

06/01/00
COST&USE
1997

MEDICARE CURRENT BENEFICIARY SURVEY
RECORD IDENTIFICATION CODE 7
SURVEY FACILITY IDENTIFICATION RECORD

Page: 110
Record Type: 7

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
RIC	1	1					C	RIC CODE FOR SURVEY FACILITY ID RECORD
APPLICABLE ONLY TO FACILITY INTERVIEWS								
FILEYR	2	2					C	YY REFERENCE YEAR OF RECORD
BASEID	4	8					C	UNIQUE IDENTIFICATION NUMBER
FACILID	12	6					N	FACILITY ID
NHSTAT	18	2	NHSTFMT				N	NURSING HOME STAT FL
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					10		0	NOT MEET--NH
					1,156		1	MEETS-NOT PAR PROBS
					106		2	MEETS-MR
					30		3	MEETS-MENTALLY ILL
					0		4	MEETS-DEAF OR BLIND
					4		5	MEETS-PHYS HANDI
					1		6	MEETS-UNWED MOMS,ETC.
					6		7	MEETS-SOME OTH GROUP
					1		8	MEETS-NO PART GROUP
					30		9	UNABLE TO DETERMINE
FACOWNED	20	2	OWNDES	FA31			N	DESCRIPTION OF OWNERSHIP OF FACILITY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					3		-8	DONT KNOW
					0		-7	REFUSED
					826		1	FOR PROFIT (INDIV, PARTNERSHIP, CORP)
					353		2	PRIVATE NONPROFIT (RELIGIOUS, NP CORP)
					86		3	CITY/COUNTY GOVERNMENT
					70		4	STATE GOVERNMENT
					5		5	VETERANS ADMINISTRATION
					0		6	OTHER FEDERAL AGENCY
					1		91	OTHER SPECIFY
FACDISC	22	2	FACFMT				N	FACILITY DESCRIPTION
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					41		1	HOSPITAL
					961		2	NURSING HOME
					6		3	RETIREMENT HOME
					87		4	DOMI/PER CARE FAC
					15		5	MENTAL HLTH FACILITY
					49		6	INST FOR MR/DEV DISA
					0		7	MENTAL HLTH CNTR
					113		8	LIFE CARE/CONT CARE
					61		9	ASSISTED LIVING FAC
					5		10	REHAB FACILITY
					6		91	OTHER PLACE (SPEC)

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
-----	----	----	----	-----	-----	-----	---	-----
FACDIOS	24	2		FACDFMT			N	FACILITY DESCRIPTION--OTHER SPECIFIED
					1,338		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					0		1	ADULT HOSTEL
					0		2	ADULT FOSTER CARE
					0		3	HOSPICE
					0		4	RESIDENTIAL CARE
					0		5	EXTENDED CARE FACILITY
					0		6	INDEPENDENT LIVING
					0		7	GROUP HOME--MENTAL ILL
					0		8	SHELTER CARE
					0		9	FAMILY CARE/FOSTER
					0		10	NH/PERSONAL CARE FAC
					0		11	NH/REHAB FACILITY
					0		12	ASSISTED LIVING
					0		13	RETIREMENT HOME / ASSISTED LIVING FACILI
					0		14	PSYCHIATRIC HOSPITAL
					0		15	ACLF
					0		16	NH / DOMICILIARY / ASSISTED LIVING
					0		17	CBRF
					0		18	GROUP HOME FOR EMOTIONALLY DISTURBED
					0		19	RESIDENTIAL CARE
					0		20	GROUP HOME
					0		21	PEDIATRIC LTC FACILITY
					0		22	NH/ASSISTED LIVING
					0		23	MENTAL HLTH/MR/DEV DIS
					0		24	NURSING HM/ASSISTED
					0		25	NH/RETIREMENT HME/DD
					0		26	NH/RETIREMENT HOME
					0		27	DOMICILIARY/ASSISTED
					0		28	NH/PERSONAL CARE FAC
					0		29	RESIDENTIAL HEALTH CARE
					0		30	FAMILY CARE
					0		31	NH/LIFE CARE FACILITY
					0		32	NH/MEDICAL CENTER
					0		33	ON LOK
					0		34	CONVALESCENT HOSPITAL
					0		35	REST HOME AND PROTECTIVE CARE
					0		36	RESIDENTIAL SHELTER CARE
					0		37	INST FOR MR / DEV DISABLED / REST HOME
					0		38	REST HOME
					0		39	NURSING HOME / LIFE CARE / REHAB
					0		40	NURSING HOME / PERSONAL CARE / REHAB
					0		41	HOSPITAL / RETIREMENT HOME
					0		42	NURSING HOME / RETIREMENT HOME / REHAB
					0		43	NURSING HOME / HOSPICE
					0		44	NH / ASSISTED LIVING FACILITY
					0		45	DEV RESIDENTIAL FACILITY FOR DEAF
					0		46	RETIREMENT HOME / PERSONAL CARE
					0		47	PERSONAL CARE / MENTAL HEALTH
					0		48	MENTAL HEALTH / ASSISTED LIVING
					0		49	NH / INST FOR MR / CEV DISABLED
					0		50	NURSING HOME / PERSONAL CARE
					0		51	RETIREMENT HOME / ASSISTED LIVING
					0		52	PRIVATE HOME

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
					0		53	NH /RETIREMENT HOME / ASSISTED LIVING
					0		54	INST FOR MR / DEV DISABLED / MENTAL HEAL
					0		55	MENTAL HEALTH / REHAB
					0		56	HOSPITAL / NURSING HOME
					0		57	ASSISTED LIVING AND RESIDENTIAL CARE
					0		58	RETIREMENT AND BOARD AND CARE FACILITY
					0		59	HOME AND COMMUNITY BASED SERVICES
					0		60	ADULT FOSTER CARE/GROUP HOME MENTALLY IL
					0		61	SR. CENTER P.A.C.E.
					1		62	UNIVERSITY SYSTEM
					1		63	ADULT HOME
					1		64	GOVERNMENT AGENCY-LOCAL OFFICE
					1		65	CAMPUS
					1		66	RELIGIOUS COMMUNITY
					1		67	SKILLED NURSING FACILITY

INAPPLICABLE: FACDISC ^= 91

FACLONGT	26	2	MOSTFMT				N	DOES FACILITY PROVIDE LONG TERM CARE?
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					0		-8	DONT KNOW
					0		-7	REFUSED
					1,344		1	YES
					0		2	NO

FACLTBED	28	4	BEDFMT				N	NUMBER OF LONG TERM BEDS ONLY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					1,334		1-990	NUMBER OF BEDS
					0		993	3 OR MORE BEDS
					0		996	# BEDS > 990

FACTOBED	32	4	BEDFAFMT				N	TOTAL NUMBER OF BEDS IN FACILITY
					0		.	INAPPLICABLE
					0		-9	NOT ASCERTAINED
					10		-8	DONT KNOW
					0		-7	REFUSED
					1,334		0-995	NUMBER OF BEDS
					0		996	# BEDS > 995

SNFBEDN	36	4	NEWBEDF				N	NUMBER OF SNF BEDS--MEDICARE
					492		.	INAPPLICABLE
					7		-9	NOT ASCERTAINED
					13		-8	DONT KNOW
					1		-7	REFUSED
					1		0	NO BEDS OF TYPE
					830		1-9999	NUMBER OF BEDS

INAPPLICABLE IF FACILITY NOT KNOWN TO BE MEDICARE CERTIFIED

MCDSNFN	40	4	NEWBEDF				N	NUMBER OF NF BEDS--MEDICAID
					374		.	INAPPLICABLE
					11		-9	NOT ASCERTAINED
					17		-8	DONT KNOW
					1		-7	REFUSED
					2		0	NO BEDS OF TYPE
					939		1-9999	NUMBER OF BEDS

Variable Col Len Fmt Name Frequency Ques # Ty Label

INAPPLICABLE IF FACILITY NOT KNOWN TO BE MEDICAID CERTIFIED

MCDICFMR	44	4	NEWBEDF	FA45B	N	NUMBER OF ICF-MR BEDS ONLY
			1,237	.		INAPPLICABLE
			1	-9		NOT ASCERTAINED
			3	-8		DONT KNOW
			0	-7		REFUSED
			35	0		NO BEDS OF TYPE
			68	1-9999		NUMBER OF BEDS

INAPPLICABLE IF FACILITY NOT KNOWN TO BE ICF-MR CERTIFIED

CERTBEDS	48	4	NEWBEDF		N	NUMBER OF UNCERTIFIED BEDS
			0	.		INAPPLICABLE
			22	-9		NOT ASCERTAINED
			19	-8		DONT KNOW
			1	-7		REFUSED
			829	0		NO BEDS OF TYPE
			473	1-9999		NUMBER OF BEDS

INAPPLICABLE: MCARECRT=1 OR MCAIDCRT=1 OR ICFMRCRT=1

MCAREBED	52	4	NEWBEDF	FA45	N	NUMBER OF MEDICARE ONLY CERTIFIED BEDS
			492	.		INAPPLICABLE
			7	-9		NOT ASCERTAINED
			6	-8		DONT KNOW
			0	-7		REFUSED
			729	0		NO BEDS OF TYPE
			110	1-9999		NUMBER OF BEDS

INAPPLICABLE IF NOT KNOWN TO BE MEDICARE CERTIFIED

MCAIDBED	56	4	NEWBEDF	FA44	N	NUMBER OF MEDICAID ONLY CERTIFIED BEDS
			374	.		INAPPLICABLE
			11	-9		NOT ASCERTAINED
			11	-8		DONT KNOW
			1	-7		REFUSED
			276	0		NO BEDS OF TYPE
			671	1-9999		NUMBER OF BEDS

INAPPLICABLE IF NOT KNOWN TO BE MEDICAID CERTIFIED

MANDMBED	60	4	NEWBEDF	FA43	N	NUMBER OF MCAID AND MCARE CERTIFIED BEDS
			521	.		INAPPLICABLE
			6	-9		NOT ASCERTAINED
			10	-8		DONT KNOW
			1	-7		REFUSED
			36	0		NO BEDS OF TYPE
			770	1-9999		NUMBER OF BEDS

INAPPLICABLE IF NOT KNOWN TO BE CERTIFIED BY MEDICAID/MEDICARE

MNORMBED	64	4	NEWBEDF	FA45A	N	NUMBER OF MCAID NOR MCARE CERTIFIED BEDS
			1,165	.		INAPPLICABLE
			3	-9		NOT ASCERTAINED
			3	-8		DONT KNOW

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
----------	-----	-----	-----	------	-----------	--------	----	-------

0	-7	REFUSED
68	0	NO BEDS OF TYPE
105	1-9999	NUMBER OF BEDS

INAPPLICABLE IF NOT KNOWN TO BE LICENSED AS NH BY OTHER AGE NCY

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
ICFMRBED	68	4	NEWBEDF	FA45B	N	NUMBER OF ICF-MR BEDS IN FACILITY		
1,237	.	INAPPLICABLE						
1	-9	NOT ASCERTAINED						
3	-8	DONT KNOW						
0	-7	REFUSED						
35	0	NO BEDS OF TYPE						
68	1-9999	NUMBER OF BEDS						

INAPPLICABLE IF NOT KNOWN TO BE ICF-MR CERTIFIED

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
OTLTCBED	72	4	NEWBEDF	FA45C	N	NUMBER OF OTHER LTC BEDS IN FACILITY		
963	.	INAPPLICABLE						
7	-9	NOT ASCERTAINED						
7	-8	DONT KNOW						
0	-7	REFUSED						
135	0	NO BEDS OF TYPE						
232	1-9999	NUMBER OF BEDS						

INAPPLICABLE IF NOT KNOWN TO BE LICENSED/CERTIF AS OTHER LTCFAC

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
NLTCBEDS	76	4	NEWBEDF		N	NUMBER OF BEDS OF UNKNOWN CERTIFICATION		
7	.	INAPPLICABLE						
4	-9	NOT ASCERTAINED						
0	-8	DONT KNOW						
0	-7	REFUSED						
1,144	0	NO BEDS OF TYPE						
189	1-9999	NUMBER OF BEDS						

Variable	Col	Len	Fmt	Name	Frequency	Ques #	Ty	Label
SPIDCNT	80	2	SPFMT		N	NUMBER OF SPS IN FACILITY		
911	1	ONE SAMPLE PERSON						
198	2	TWO SAMPLE PEOPLE						
94	3	THREE SAMPLE PEOPLE						
57	4	FOUR SAMPLE PEOPLE						
38	5	FIVE SAMPLE PEOPLE						
9	6	SIX SAMPLE PEOPLE						
25	7	SEVEN SAMPLE PEOPLE						
7	8	EIGHT SAMPLE PEOPLE						
0	9	NINE SAMPLE PEOPLE						
0	10	TEN SAMPLE PEOPLE						
5	11	ELEVEN SAMPLE PEOPLE						