B13

MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY DATA

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SECTION I: to be completed	l by hospital						
Name of Hospital	Street Address		City or County		State	ZIP Code	
B:		B2		В3	B4	B5	
Hospital Provider Number	Total Number of Beds		Total Number of Certified Beds		Other Data — Does the hosp	other Data — Does the hospital operate a forensic unit?	
						□ Yes □ No	
В	3	В7		В8		В9	
For the past year: A. Total number of admissions to certified areas				B. Age Range of Patients			
from (mor	nth) (year)	_	B10			B11	
C. Medicare/Medicaid Billings				D. Other Data — Does the hospital operate a separate MEDICAID ONLY-Residential			
					Treatment Program	n for Psychiatric patients under the age of 22?	
	Billed		Collected			□ Yes □ No	
MEDICARE/Part A						□ res □ no	
MEDICARE/Part B							
MEDICAID							
13. Current Hospital Statistics (on da	vs of survey) [certified heds only]					B12	
To: Garroni Hoopital Stationics (677 da)							
	Name of Ward			В	ed Capacity	Patient Census	
						Total Batiant Canaua	

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0378 MEDICARE/MEDICAID PSYCHIATRIC HOSPITAL SURVEY DATA (contd) SECTION II: to be completed by the survey team Dates of Survey (beginning) Dates of Survey (ending date) Type of Survey: ☐ Initial (B16) ☐ Recertification (B17) ☐ Follow-up (B18) ☐ Complaint (B19) ☐ Second Follow-up (B20) □ Concurrent with (day) (vear) (mm) (day) (year) (mm) General Hospital (B21) B14 B15 Survey Team Composition Total Number of Surveyors on Site ☐ Administrator □ SA (B22) (B32) □ Nurse \square RO (B23) (B33) □ Dietician ☐ Consultant (B24) (B34) Pharmacist (B25) (B35) ☐ Social Worker (B26) □ LSC Specialist (B27) □ Sanitarian (B28) Physician (B29) ☐ Psychologist Total Number of Surveyors on Site _____ (B30) □ Other 19. Certification of Findings I certify that I have reviewed each Condition of Participation and Related Standards for Psychiatric Hospitals, and unless indicated on the CMS-2567,

the Facility was found to be in compliance with the Conditions and/or Standards.

Signature	Title	Date
Signature	Title	Date
Signature	Title	Date
Signature	Title	Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0378. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

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