

10/10/07
ACCESS
1991

MEDICARE CURRENT BENEFICIARY SURVEY
Facility Identification

RIC: 7
Page: 1
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

This file provides general characteristics of the institutions, most of the information coming from the facility screener. Sometimes, more than one sample person resided in the same facility. In these cases the RIC 7 records are redundant (containing all of the same information), and differ only in the BASEID. There is one record for each sample person interviewed in a facility.

| | | | | | | | |
|--------|---|---|-----------|--|--|--|-----------------------------------|
| RIC | 1 | 1 | | | | | C RECORD IDENTIFICATION CODE |
| FILEYR | 2 | 2 | | | | | C YY REFERENCE YEAR OF RECORD |
| BASEID | 4 | 8 | \$BSIDFMT | | | | C UNIQUE SP IDENTIFICATION NUMBER |

| | |
|-----|-----------------------|
| 942 | LOW-HIGH BASEID Count |
|-----|-----------------------|

| | | | | | | | |
|---------|----|---|--|--|--|--|---------------|
| FACILID | 12 | 6 | | | | | C FACILITY ID |
|---------|----|---|--|--|--|--|---------------|

Note: Randomly-assigned number

| | | | | | | | |
|--------|----|---|---------|--|--|--|------------------------|
| NHSTAT | 18 | 2 | NHSTFMT | | | | N NURSING HOME STAT FL |
|--------|----|---|---------|--|--|--|------------------------|

| | |
|-----|-------------------------|
| 5 | 0 NOT MEET--NH |
| 747 | 1 MEETS-NOT PAR PROBS |
| 111 | 2 MEETS-MR |
| 21 | 3 MEETS-MENTALLY ILL |
| 0 | 4 MEETS-DEAF OR BLIND |
| 1 | 5 MEETS-PHYS HANDI |
| 0 | 6 MEETS-UNWED MOMS,ETC. |
| 3 | 7 MEETS-SOME OTH GROUP |
| 0 | 8 MEETS-NO PART GROUP |
| 54 | 9 UNABLE TO DETERMINE |

Note: Derived

| | | | | | | | |
|----------|----|---|--------|--|------|--|--|
| FACOWNED | 20 | 2 | OWNFMT | | FA31 | | N DESCRIPTION OF OWNERSHIP OF FACILITY |
|----------|----|---|--------|--|------|--|--|

| | |
|-----|---------------------|
| 572 | 1 FOR PROFIT |
| 234 | 2 PRIV NON PROFIT |
| 49 | 3 CITY/COUNTY GOVT |
| 77 | 4 STATE GOVT |
| 10 | 5 VETERANS ADMIN |
| 0 | 91 OT FED AG (SPEC) |

| | | | | | | | |
|---------|----|---|--------|--|------|--|------------------------|
| FACDISC | 22 | 2 | FACFMT | | RH21 | | N FACILITY DESCRIPTION |
|---------|----|---|--------|--|------|--|------------------------|

| | |
|-----|------------------------|
| 11 | 1 HOSPITAL |
| 689 | 2 NURSING HOME |
| 21 | 3 RETIREMENT HOME |
| 65 | 4 DOMI/PER CARE FAC |
| 46 | 5 MENTAL HLTH FACILITY |
| 80 | 6 INST FOR MR/DEV DISA |
| 0 | 7 MENTAL HLTH CNTR |
| 30 | 91 OTHER PLACE (SPEC) |

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|-------------------------------------|-----|-----|----------|-----------|----------|----------|--|
| FACDIOS | 24 | 2 | FACDFMT | | | RH21 | N FACILITY DESCRIPTION--OTHER SPECIFIED |
| | | | | 912 | | | . INAPPLICABLE |
| | | | | 2 | | | 1 MEN HLTH GRP HSNG |
| | | | | 3 | | | 2 LIFE CARE CENTER |
| | | | | 4 | | | 3 CONT CARE FAC |
| | | | | 2 | | | 4 COMM LIV ARRAN |
| | | | | 1 | | | 5 DEAF DEVEL DIS GRP HOME |
| | | | | 3 | | | 6 ADULT FOSTER CARE |
| | | | | 7 | | | 8 RESID HME MEN ADLT |
| | | | | 2 | | | 9 AS LIV BOARD/CARE |
| | | | | 1 | | | 10 CHRISTIAN SCIENCE |
| | | | | 2 | | | 11 RESID CARE |
| | | | | 1 | | | 12 CORREC INSTI |
| | | | | 2 | | | 13 HUD-FRAIL ELDERLY |
| Note: Applies only if FACDISC = 91. | | | | | | | |
| FACLONGT | 26 | 2 | MOSTFMT | | | FA8 | N DOES FACILITY PROVIDE LONG TERM CARE? |
| | | | | 942 | | | 1 YES |
| | | | | 0 | | | 2 NO |
| FACLONGD | 28 | 2 | MOSTFMT | | | | N IS LONG TERM CARE DISTINCT UNIT? |
| | | | | 942 | | | 1 YES |
| | | | | 0 | | | 2 NO |
| FACLTBED | 30 | 3 | BEDFMT | | | | N NUMBER OF LONG TERM BEDS ONLY |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 3 | | | -8 DONT KNOW |
| | | | | 881 | | | 1-990 NUMBER OF BEDS |
| | | | | 51 | | | 993 ABT 3 OR MORE BDS |
| | | | | 5 | | | 996 # BEDS > 990 |
| FACTOBED | 33 | 3 | BEDFAFMT | | | FA19 | N TOTAL NUMBER OF BEDS IN FACILITY |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 880 | | | 0-995 NUMBER OF BEDS |
| | | | | 13 | | | 996 # BEDS > 995 |
| PROVLEVL | 36 | 2 | MOSTFMT | | | | N DOES FACILITY PROVIDE DIFF CARE LEVELS? |
| | | | | 47 | | | -9 NOT ASCERTAINED |
| | | | | 560 | | | 1 YES |
| | | | | 335 | | | 2 NO |
| LEVLSKIL | 38 | 2 | MOSTFMT | | | | N DOES FACILITY PROVIDE SKILLED CARE? |
| | | | | 382 | | | . INAPPLICABLE |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 430 | | | 1 YES |
| | | | | 128 | | | 2 NO |
| LEVLINTR | 40 | 2 | MOSTFMT | | | | N DOES FACILITY PROVIDE INTERMEDIATE CARE? |
| | | | | 382 | | | . INAPPLICABLE |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 439 | | | 1 YES |
| | | | | 119 | | | 2 NO |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| LEVLOTH1 | 42 | 2 | MOSTFMT | | | | N DOES FACILITY PROV OTHER LVL OF CARE 1? |
| | | | | 382 | | | . INAPPLICABLE |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 219 | | | 1 YES |
| | | | | 339 | | | 2 NO |

Note: Applies only if PROVLEV1 = 1

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|----------|-----|-----|---------|-----------|----------|----------|--|
| LEVLOS1 | 44 | 2 | LVL FMT | | | | N OTHER LEVEL OF CARE 1--OTHER SPECIFIED |
| | | | | 723 | | | . INAPPLICABLE |
| | | | | 8 | | | 1 LIGHT |
| | | | | 10 | | | 2 HEAVY |
| | | | | 3 | | | 3 RESPITE |
| | | | | 4 | | | 4 ALZHEIMERS |
| | | | | 63 | | | 5 RESID CARE/PERS |
| | | | | 17 | | | 6 ACUTE/SUB ACUTE |
| | | | | 4 | | | 7 EMERGENCY SUPPORT |
| | | | | 2 | | | 8 INTEN CARE TREAT |
| | | | | 1 | | | 9 INTEN TREAT UNIT |
| | | | | 18 | | | 11 ALL TITLE LEVELS |
| | | | | 3 | | | 12 DEVELOP/TRAINING |
| | | | | 2 | | | 13 SHELTERED CARE |
| | | | | 14 | | | 15 ASSISTED LIVING |
| | | | | 3 | | | 17 CERTIFIED UNIT |
| | | | | 2 | | | 18 MINIMUM |
| | | | | 0 | | | 19 MODERATE |
| | | | | 1 | | | 20 MAXIMUM |
| | | | | 12 | | | 21 CUSTODIAL |
| | | | | 1 | | | 22 SPECIALIZED CARE |
| | | | | 3 | | | 24 SUPERVISORY |
| | | | | 2 | | | 25 RCF/MR |
| | | | | 2 | | | 26 MAINTENANCE |
| | | | | 1 | | | 28 COMMUNITY LIVING |
| | | | | 1 | | | 32 SECURED UNIT |
| | | | | 1 | | | 33 A - K |
| | | | | 0 | | | 34 RESPITE |
| | | | | 2 | | | 35 GROUP HOMES |
| | | | | 0 | | | 36 TENANT SUPPORT |
| | | | | 0 | | | 37 ALTERNATIVE LIVING |
| | | | | 4 | | | 38 PSYCHIATRIC REHAB |
| | | | | 0 | | | 39 MEDICAL INFIRM |
| | | | | 1 | | | 40 ADULT DAY CARE |
| | | | | 1 | | | 41 VENTILATION CARE |
| | | | | 0 | | | 42 DIALYSIS |
| | | | | 0 | | | 43 COUNSELING |
| | | | | 0 | | | 45 NH BLIND REHAB |
| | | | | 6 | | | 46 LONG TERM PSYCH |
| | | | | 1 | | | 47 DEPENDENT |
| | | | | 0 | | | 48 EXTENDED CARE |
| | | | | 1 | | | 49 SUBSTANCE ABUSE |
| | | | | 1 | | | 50 L1=REQ 24 HR CARE |
| | | | | 0 | | | 51 L2=C DUR PEAK HRS |
| | | | | 0 | | | 52 L3=HOUSE MAN ONLY |
| | | | | 1 | | | 54 REST HOME |
| | | | | 0 | | | 55 FOSTER CARE |
| | | | | 1 | | | 56 OUTPATIENT |
| | | | | 13 | | | 57 INDEPENDENT LIVING |
| | | | | 1 | | | 58 PRIME |
| | | | | 0 | | | 59 PRIME + |
| | | | | 0 | | | 60 PRIME + 2 |
| | | | | 2 | | | 61 RETIREMENT |
| | | | | 1 | | | 62 VNS |
| | | | | 1 | | | 63 PRIMARY (ADL) |
| | | | | 1 | | | 64 TITLE LEVEL 3 |
| | | | | 3 | | | 65 TITLE LEVEL 5 |
| | | | | 0 | | | 66 TITLE LEVEL 6 |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| LEVLOTH2 | 46 | 2 | MOSTFMT | | | | N DOES FACILITY PROV OTHER LVL OF CARE 2? |
| | | | | 382 | | | . INAPPLICABLE |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 56 | | | 1 YES |
| | | | | 502 | | | 2 NO |

Note: Applies only if PROVLEV = 1

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|----------|-----|-----|---------|-----------|----------|----------|--|
| LEVLOS2 | 48 | 2 | LVL FMT | | | | N OTHER LEVEL OF CARE 2--OTHER SPECIFIED |
| | | | | 886 | | | . INAPPLICABLE |
| | | | | 4 | | | 1 LIGHT |
| | | | | 5 | | | 2 HEAVY |
| | | | | 1 | | | 3 RESPITE |
| | | | | 2 | | | 4 ALZHEIMERS |
| | | | | 8 | | | 5 RESID CARE/PERS |
| | | | | 0 | | | 6 ACUTE/SUB ACUTE |
| | | | | 0 | | | 7 EMERGENCY SUPPORT |
| | | | | 0 | | | 8 INTEN CARE TREAT |
| | | | | 1 | | | 9 INTEN TREAT UNIT |
| | | | | 0 | | | 11 ALL TITLE LEVELS |
| | | | | 0 | | | 12 DEVELOP/TRAINING |
| | | | | 0 | | | 13 SHELTERED CARE |
| | | | | 8 | | | 15 ASSISTED LIVING |
| | | | | 0 | | | 17 CERTIFIED UNIT |
| | | | | 0 | | | 18 MINIMUM |
| | | | | 2 | | | 19 MODERATE |
| | | | | 0 | | | 20 MAXIMUM |
| | | | | 0 | | | 21 CUSTODIAL |
| | | | | 0 | | | 22 SPECIALIZED CARE |
| | | | | 1 | | | 24 SUPERVISORY |
| | | | | 0 | | | 25 RCF/MR |
| | | | | 0 | | | 26 MAINTENANCE |
| | | | | 1 | | | 28 COMMUNITY LIVING |
| | | | | 0 | | | 32 SECURED UNIT |
| | | | | 0 | | | 33 A - K |
| | | | | 0 | | | 34 RESPITE |
| | | | | 0 | | | 35 GROUP HOMES |
| | | | | 2 | | | 36 TENANT SUPPORT |
| | | | | 0 | | | 37 ALTERNATIVE LIVING |
| | | | | 2 | | | 38 PSYCHIATRIC REHAB |
| | | | | 0 | | | 39 MEDICAL INFIRM |
| | | | | 0 | | | 40 ADULT DAY CARE |
| | | | | 0 | | | 41 VENTILATION CARE |
| | | | | 1 | | | 42 DIALYSIS |
| | | | | 1 | | | 43 COUNSELING |
| | | | | 0 | | | 45 NH BLIND REHAB |
| | | | | 0 | | | 46 LONG TERM PSYCH |
| | | | | 0 | | | 47 DEPENDENT |
| | | | | 1 | | | 48 EXTENDED CARE |
| | | | | 0 | | | 49 SUBSTANCE ABUSE |
| | | | | 0 | | | 50 L1=REQ 24 HR CARE |
| | | | | 1 | | | 51 L2=C DUR PEAK HRS |
| | | | | 0 | | | 52 L3=HOUSE MAN ONLY |
| | | | | 0 | | | 54 REST HOME |
| | | | | 2 | | | 55 FOSTER CARE |
| | | | | 2 | | | 56 OUTPATIENT |
| | | | | 7 | | | 57 INDEPENDENT LIVING |
| | | | | 0 | | | 58 PRIME |
| | | | | 1 | | | 59 PRIME + |
| | | | | 0 | | | 60 PRIME + 2 |
| | | | | 0 | | | 61 RETIREMENT |
| | | | | 0 | | | 62 VNS |
| | | | | 0 | | | 63 PRIMARY (ADL) |
| | | | | 0 | | | 64 TITLE LEVEL 3 |
| | | | | 0 | | | 65 TITLE LEVEL 5 |
| | | | | 3 | | | 66 TITLE LEVEL 6 |

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|----------|-----|-----|---------|-----------|----------|----------|---|
| LEVLOTH3 | 50 | 2 | MOSTFMT | | | | N DOES FACILITY PROV OTHER LVL OF CARE 3? |
| | | | | 382 | | | . INAPPLICABLE |
| | | | | 2 | | | -9 NOT ASCERTAINED |
| | | | | 11 | | | 1 YES |
| | | | | 547 | | | 2 NO |

Note: Applies only if PROVLEV = 1

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|----------|-----|-----|---------|-----------|----------|----------|--|
| LEVLOS3 | 52 | 2 | LVL FMT | | | | N OTHER LEVEL OF CARE 3--OTHER SPECIFIED |
| | | | | 931 | | | . INAPPLICABLE |
| | | | | 0 | | | 1 LIGHT |
| | | | | 0 | | | 2 HEAVY |
| | | | | 0 | | | 3 RESPITE |
| | | | | 0 | | | 4 ALZHEIMERS |
| | | | | 1 | | | 5 RESID CARE/PERS |
| | | | | 0 | | | 6 ACUTE/SUB ACUTE |
| | | | | 0 | | | 7 EMERGENCY SUPPORT |
| | | | | 0 | | | 8 INTEN CARE TREAT |
| | | | | 0 | | | 9 INTEN TREAT UNIT |
| | | | | 0 | | | 11 ALL TITLE LEVELS |
| | | | | 0 | | | 12 DEVELOP/TRAINING |
| | | | | 0 | | | 13 SHELTERED CARE |
| | | | | 0 | | | 15 ASSISTED LIVING |
| | | | | 0 | | | 17 CERTIFIED UNIT |
| | | | | 1 | | | 18 MINIMUM |
| | | | | 0 | | | 19 MODERATE |
| | | | | 1 | | | 20 MAXIMUM |
| | | | | 0 | | | 21 CUSTODIAL |
| | | | | 0 | | | 22 SPECIALIZED CARE |
| | | | | 0 | | | 24 SUPERVISORY |
| | | | | 0 | | | 25 RCF/MR |
| | | | | 0 | | | 26 MAINTENANCE |
| | | | | 0 | | | 28 COMMUNITY LIVING |
| | | | | 0 | | | 32 SECURED UNIT |
| | | | | 0 | | | 33 A - K |
| | | | | 0 | | | 34 RESPITE |
| | | | | 1 | | | 35 GROUP HOMES |
| | | | | 0 | | | 36 TENANT SUPPORT |
| | | | | 2 | | | 37 ALTERNATIVE LIVING |
| | | | | 0 | | | 38 PSYCHIATRIC REHAB |
| | | | | 1 | | | 39 MEDICAL INFIRM |
| | | | | 1 | | | 40 ADULT DAY CARE |
| | | | | 0 | | | 41 VENTILATION CARE |
| | | | | 0 | | | 42 DIALYSIS |
| | | | | 0 | | | 43 COUNSELING |
| | | | | 1 | | | 45 NH BLIND REHAB |
| | | | | 0 | | | 46 LONG TERM PSYCH |
| | | | | 0 | | | 47 DEPENDENT |
| | | | | 0 | | | 48 EXTENDED CARE |
| | | | | 0 | | | 49 SUBSTANCE ABUSE |
| | | | | 0 | | | 50 L1=REQ 24 HR CARE |
| | | | | 0 | | | 51 L2=C DUR PEAK HRS |
| | | | | 1 | | | 52 L3=HOUSE MAN ONLY |
| | | | | 0 | | | 54 REST HOME |
| | | | | 0 | | | 55 FOSTER CARE |
| | | | | 0 | | | 56 OUTPATIENT |
| | | | | 0 | | | 57 INDEPENDENT LIVING |
| | | | | 0 | | | 58 PRIME |
| | | | | 0 | | | 59 PRIME + |
| | | | | 1 | | | 60 PRIME + 2 |
| | | | | 0 | | | 61 RETIREMENT |
| | | | | 0 | | | 62 VNS |
| | | | | 0 | | | 63 PRIMARY (ADL) |
| | | | | 0 | | | 64 TITLE LEVEL 3 |
| | | | | 0 | | | 65 TITLE LEVEL 5 |
| | | | | 0 | | | 66 TITLE LEVEL 6 |

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|--|-----|-----|----------|-----------|----------|----------|--------------------------------|
| SNFBEDN | 54 | 3 | SNFBEFMT | | | FA43+45 | N NUMBER OF SNF BEDS--MEDICARE |
| | | | | 494 | | | . INAPPLICABLE |
| | | | | 1 | | | -8 DONT KNOW |
| | | | | 0 | | | 0 NO BEDS OF TYPE |
| | | | | 447 | | | 1-997 NUMBER OF BEDS |
| MCDSNFN | 57 | 3 | SNFBEFMT | | | FA43+44 | N NUMBER OF SNF BEDS--MEDICAID |
| | | | | 435 | | | . INAPPLICABLE |
| | | | | 1 | | | -9 NOT ASCERTAINED |
| | | | | 3 | | | -8 DONT KNOW |
| | | | | 0 | | | 0 NO BEDS OF TYPE |
| | | | | 503 | | | 1-997 NUMBER OF BEDS |
| MCDICFN | 60 | 3 | SNFBEFMT | | | | N NUMBER OF ICF BEDS ONLY |
| | | | | 526 | | | . INAPPLICABLE |
| | | | | 13 | | | -9 NOT ASCERTAINED |
| | | | | 1 | | | -8 DONT KNOW |
| | | | | 61 | | | 0 NO BEDS OF TYPE |
| | | | | 341 | | | 1-997 NUMBER OF BEDS |
| Note: Applies only if facility has no beds certified by Medicare or Medicaid | | | | | | | |
| MCDICFMR | 63 | 3 | SNFBEFMT | | | FA45b | N NUMBER OF ICF-MR BEDS ONLY |
| | | | | 526 | | | . INAPPLICABLE |
| | | | | 15 | | | -9 NOT ASCERTAINED |
| | | | | 303 | | | 0 NO BEDS OF TYPE |
| | | | | 98 | | | 1-997 NUMBER OF BEDS |
| CERTBEDS | 66 | 3 | SNFBEFMT | | | FA46 | N NUMBER OF UNCERTIFIED BEDS |
| | | | | 818 | | | . INAPPLICABLE |
| | | | | 1 | | | -9 NOT ASCERTAINED |
| | | | | 1 | | | -8 DONT KNOW |
| | | | | 0 | | | 0 NO BEDS OF TYPE |
| | | | | 122 | | | 1-997 NUMBER OF BEDS |
| Note: Derived -- sum of MNORBED, OLTCBED, and NLTCBEDS | | | | | | | |
| PRIMDEAF | 69 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE--DEAF |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 51 | | | 1 YES |
| | | | | 851 | | | 2 NO |
| PRIMBLND | 71 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE--BLIND |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 46 | | | 1 YES |
| | | | | 856 | | | 2 NO |
| PRIMUWED | 73 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE--UNWED MOMS |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 1 | | | 1 YES |
| | | | | 901 | | | 2 NO |

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| PRIMABUS | 75 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-ALCOHOL/DRUG ABUSERS |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 24 | | | 1 YES |
| | | | | 878 | | | 2 NO |
| PRIMORPH | 77 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-ORPHANS/DEPEND |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 5 | | | 1 YES |
| | | | | 897 | | | 2 NO |
| PRIMMDEF | 79 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-MENTALLY ILL & DEAF |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 14 | | | 1 YES |
| | | | | 888 | | | 2 NO |
| PRIMMENT | 81 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-MENTALLY ILL ONLY |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 48 | | | 1 YES |
| | | | | 854 | | | 2 NO |
| PRIMMEDD | 83 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-MENT RET/DEV DIS |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 118 | | | 1 YES |
| | | | | 784 | | | 2 NO |
| PRIMMIMR | 85 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-MENT RET & MENT ILL |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 66 | | | 1 YES |
| | | | | 836 | | | 2 NO |
| PRIMGERI | 87 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-GERIATRIC |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 716 | | | 1 YES |
| | | | | 186 | | | 2 NO |
| PRIMNEUR | 89 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-NEURO OR PHYS HANDI |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 62 | | | 1 YES |
| | | | | 840 | | | 2 NO |
| PRIMOS | 91 | 2 | LVL1FMT | | | | N FACIL PRIM SERVE-SOME OTHER GRP-OS |
| | | | | 932 | | | . INAPPLICABLE |
| | | | | 5 | | | 1 ALZHEIMERS |
| | | | | 1 | | | 2 TER ILL PAT |
| | | | | 2 | | | 3 VETERANS |
| | | | | 1 | | | 5 CHRISTIAN SCIENCE |
| | | | | 1 | | | 7 CONVICTS |
| PRIMOTHR | 93 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-SOME OTHER GRP |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 10 | | | 1 YES |
| | | | | 892 | | | 2 NO |

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| PRIMGRP | 95 | 2 | MOSTFMT | | | | N FACIL PRIM SERVE-NO PRIMARY GRP |
| | | | | 40 | | | -9 NOT ASCERTAINED |
| | | | | 41 | | | 1 YES |
| | | | | 861 | | | 2 NO |
| ROOMCARE | 97 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE NURSE/MEDICAL CARE? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 1 | | | -8 DONT KNOW |
| | | | | 84 | | | 1 YES |
| | | | | 56 | | | 2 NO |
| SUPRVMED | 99 | 2 | MOSTFMT | | | FA22c | N DOES FACIL SUPERVISE SELF-ADMIN MEDS? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 115 | | | 1 YES |
| | | | | 26 | | | 2 NO |
| FHLPBATH | 101 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/BATHING? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 132 | | | 1 YES |
| | | | | 9 | | | 2 NO |
| FHLPDRES | 103 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/DRESSING? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 125 | | | 1 YES |
| | | | | 16 | | | 2 NO |
| FHLPSHOP | 105 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/SHOPPING? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 134 | | | 1 YES |
| | | | | 7 | | | 2 NO |
| FHLPWALK | 107 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/WALKING? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 117 | | | 1 YES |
| | | | | 24 | | | 2 NO |
| FHLPEAT | 109 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/EATING? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 110 | | | 1 YES |
| | | | | 31 | | | 2 NO |
| FHLPCOMM | 111 | 2 | MOSTFMT | | | FA22c | N DOES FACIL PROVIDE HELP W/COMMUNCATION? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 49 | | | -9 NOT ASCERTAINED |
| | | | | 121 | | | 1 YES |
| | | | | 20 | | | 2 NO |

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| FHLPNURS | 113 | 2 | MOSTFMT | | | FA22a | N DOES FACIL PROVIDE 24HR NURSING CARE? |
| | | | | 752 | | | . INAPPLICABLE |
| | | | | 48 | | | -9 NOT ASCERTAINED |
| | | | | 141 | | | 1 YES |
| | | | | 1 | | | 2 NO |