

# Arkansas Health Services Permit Agency



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There are 8 steps to go through to complete one entry.

## I. MANAGEMENT/OWNERSHIP

### A. Facility Name:

Name of License Owner:

Vendor Number (4 digits):

License Number (3 to 5 digits):

County:

Mailing Address:

City\_State\_ZIP:

Phone:

Fax:

Facility's Email Address:

Name of Facility Administrator:

Facility Administrator's Email Address:

### B. Type of Ownership:

### C. Type of Facility and Number of Licensed Beds:

Facility Type	Number of Licensed Beds
Residential Care Facility	<input type="text"/>
Assisted Living Facility, Level I	<input type="text"/>
Assisted Living Facility, Level II	<input type="text"/>
ALF, Level II / Specialty (i.e. Alzheimer or dementia unit)	<input type="text"/>
Total Number of Licensed Beds	<input type="text"/>

Is this Facility a RCF conversion?:

How many total rooms or apartments does your facility have?  
(this will not be the same number of licensed beds,  
if your facility is setup for couples or double occupancy)



## II. FACILITY

### A. Resident Occupancy Days

1. Best estimate for facility's occupancy rate for 2020 (enter 0 through 100):

2. Number of licensed beds in your facility (from previous page):

3. Number of days your facility was open in 2020: (If your facility was open for the entire year, enter 365 days. The number can not be greater than 366. If the

facility was open for less than a year, enter the number of days your facility was open and operational in 2020).

- 4. Number of Resident Occupancy Days (ROD) (equals item #2 times #3):
- 5. Number of unavailable Resident Occupancy Days:<sup>1</sup>
- 6. Number of licensed and available RODs in 2020 (equals item #4 minus #5):
- 7. Number of occupied RODs in 2020 (days that residents are using beds or beds that are being held for residents):
- 8. Number of RODs that are available and vacant during 2020 (locked field) (equals item #6 minus #7):
- 9. Calculated Occupancy Rate (locked field)(equals item #7 divided by item #4):

**Note: Recheck all conclusions for Section II, questions 1-8 so that: item #2 times #3 = item #4; item #4 minus #5 = item #6; item #6 minus #7 = item #8**

**B. Facility History**

- 1. Please state the age of the physical structure of your facility:
- 2a. Has the facility undergone a major remodeling/renovation (that required plans to be filed with the DHS Office of Long Term Care) in the last five years?
- 2b. Does your building include a sprinkler system?
- 2c. Is the sprinkler system a partial or full system?

**C. Resident Rooms**

Number of licensed beds in your facility (from previous page, locked field):

Type of Resident Room	Number of Rooms (not licensed beds)	Average Rate per Room per Month	Number of Rooms licensed for double or more occupancy:	Room or Apartment
Studio / Efficiency	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rooms used for more than 2 residents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL:</b>	<input type="text"/>	N/A	<input type="text"/>	N/A

**NOTE:** For example, if your facility is licensed for 30 beds but the facility only has 20 rooms, you would enter 10 for the Number of Rooms licensed for double or more occupancy.

**Bathroom Type Number of Bathrooms**

- Community
- Half-Bath
- Full-Bath
- TOTAL:**

Note 1 Number of RODs for which beds were not available for immediate occupancy, for example, beds that were in rooms that were converted to office, storage, or other than resident use or rooms licensed for 2 beds but used for 1 resident bed in 2020.



**II. FACILITY**

**D. Utilization**

- 1.Total number of admissions in 2020:
- 2.Total number of residents in 2020:<sup>1</sup>
- 3.Total number of resident days for your facility in 2020:<sup>2</sup>
- 4.Total number of residents who were discharged (including death) from your facility in 2020:
- 5.Total number of Discharge days for your facility in 2020:<sup>3</sup>
- \***Note:** The term "Discharge Days" is one method of calculating an average length of stay for long term care facilities.
- 6.Average length of stay (in days) for **discharged** residents in your facility:<sup>4</sup>
- 7.Average length of stay for the total facility for 2020:<sup>5</sup>
- 8.Annual Percentage of Resident Turnover:<sup>6</sup>  %

Note 1 This total includes the number of residents in your facility on January 1, 2020 plus the number of new admissions in 2020).

Note 2 A resident day is one resident in a bed for one day. If you had one resident for a year that would be 365 resident days; for a resident that did not stay for the entire year, count the number of days that the resident was in your facility. For example, a resident who stayed for 54 days would equal 54 resident days.

Note 3 Discharge days is the sum of the number of resident days for each resident who was discharged in 2020. For example, if 5 persons were discharged after 100 days in your facility and 6 residents were discharged after 400 days in your facility, the total number of discharge days would be (5 x 100)+(6 x 400) which equals 500+2400 = 2900 total discharge days.

Note 4 Average length of stay [LOS] is calculated by total discharge days / number of total discharges. Using the above example in # 5, total discharge days = 2900 and total discharges = 5+6 or 11; therefore, the average LOS = 2900/11= 263.6 days  
*[item #5 divided by item #4 equals this total item #6]*

Note 5 Average length of stay for one year period is calculated by adding the number of resident days (item 3) and dividing it by the total number of residents in 2020 (item 2).  
*[total for item #3 divided by total for item # 2]*

Note 6 Annual Turnover Percentage is calculated by the number of discharges (item #4) divided by the number of residents during 2020. For example of the number of discharges = 10 and the number of residents who lived in your facility in 2020 is 120, then your turnover is 8%  
*[item #4 total divided by item #2 total]*



**III. OPERATIONS/COST**

**A. Payment Source**

<b>Resident Reimbursement:</b>	<b>Number of 2020 residents who utilize this payment source:</b>
Self:	<input style="width: 80px; height: 20px;" type="text"/>
Veteran's Administration Benefits:	<input style="width: 80px; height: 20px;" type="text"/>
Medicaid / Personal Care:	<input style="width: 80px; height: 20px;" type="text"/>
Medicaid Waiver (for low income):	<input style="width: 80px; height: 20px;" type="text"/>
Family:	<input style="width: 80px; height: 20px;" type="text"/>
SSI:	<input style="width: 80px; height: 20px;" type="text"/>
Long Term Care Insurance :	<input style="width: 80px; height: 20px;" type="text"/>
Other (Specify):	<input style="width: 80px; height: 20px;" type="text"/> ( <input style="width: 300px; height: 20px;" type="text"/> )

**B. Resident Cost**

**Do you charge by:**



**IV. RESIDENT INFORMATION**

**A. 2020 Admissions by Age and Gender:**

	<b>Number of male residents admitted in 2020 by age range</b>	<b>Number of female residents admitted in 2020 by age range</b>	<b>Married</b>	<b>Widowed</b>	<b>'DivorceX' Separated</b>	<b>'Never Married</b>
Under 65 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
65 - 74 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
75 - 84 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Over 85 years old	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Don't know	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (locked fields)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Black means a match, Red means an error.*

**Comment: Total male + female should equal total of married + widowed + divorced/separated + never married. Also, Section A totals should equal the totals in subsequent Sections B, C, & D.**

**B. 2020 Admissions by Race / Ethnicity**

**Hispanic Origin:**

Hispanic

Non-Hispanic

**Number of residents admitted in 2020 by Hispanic Origin**



**Race:**

American Indian or Alaskan Native

African American or Black

Asian

Native Hawaiian or other Pacific islander

White or Caucasian

Another Race

Don't Know

TOTAL (This should be equal total # of residents admitted for 2020, both males and females, as well as Section C & D totals. Locked field.):

**Number of residents admitted in 2020 by race**









*Black means a match, Red means an error.*



**IV. RESIDENT INFORMATION**

**C. Referral Sources for 2020 Resident Admissions**

**Referred from...**

Hospitals:

Nursing Home:

ICF/MR:

Home or self referral:

Human Development Center:

Home Health Agency:

Physician:

Group Home:

Mental / Behavioral Health Provider:

Other (Identify):

Don't Know:

Total (should equal the total # of admissions for

**Number of residents admitted in 2020 by source:**









 (  )



**G. Formal Services Used (Within Last 90 Days)**

	RCF	ALF I	ALF II	Total
<b>Day Care:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Hospice:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mental Health:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupational Therapy:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Physical Therapy:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Speech Therapy:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Podiatry:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Did individual residents contract with a home health company in the last year?**

If yes, how many?



**V. COMMENTS AND/OR EXPLANATIONS**

Please comment on any responses not completed or responses that require clarification.

Thank you for completing this annual report!

If there are any questions about your responses to this report, who should be contacted?

Name:

Title or Position:

Phone Number:

Email: