-time.

- **Field 32: Patients Aged 18 through 64.** Enter the number of dialysis patients who, as of the end of the survey period, were ages 18 through 64, and were dialyzing at your facility.
- **Field 33: Patients Receiving Services from Vocational Rehabilitation.** For the dialysis patients counted in Field 32, enter the number who were receiving Vocational Rehabilitation Services, during the survey period (January 1 through December 31). Include any patients for whom any of the following applies:
  - Talked with VR personnel AND agreed to be evaluated for services by completing an application, having medical records requested, or being assigned a counselor.
  - Received evaluation services by participating in testing (for example: interest inventories, skills testing, aptitude testing, work readiness inventories) or by attending an evaluation/testing center.
  - Received vocational counseling, training at a community facility public educational/ training center.
  - Received assistance with job seeking skills, with job placement, or with retaining or modifying a job through a Vocational Rehabilitation counselor job placement specialist, or agencies.

- **Field 34: Patients Employed Full-Time or Part-Time.** Enter the number of patients who were employed either full-time or part-time, during the survey period. Include any patient, aged 18 through 64 (Fields 32), who received taxable wages from an employer or who was self-employed and paid taxes on earnings. Count only those patients who were receiving taxable earnings.

Treatment and Staffing

Note: The following section (fields 35 and 36) should reflect all outpatient treatments given to ESRD patients including self-care training treatments during the survey year. Please be certain to report treatments to correspond with patients counted at the end of the survey period in a particular modality. If a situation occurs where a patient is reported at the end of the survey period but, no treatments were provided, please explain why no treatments were provided in the Remarks section of the survey form. DO NOT INCLUDE ACUTE TREATMENTS.

Hemodialysis

- **Field 35: Outpatient Treatments.** Enter the number of staff-assisted treatments, training hemodialysis treatments and treatments performed by self-dialyzing patients, in-center, during the survey period.

Other

- **Field 36: Other Treatments.** Enter the number of all other types of treatments provided in-center. For all types of peritoneal dialysis training, report **the number of days for which exchanges were provided. Do not report the number of exchanges and do not report days where no dialysis treatments or exchanges were furnished.** For example, report the number of staff-assisted and training intermittent peritoneal (IPD) treatments, CAPD and CCPD training days and all other number of treatments performed by self-dialyzing patients or training patients, in-center, during the survey period.

Staffing

Enter the number of Full Time and Part Time staff positions at your facility, as of December 31. Also provide the number of Full Time and Part Time staff positions that are open and not filled, as of December 31 **at your facility. If a corporate entity is completing this form for a facility, only count the hours each employ spends at this facility. Do not accumulate hours between facilities.** The following definitions are provided as guidelines in completing this section: Full Time Position is defined as a position with at least 32 hours employment per week Part time Position is defined as a position with less than 32 hours per week and includes per diem staff.

RN: Staff holding a Registered Nurse degree.

LPN/LVN: Licensed Practical Nurse, Licensed Vocational Nurse: Staff holding either of those degrees.

PCT: Patient Care Technician. Include staff providing direct patient care.

APN: Advanced Practice Nurse. The Advanced Practice Nurse (APN) is a Certified Registered Nurse (RN) with advanced certification as a nurse practitioner (NP) or a Clinical Nurse Specialist (CNS) who has met advanced educational and clinical practice requirements. **Do not report Certified Nephrology Nurses (CNNs) in this category. Do not double count a registered nurse in this category.**

Dietitian: Renal Dietitians. Staff with renal dietitian credentials.

Social Worker: Staff with LCSW, MSW, BSW or other professional social work degrees.

- **Field 37: Enter the number of Full-Time staff, as of December 31:** a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.
- **Field 38: Enter the number of Part Time staff, as of December 31:** a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.
- **Field 39: Enter the number of Full-Time staff positions that are open, as of December 31:** a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.
- **Field 40: Enter the number of Part Time staff positions that are open, as of December 31:** a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers.
- **Field 41: Enter Staff to Patient Ratio as of December 31:** Enter the number of patients each a) Registered Nurses, b) Licensed Practical Nurses/Licensed Vocational Nurses, c) Patient Care Technicians, d) Advanced Practice Nurses, e) Dietitians, and f) Social Workers is responsible for at this facility.

Signatures for the Facility Survey requires signatures, as follows: Completed by: Enter the date completed and the name, title, and telephone number of the person who completed the Facility Survey for your facility. This person should be the individual who the ESRD network or CMS can contact to discuss any information provided in the Facility Survey.