

**EXHIBIT 14 I**

*(Rev. 61, Issued: 07-23-10, Effective: 07-23-10 Implementation: 07-23-10)*

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

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

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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 Professional	N. _____	Other

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

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SF7: Indicate the total number of surveyors onsite: \_\_\_\_\_

\*Mandatory Field

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Form CMS-3427E