

Exhibit 74
(Rev. 30, 12-15-07)

SURVEY TEAM COMPOSITION AND WORKLOAD REPORT
Form CMS-670

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Office of Financial Management, HCFA, P.O. Box 26684, Baltimore, MD 21207; or to the Office of Management and Budget, Paperwork Reduction Project(0838-0583), Washington, D.C. 20503.

CMS Certification Number (CCN)	Provider/Supplier Name
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Type of Survey (select all that apply)	A Complaint Investigation	E Initial Certification	I Recertification
<input type="checkbox"/>	B EMTALA	F Inspection of Care	J Sanctions/Hearing
<input type="checkbox"/>	C Federal Monitoring	G Validation	K State License
<input type="checkbox"/>	D Follow-up Visit	H Life Safety Code	L CHOW
<input type="checkbox"/>	M Other		

Extent of Survey (select all that apply)	A Routine/Standard Survey (all providers/suppliers)
<input type="checkbox"/>	B Extended Survey (HHA or Long Term Care Facility)
<input type="checkbox"/>	C Partial Extended Survey (HHA)
<input type="checkbox"/>	D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....	Total RO Supervisory Review Hours.....	0.00
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Total SA Clerical/Data Entry Hours....	Total RO Clerical/Data Entry Hours.....	0.00
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Was Statement of Deficiencies given to the provider on-site at completion of the survey?....