

EXHIBIT 14 I

(Rev.)

**ESRD FACILITY SURVEY REPORT -
CRUCIAL DATA EXTRACT
(TO BE USED WITH PART II OF FORM CMS-3427)**

<i>CMS</i> Certification Number	Facility Name	Survey Date
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Survey Team Composition (V34)

SF 42: Indicate the number of surveyors according to discipline.

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|----------|--|----------|------------------------|
| A. _____ | Administrator | H. _____ | Life Safety Code Spec. |
| B. _____ | Nurse | I. _____ | Laboratorian |
| C. _____ | Dietitian | J. _____ | Sanitarian |
| D. _____ | Pharmacist | K. _____ | Therapist |
| E. _____ | Records Administrator | L. _____ | Physician |
| F. _____ | Social Worker | M. _____ | Psychologist |
| G. _____ | Qualified Mental
Retardation Professional | N. _____ | Other |
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NOTE: More than one discipline may be marked for surveyors qualified in multiple disciplines.

SF7: Indicate the total number of surveyors onsite: _____

*Mandatory Field

Form CMS-3427E