EXHIBIT 14 A

HOSPITAL SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH 4/86 REVISION OF CMS-1537A, C)

Provider Number	Facility Name	Survey Date

Hospital Survey Report
Survey Team Composition (A2, A500, B2)

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

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 Prof.	N.	_____	Other _____

NOTE: More than one discipline may be marked for surveyors qualified in multiple disciplines.

SF7 (A3, A501, B3): Indicate the Total Number of Surveyors Onsite: _____

SF44. Is this a Hospital-SNF Swing-Bed Facility? (1) ____ Yes (2) ____ No

If yes, check the appropriate bed-count category. (See the bed-count block on the Swing-Bed Request for Approval form.)

SF28. (1) ____ 49 or fewer beds (2) ____ 50-99 beds

Indicate the CLIA identification number of the laboratory providing laboratory services for the hospital. _____

CLIA Identification Number

NOTE: Attach a copy of page 12 of Form CMS-1537