

Public File

DOCUMENTATION

The State Utilization Data File
of Long-term Care Facilities

**Calendar Year
2002**

State Utilization Data File of Long-term Care Facilities 2002

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State Utilization Data File of Long-term Care Facilities 2002

Introduction

The Office of Statewide Health Planning and Development (OSHPD) annually produces the State Utilization Data File of Long-term Care Facilities. The data come from the individual *Annual Utilization Report of Long-term Care Facilities* that are filed by California's licensed long-term care facilities for the previous calendar year. The data are "as reported" by each facility after complying with input quality control edits. The long-term care utilization data file includes additional data fields populated by information derived from licenses issued by the California Department of Health Services (DHS). Due to occasional time lags between licensing activities, and subsequent updates to the OSHPD's Licensed Facility Information System (LFIS), some fields that are based on licensing data may not provide the most current information (Visit the OSHPD website regarding LFIS: <http://alirts.oshpd.ca.gov/LFIS/LFISHome.aspx> A login is not required for general use). As with many new systems, unanticipated problems and omissions can occur. That means that future sets of the data file may include corrections of data earlier released.

OSHPD welcomes suggestions for improving our data products. Email your suggestions to hircweb@oshpd.ca.gov

New Online Reporting System: ALIRTS

Beginning with 2002 data, facilities began to submit their utilization data to OSHPD through a new, paperless, Internet-based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once the data are submitted and meet the ALIRTS input quality criteria, the data are accepted and immediately become available to the public via the Internet (<http://alirts.oshpd.state.ca.us>). In addition to the data reported by each licensed facility, ALIRTS also has current and historical facility licensing information. The ALIRTS perspective for both utilization data and licensing data is by individual licensed facility.

OSHPD creates this State Utilization Data File of Long-term Care Facilities after the annual reporting deadline, February 15, arrives for all individual licensed facilities.

New Data File Format

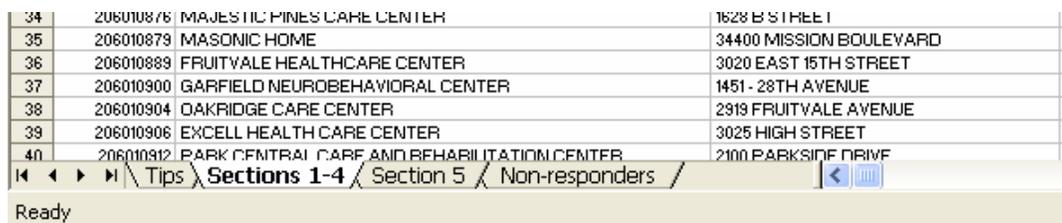
In addition to online reporting, another recent change involves the file type used for the public data file. Rather than displaying the data in a comma-delimited text file, the data file is now configured as a MS Excel file. The Excel software application uses "sections" or "tabs" called **worksheets**. This more efficient file management system permits the display of all the data in addition to any explanatory notes that help the user better understand the data. The data file is contained in two of the three worksheets. In both data worksheets, each row (line) displays all the data from one facility, while each column displays the values for one data field (sequentially, by row and column, from the report form).

Excel was selected because it is the analytical software used by most long-term facility utilization data users. Its file format has become as generic as text file format. Excel was also selected because it can handle multiple worksheets in one file. A note for those data users who do not have Excel: Most analytical software can import Excel worksheets. If the Excel file format is incompatible with your software, contact OSHPD (hirc@oshpd.ca.gov) to obtain individual, comma-delimited text data files.

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More on the Use of the MS-Excel Worksheets

There are four worksheets in the State Utilization Data File of Long-term Care Facilities. To navigate from one worksheet to another, click on the applicable tab at the bottom of your screen. (See a recent year example in Figure 1, below):



34	206010876	MAJESTIC PINES CARE CENTER	1628 B STREET
35	206010879	MASONIC HOME	34400 MISSION BOULEVARD
36	206010889	FRUITVALE HEALTHCARE CENTER	3020 EAST 15TH STREET
37	206010900	GARFIELD NEUROBEHAVIORAL CENTER	1451 - 28TH AVENUE
38	206010904	OAKRIDGE CARE CENTER	2919 FRUITVALE AVENUE
39	206010906	EXCELL HEALTH CARE CENTER	3025 HIGH STREET
40	206010912	PARK CENTRAL CARE AND REHABILITATION CENTER	2100 PARKSIDE DRIVE

Figure 1

Description of the Worksheets in the Data File

Tips: This worksheet provides suggestions for more effectively using the data file and general notes pertinent to the facilities reporting data.

Sections 1–4: This worksheet reflects the first four sections of the *Annual Utilization Report of Long-term Care Facilities* report form:

- **Section 1** includes basic facility descriptors, e.g., name and address.
- **Section 2** includes license type and licensee (owner of license) description.
- **Section 3** provides patient census and utilization.
- **Section 4** provides patient demographics.

Section 5: This worksheet reflects the last section of the *Annual Utilization Report of Long-term Care Facilities* report form:

- **Section 5** provides data on Major Equipment and Capital Expenditures.

Nonresponders: This worksheet lists the long-term care facilities that failed to report their utilization data for the reporting year. A minimal amount of data from these facilities is provided.

Technical Notes: (Optional) This is a special worksheet that is included in the data file to elaborate on substantial impact of any data anomalies found in the data file.

The worksheets' default (original) sequence order: The first two columns of the data worksheets display the facility's name and OSHPD_ID number. The worksheet lists the facilities in numeric order by OSHPD_ID number (Column A). (Because the county code is in the third and fourth digits, the facilities are also in county order when sorted in numeric order).

State Utilization Data File of Long-term Care Facilities 2002

Significant Data Field Changes in the State Utilization Data File

For 2002, there were no major data field changes. There is one note for clarification:

- New fields for displaying **future data items** are included in this dataset. Users should note that these items are not derived from facility-reported data or from the Licensing and Certification Division of DHS. Some of these fields remain unpopulated for 2002 but are slated to be filled in future datasets. These new fields are located between the License Status and County fields.

Traditional and Alternative Header Rows

Header rows provide names for each data field (column). Three alternative header rows are included for the data worksheet (see Figure 2 sample below, copied from a related data file). The first row is the English abbreviation of the data field. The second is the section, line and column reference that can be sorted. The third header row is refers to the section, line and column on the Annual Utilization Report in a more “visual” format. These are simply alternatives for your use. You have the option to use the one (or ones) you like and can delete the others.

	A	B	C	D	E	F
1	OSHPD_ID	FAC_NAME	FAC_ADDRESS_ONE	FAC_ADDRESS_TWO	FAC_CITY	FAC_COUNTY
2	slc010201	slc010101	slc010301	slc010301	slc010401	slc010501
3						
4	1.2.1	1.1.1	1.3.1	1.3.1	1.4.1	1.5.1
5	206010734	EMMANUEL CONVALESCENT HOSPITAL - ALAMEDA	508 WESTLINE DRIVE	'	'ALAMEDA	'94E
6	206010744	ASHBY CARE CENTER	2270 ASHBY AVENUE	'	'BERKELEY	'947
7	206010747	BANCROFT CONVALESCENT HOSPITAL	1475 BANCROFT AVENUE	'	'SAN LEANDRO	'94E
8	206010748	COURTYARD CARE CENTER	1625 DENTON AVENUE	'	'HAYWARD	'94E
9	206010749	ST. FRANCIS EXTENDED CARE, INC.	718 BARTLETT AVENUE	'	'HAYWARD	'94E
10	206010750	BASSARI CONVALESCENT HOSPITAL	2268 D STREET	'	'HAYWARD	'94E

Figure 2

The Office recognizes that users of the data have varying preferences regarding header rows. Three header row styles are offered here. For those who prefer English names, the first alternative header row displays English abbreviations.

The **Section+Line+Column** format (row 2) is the next alternative header style. It contains alpha characters and does not include periods. Each field name in this set begins with the letters “slc”, followed by 2-digit **section**, 2-digit **line** and 2-digit **column** numbers. For example, the field that is related to the question, “Was this facility in operation at any time during year?” (**Section 1, Line 9, Column 1**), would be field name “slc010901.”

If the data in the LTC utilization data worksheet are intended to be imported into other analytical (database) software, be aware that some database applications require at least one alpha character in the field name, while others will not allow “periods.” The alternative field names in the two first rows both meet these naming conventions.

The traditional header approach has been to provide field names that display the report form coordinates. The row directly above the data rows (in both data worksheets) is such a header row. Most field titles in this row (including all facility reported data fields), display their respective report form coordinates from the ALIRTS *Annual Utilization Report of Long-term Care Facilities* report form. The field names display the **Section+Line+Column** numbers, delimited by “dots” (periods). Thus, using the prior example “Was this facility in operation at any

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time during year?” is reported in Section 1, Line 9, Column 1. This field appears in spreadsheet Column I in the “Sections 1 - 5” worksheet and is displayed as “1.9.1”. This report-form-coordinates format is less complex for display purposes but does require the data user to refer to a copy of the report form when using the data file. A copy of the blank reporting form is provided as Appendix A, located at the end of this documentation file. Printing a hard copy for reference is recommended.

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	1.3.1	slc010301	FAC_ADDRESS_ONE	Facility Address one
D	1.3.1	slc010301	FAC_ADDRESS_TWO	Facility Address two
E	1.4.1	slc010401	FAC_CITY	City location of facility
F	1.5.1	slc010501	FAC_ZIPCODE	Zipcode of facility
G	1.6.1	slc010601	FAC_PHONE	Telephone of facility
H	1.7.1	slc010701	FAC_ADMIN_NAME	Name of Facility Administrator
I	1.9.1	slc010901	FAC_OPER_CURR_YR	Facility in operation at any time during report period?
J	1.10.1	slc011001	BEG_DATE	Begin date of operation
K	1.11.1	slc011101	END_DATE	End date of operation
L	1.12.1	slc011201	PARENT_NAME	Name of Parent corporation
M	1.13.1	slc011301	PARENT_ADDRESS_ONE	Parent corporation address one
N	1.13.1	slc011301	PARENT_ADDRESS_TWO	Parent corporation address two
O	1.14.1	slc011401	PARENT_CITY	Parent corporation city
P	1.15.1	slc011501	PARENT_STATE	Parent corporation state
Q	1.16.1	slc011601	PARENT_ZIPCODE	Parent corporation zipcode
R	1.17.1	slc011701	REPORT_PREP_NAME	Name of person completing the report
S	LIC_STATUS	LIC_STATUS	LIC_STATUS	Status of facility's license on 12/31, according to California Department of Health Services (DHS): -- Licensed (all year) -- New (during year) -- Closed (during year) -- Suspense (by 12/31)
T	LIC_STATUS_DATE	LIC_STATUS_DATE	LIC_STATUS_DATE	Date of status of facility's license, according to DHS
U	LIC_ORIG_DATE	LIC_ORIG_DATE	LIC_ORIG_DATE	Date that the facility was originally licensed.
V	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	MCAL_PROVIDER_NO	Medi-Cal Provider Number
W	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	MCARE_PROVIDER_NO	Medicare Provider Number
X	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS_NO	ACLAIMS Number
Y	ASSEMBLY_DIST	ASSEMBLY_DIST	ASSEMBLY_DIST	Assembly District
Z	SENATE_DIST	SENATE_DIST	SENATE_DIST	Senate District
AA	CONGRESS_DIST	CONGRESS_DIST	CONGRESS_DIST	Congressional Dist
AB	CENS_TRACT	CENS_TRACT	CENS_TRACT	Census Tract
AC	MED_SVC_STUDY_AR	MED_SVC_STUDY_AR	MED_SVC_STUDY_AREA	Medical Service Study Area is a planning area.
AD	LACO_SVC_PLAN_AR	LACO_SVC_PLAN_AR	LACO_SVC_PLAN_AREA	LA County Service Planning Area is a planning area for Los Angeles County.
AE	HEALTH_SVC_AREA	HEALTH_SVC_AREA	HEALTH_SVC_AREA	Health Service Area is a planning area.
AF	COUNTY	COUNTY	COUNTY	County

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
AG	2.1.1	slc020101	TYPE_LIC	There are four (4) License Category types: --Skilled Nursing Facility --Intermediate Care Facility --Intermediate Care Facility/Developmentally Disabled --Congregate Living Health Facility
AH	2.5.1	slc020501	TYPE_CNTRL	There are nine (9) Types of Control (ownership): --Investor - Individual --Investor - Partnership --Investor - Limited Liability Company --Investor - Corporation --Nonprofit Corporation (includes church-related) --State --City and/or County --District --University of California
AI	2.21.1	slc022101	CERT_MCAR_SN	Certified for Medicare: Skilled Nursing (Yes or No)
AJ	2.22.1	slc022201	CERT_MCAL_SN	Certified for Medi-Cal: Skilled Nursing (Yes or No)
AK	2.23.1	slc022301	CERT_MCAL_SN_MD	Certified for Medi-Cal: Skilled Nursing, Mentally Disordered (Yes or No)
AL	2.24.1	slc022401	CERT_MCAL_IC	Certified for Medi-Cal: Intermediate Care (Yes or No)
AM	2.25.1	slc022501	CERT_MCAL_ICDD	Certified for Medi-Cal: Intermediate Care/DD (Yes or No)
AN	2.26.1	slc022601	CERT_MCAL_SUB_OR_SU	Certified for Medi-Cal: Subacute or Subacute Pediatric (Yes or No)
AO	3.1.1	slc030101	SN_GEN_LTC_CENS_PY	Census, Prior Year, on 12/31/01, Skilled Nursing (General)
AP	3.1.2	slc030102	SN_MD_LTC_CENS_PY	Census, Prior Year, on 12/31/01, Skilled Nursing Mentally Disordered
AQ	3.1.3	slc030103	IC_GEN_LTC_CENS_PY	Census, Prior Year, on 12/31/01, Intermediate Care (General)
AR	3.1.4	slc030104	IC_DD_LTC_CENS_PY	Census, Prior Year, on 12/31/01, Intermediate Care Dev. Disabled
AS	3.1.5	slc030105	CL_LTC_CENS_PY	Census, Prior Year, on 12/31/01, Congregate Living
AT	3.1.6	slc030106	LTC_CENS_PY_TOTL	Census, Prior Year, on 12/31/01 TOTAL
AU	3.2.1	slc030201	SN_GEN_LTC_ADM	Admissions, Skilled Nursing (General)
AV	3.2.2	slc030202	SN_MD_LTC_ADM	Admissions, Skilled Nursing Mentally Disordered
AW	3.2.3	slc030203	IC_GEN_LTC_ADM	Admissions, Intermediate Care (General)
AX	3.2.4	slc030204	IC_DD_LTC_ADM	Admissions, Intermediate Care Dev. Disabled
AY	3.2.5	slc030205	CL_LTC_ADM	Admissions, Congregate Living
AZ	3.2.6	slc030206	LTC_ADM_TOTL	Admissions, TOTAL
BA	3.3.1	slc030301	SN_GEN_LTC_DIS	Discharges, Skilled Nursing (General)
BB	3.3.2	slc030302	SN_MD_LTC_DIS	Discharges, Skilled Nursing Mentally Disordered
BC	3.3.3	slc030303	IC_GEN_LTC_DIS	Discharges, Intermediate Care (General)
BD	3.3.4	slc030304	IC_DD_LTC_DIS	Discharges, Intermediate Care Dev. Disabled
BE	3.3.5	slc030305	CL_LTC_DIS	Discharges, Congregate Living
BF	3.3.6	slc030306	LTC_DIS_TOTL	Discharges, TOTAL

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
BG	3.4.1	slc030401	SN_GEN_LTC_CENS_CUR	Census, Current Year, on 12/31/02, Skilled Nursing (General)
BH	3.4.2	slc030402	SN_MD_LTC_CENS_CURR	Census, Current Year, on 12/31/02, Skilled Nursing Mentally Disordered
BI	3.4.3	slc030403	IC_GEN_LTC_CENS_CURR	Census, Current Year, on 12/31/02, Intermediate Care (General)
BJ	3.4.4	slc030404	IC_DD_LTC_CENS_CURR	Census, Current Year, on 12/31/02, Intermediate Care Dev. Disabled
BK	3.4.5	slc030405	CL_LTC_CENS_CURR_YR	Census, Current Year, on 12/31/02, Congregate Living
BL	3.4.6	slc030406	LTC_CENS_CURR_YR_TO	Census, Current Year, on 12/31/02 TOTAL
BM	3.5.1	slc030501	SN_GEN_LTC_PATIENT DA	Patient Days, cumulative 2002, Skilled Nursing (General)
BN	3.5.2	slc030502	SN_MD_LTC_PATIENT DA	Patient Days, cumulative 2002, Skilled Nursing Mentally Disordered
BO	3.5.3	slc030503	IC_GEN_LTC_PATIENT DA	Patient Days, cumulative 2002, Intermediate Care (General)
BP	3.5.4	slc030504	IC_DD_LTC_PATIENT DAY	Patient Days, cumulative 2002, Intermediate Care Dev. Disabled
BQ	3.5.5	slc030505	CL_LTC_PATIENT DAYS_2	Patient Days, cumulative 2002, Congregate Living
BR	3.5.6	slc030506	LTC_PATIENT DAYS_2002	Patient Days, cumulative 2002, TOTAL
BS	3.7.1	slc030701	SN_GEN_LTC_LIC_BED	Licensed Beds, Skilled Nursing (General)
BT	3.7.2	slc030702	SN_MD_LTC_LIC_BED	Licensed Beds, Skilled Nursing-Mentally Disordered
BU	3.7.3	slc030703	IC_GEN_LTC_LIC_BED	Licensed Beds, Intermediate Care (General)
BV	3.7.4	slc030704	IC_DD_LTC_LIC_BED	Licensed Beds, Intermediate Care-Developmentally Disabled
BW	3.7.5	slc030705	CL_LTC_LIC_BED	Licensed Beds, Congregate Living
BX	3.7.6	slc030706	LTC_LIC_BED_TOTL	Licensed Beds, TOTAL
BY	3.8.1	slc030801	SN_GEN_LTC_LIC_BED_D	Licensed Bed Days, Skilled Nursing (General)
BZ	3.8.2	slc030802	SN_MD_LTC_LIC_BED_DA	Licensed Bed Days, Intermediate Care (General)
CA	3.8.3	slc030803	IC_GEN_LTC_LIC_BED_DA	Licensed Bed Days, Skilled Nursing-Mentally Disordered
CB	3.8.4	slc030804	IC_DD_LTC_LIC_BED_DAY	Licensed Bed Days, Intermediate Care-Developmentally Disabled
CC	3.8.5	slc030805	CL_LTC_LIC_BED_DAY	Licensed Bed Days, Congregate Living
CD	3.8.6	slc030806	LTC_LIC_BED_DAY_TOTL	Licensed Bed Days, TOTAL
CE	3.11.1	slc031101	ADM_LTC_PATIENT_HOME	Admitted from Home
CF	3.11.2	slc031102	DIS_LTC_PATIENT_HOME	Discharged to Home
CG	3.12.1	slc031201	ADM_LTC_PATIENT_HOSP	Admitted from Hospital
CH	3.12.2	slc031202	DIS_LTC_PATIENT_HOSP	Discharged to Hospital
CI	3.13.1	slc031301	ADM_LTC_PATIENT_ST_H	Admitted from State Hospital
CJ	3.13.2	slc031302	DIS_LTC_PATIENT_ST_HO	Discharged to State Hospital
CK	3.14.1	slc031401	ADM_LTC_PATIENT_OTHR	Admitted from Other Long Term Care
CL	3.14.2	slc031402	DIS_LTC_PATIENT_OTHR	Discharged to Other Long Term Care
CM	3.15.1	slc031501	ADM_LTC_PATIENT_RES	Admitted from Residential/Board & Care
CN	3.15.2	slc031502	DIS_LTC_PATIENT_RES_B	Discharged to Residential/Board & Care
CO	3.16.1	slc031601	ADM_LTC_PATIENT_OTHR	Admitted from Other
CP	3.16.2	slc031602	DIS_LTC_PATIENT_OTHR	Discharged to Other
CQ	3.17.2	slc031702	DIS_LTC_PATIENT_AWOL	Discharged to AWOL
CR	3.18.2	slc031802	DIS_LTC_PATIENT_DEATH	Discharged, Death
CS	3.20.1	slc032001	LTC_PATIENT_ADM_TOTL	Admissions, LTC Patients TOTAL

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
CT	3.20.2	slc032002	LTC_PATIENT_DIS_TOTL	Discharges, LTC Patients TOTAL
CU	3.21.1	slc032101	MCAR_LTC_CENS_CURR	Census, on 12/31/02, Medicare
CV	3.21.2	slc032102	MCAL_LTC_CENS_CURR	Census, on 12/31/02, Medi-Cal
CW	3.21.3	slc032103	MNG_CARE_LTC_CENS_C	Census, on 12/31/02, Managed Care
CX	3.21.4	slc032104	PVT_INS_LTC_CENS_CUR	Census, on 12/31/02, Private Insurance
CY	3.21.5	slc032105	SELPAY_LTC_CENS_CUR	Census, on 12/31/02, Self-Pay
CZ	3.29.1	slc032901	ALL_OTHR_LTC_CENS_CU	Census, on 12/31/02, All Other
DA	3.20.1	slc032001	LTC_CENS_CURR_YR_TO	Census, on 12/31/02, TOTAL
DB	3.31.1	slc033101	DIS_LTC_<2WK	Discharges: Less Than 2 Weeks
DC	3.32.1	slc033201	DIS_LTC_2WK_<1MO	Discharges: 2 Weeks to Less Than 1 Month
DD	3.3.1	slc030301	DIS_LTC_TO3MO	Discharges: 1 Month to Less Than 3 Months
DE	3.34.1	slc033401	DIS_LTC_3TO6MO	Discharges: 3 Months to Less Than 7 Months
DF	3.35.1	slc033501	DIS_LTC_7TO12MO	Discharges: 7 months to less than 1 year
DG	3.36.1	slc033601	DIS_LTC_1YR_<2YR	Discharges: 1 year to Less than 2 yrs
DH	3.37.1	slc033701	DIS_LTC_2YR_<3YR	Discharges: 2 Years to Less than 3 yrs
DI	3.38.1	slc033801	DIS_LTC_3YR_<5YR	Discharges: 3 Years to Less than 5 yrs
DJ	3.39.1	slc033901	DIS_LTC_5YR_<7YR	Discharges: 5 Years to Less than 7
DK	3.40.1	slc034001	DIS_LTC_7YR_<10YR	Discharges: 7 Years to Less Than 10
DL	3.41.1	slc034101	DIS_LTC_>=10YR	Discharges: 10 Years or Longer
DM	3.45.1	slc034501	DIS_LTC_TOT	Discharges: LTC TOTAL
DN	3.51.1	slc035101	HOSPICE_LTC_PROG	Hospice during reporting year (Yes or No)
DO	3.52.1	slc035201	AIDS_LTC_HIV_PATIENT	Patients Diagn. w/ AIDS, ARC or HIV Related
DP	3.53.1	slc035301	ALZHMR_LTC_PROG	Alzheimers Disease Program (Yes or No)
DQ	3.54.1	slc035401	ALZHMR_LTC_PATIENT	Patients w/ Primary or Secondary Diag, Alzheimers
DR	4.1.1	slc040101	M_WHI_CURR_YR_CEN_L	Male, White, Under 45 Years, Census LTC, Current Year, on 12/31/02
DS	4.1.2	slc040102	M_WHI_CURR_YR_CEN_L	Male, White, 45-54 Years, Census LTC, Current Year, on 12/31/02
DT	4.1.3	slc040103	M_WHI_CURR_YR_CEN_L	Male, White, 55-64 Years, Census LTC, Current Year, on 12/31/02
DU	4.1.4	slc040104	M_WHI_CURR_YR_CEN_L	Male, White, 65-74 Years, Census LTC, Current Year, on 12/31/02
DV	4.1.5	slc040105	M_WHI_CURR_YR_CEN_L	Male, White, 75-84 Years, Census LTC, Current Year, on 12/31/02
DW	4.1.6	slc040106	M_WHI_CURR_YR_CEN_L	Male, White, 85-94 Years, Census LTC, Current Year, on 12/31/02
DX	4.1.7	slc040107	M_WHI_CURR_YR_CEN_L	Male, White, 95 Years and Older, Census LTC, Current Year, on 12/31/02
DY	4.1.8	slc040108	M_WHI_CURR_YR_CEN_L	Male, White, TOTAL, Census LTC, Current Year, on 12/31/02
DZ	4.2.1	slc040201	M_BLK_CURR_YR_CEN_L	Male, Black, Under 45 Years, Census LTC, Current Year, on 12/31/02
EA	4.2.2	slc040202	M_BLK_CURR_YR_CEN_L	Male, Black, 45-54 Years, Census LTC, Current Year, on 12/31/02
EB	4.2.3	slc040203	M_BLK_CURR_YR_CEN_L	Male, Black, 55-64 Years, Census LTC, Current Year, on 12/31/02
EC	4.2.4	slc040204	M_BLK_CURR_YR_CEN_L	Male, Black, 65-74 Years, Census LTC, Current Year, on 12/31/02
ED	4.2.5	slc040205	M_BLK_CURR_YR_CEN_L	Male, Black, 75-84 Years, Census LTC, Current Year, on 12/31/02
EE	4.2.6	slc040206	M_BLK_CURR_YR_CEN_L	Male, Black, 85-94 Years, Census LTC, Current Year, on 12/31/02
EF	4.2.7	slc040207	M_BLK_CURR_YR_CEN_L	Male, Black, 95 Years and Older, Census LTC, Current Year, on 12/31/02

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
EG	4.2.8	slc040208	M_BLK_CURR_YR_CEN_LT	Male, Black, TOTAL, Census LTC, Current Year, on 12/31/02
EH	4.3.1	slc040301	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, Under 45 Years, Census LTC, Current Year, on 12/31/02
EI	4.3.2	slc040302	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 45-54 Years, Census LTC, Current Year, on 12/31/02
EJ	4.3.3	slc040303	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 55-64 Years, Census LTC, Current Year, on 12/31/02
EK	4.3.4	slc040304	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 65-74 Years, Census LTC, Current Year, on 12/31/02
EL	4.3.5	slc040305	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 75-84 Years, Census LTC, Current Year, on 12/31/02
EM	4.3.6	slc040306	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 85-94 Years, Census LTC, Current Year, on 12/31/02
EN	4.3.7	slc040307	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, 95 Years and Older , Census LTC, Current Year, on 12/31/02
EO	4.3.8	slc040308	M_ASI_PAI_CURR_YR_CEI	Male, Asian / Pac. Islander, TOTAL, Census LTC, Current Year, on 12/31/02
EP	4.4.1	slc040401	M_NAM_CURR_YR_CEN_L	Male, Native American, Under 45 Years, Census LTC, Current Year, on 12/31/02
EQ	4.4.2	slc040402	M_NAM_CURR_YR_CEN_L	Male, Native American, 45-54 Years, Census LTC, Current Year, on 12/31/02
ER	4.4.3	slc040403	M_NAM_CURR_YR_CEN_L	Male, Native American, 55-64 Years, Census LTC, Current Year, on 12/31/02
ES	4.4.4	slc040404	M_NAM_CURR_YR_CEN_L	Male, Native American, 65-74 Years, Census LTC, Current Year, on 12/31/02
ET	4.4.5	slc040405	M_NAM_CURR_YR_CEN_L	Male, Native American, 75-84 Years, Census LTC, Current Year, on 12/31/02
EU	4.4.6	slc040406	M_NAM_CURR_YR_CEN_L	Male, Native American, 85-94 Years, Census LTC, Current Year, on 12/31/02
EV	4.4.7	slc040407	M_NAM_CURR_YR_CEN_L	Male, Native American, 95 Years and Older, Census LTC, Current Year, on 12/31/02
EW	4.4.8	slc040408	M_NAM_CURR_YR_CEN_L	Male, Native American, TOTAL, Census LTC, Current Year, on 12/31/02
EX	4.5.1	slc040501	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, Under 45 Years, Census LTC, Current Year, on 12/31/02
EY	4.5.2	slc040502	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 45-54 Years, Census LTC, Current Year, on 12/31/02
EZ	4.5.3	slc040503	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 55-64 Years, Census LTC, Current Year, on 12/31/02
FA	4.5.4	slc040504	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 65-74 Years, Census LTC, Current Year, on 12/31/02
FB	4.5.5	slc040505	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 75-84 Years, Census LTC, Current Year, on 12/31/02
FC	4.5.6	slc040506	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 85-94 Years, Census LTC, Current Year, on 12/31/02
FD	4.5.7	slc040507	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, 95 Years and Older, Census LTC, Current Year, on 12/31/02
FE	4.5.8	slc040508	M_OTH_UNK_CURR_YR_C	Male, Other / Unknown, TOTAL, Census LTC, Current Year, on 12/31/02
FF	4.6.1	slc040601	M_TOT_CURR_YR_CEN_L	Male, TOTAL, Under 45 Years, Census LTC, Current Year, on 12/31/02
FG	4.6.2	slc040602	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 45-54 Years, Census LTC, Current Year, on 12/31/02
FH	4.6.3	slc040603	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 55-64 Years, Census LTC, Current Year, on 12/31/02
FI	4.6.4	slc040604	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 65-74 Years, Census LTC, Current Year, on 12/31/02
FJ	4.6.5	slc040605	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 75-84, Years, Census LTC, Current Year, on 12/31/02
FK	4.6.6	slc040606	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 85-94 Years, Census LTC, Current Year, on 12/31/02
FL	4.6.7	slc040607	M_TOT_CURR_YR_CEN_L	Male, TOTAL, 95 Years and Older , Census LTC, Current Year, on 12/31/02
FM	4.6.8	slc040608	M_CURR_YR_CEN_LTC_T	Male, TOTAL, Census LTC, Current Year, on 12/31/02
FN	4.11.1	slc041101	F_WHI_CURR_YR_CEN_LT	Female, White, Under 45 Years, Census LTC, Current Year, on 12/31/02
FO	4.11.2	slc041102	F_WHI_CURR_YR_CEN_LT	Female, White, 45-54 Years, Census LTC, Current Year, on 12/31/02
FP	4.11.3	slc041103	F_WHI_CURR_YR_CEN_LT	Female, White, 55-64 Years, Census LTC, Current Year, on 12/31/02
FQ	4.11.4	slc041104	F_WHI_CURR_YR_CEN_LT	Female, White, 65-74 Years, Census LTC, Current Year, on 12/31/02
FR	4.11.5	slc041105	F_WHI_CURR_YR_CEN_LT	Female, White, 75-84 Years, Census LTC, Current Year, on 12/31/02
FS	4.11.6	slc041106	F_WHI_CURR_YR_CEN_LT	Female, White, 85-94 Years, Census LTC, Current Year, on 12/31/02

LTC Documentation - Sections 1 through 4

Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
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FT	4.11.7	slc041107	F_WHI_CURR_YR_CEN_LT	Female, White, 95 Years and Older, Census LTC, Current Year, on 12/31/02
FU	4.11.8	slc041108	F_WHI_CURR_YR_CEN_LT	Female, White, TOTAL, Census LTC, Current Year, on 12/31/02
FV	4.12.1	slc041201	F_BLK_CURR_YR_CEN_LT	Female, Black, Under 45 Years, Census LTC, Current Year, on 12/31/02
FW	4.12.2	slc041202	F_BLK_CURR_YR_CEN_LT	Female, Black, 45-54 Years, Census LTC, Current Year, on 12/31/02
FX	4.12.3	slc041203	F_BLK_CURR_YR_CEN_LT	Female, Black, 55-64 Years, Census LTC, Current Year, on 12/31/02
FY	4.12.4	slc041204	F_BLK_CURR_YR_CEN_LT	Female, Black, 65-74 Years, Census LTC, Current Year, on 12/31/02
FZ	4.12.5	slc041205	F_BLK_CURR_YR_CEN_LT	Female, Black, 75-84 Years, Census LTC, Current Year, on 12/31/02
GA	4.12.6	slc041206	F_BLK_CURR_YR_CEN_LT	Female, Black, 85-94 Years, Census LTC, Current Year, on 12/31/02
GB	4.12.7	slc041207	F_BLK_CURR_YR_CEN_LT	Female, Black, 95 Years and Older, Census LTC, Current Year, on 12/31/02
GC	4.12.8	slc041208	F_BLK_CURR_YR_CEN_LT	Female, Black, TOTAL, Census LTC, Current Year, on 12/31/02
GD	4.13.1	slc041301	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, Under 45 Years, Census LTC, Current Year, on 12/31/02
GE	4.13.2	slc041302	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 45-54 Years, Census LTC, Current Year, on 12/31/02
GF	4.13.3	slc041303	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 55-64 Years, Census LTC, Current Year, on 12/31/02
GG	4.13.4	slc041304	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 65-74 Years, Census LTC, Current Year, on 12/31/02
GH	4.13.5	slc041305	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 75-84 Years, Census LTC, Current Year, on 12/31/02
GI	4.13.6	slc041306	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 85-94 Years, Census LTC, Current Year, on 12/31/02
GJ	4.13.7	slc041307	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, 95 Years and Older, Census LTC, Current Year, on 12/31/02
GK	4.13.8	slc041308	F_ASI_PAI_CURR_YR_CEN	Female, Asian / Pac. Islander, TOTAL, Census LTC, Current Year, on 12/31/02
GL	4.14.1	slc041401	F_NAM_CURR_YR_CEN_L	Female, Native American, Under 45 Years, Census LTC, Current Year, on 12/31/02
GM	4.14.2	slc041402	F_NAM_CURR_YR_CEN_L	Female, Native American, 45-54 Years, Census LTC, Current Year, on 12/31/02
GN	4.14.3	slc041403	F_NAM_CURR_YR_CEN_L	Female, Native American, 55-64 Years, Census LTC, Current Year, on 12/31/02
GO	4.14.4	slc041404	F_NAM_CURR_YR_CEN_L	Female, Native American, 65-74 Years, Census LTC, Current Year, on 12/31/02
GP	4.14.5	slc041405	F_NAM_CURR_YR_CEN_L	Female, Native American, 75-84 Years, Census LTC, Current Year, on 12/31/02
GQ	4.14.6	slc041406	F_NAM_CURR_YR_CEN_L	Female, Native American, 85-94 Years, Census LTC, Current Year, on 12/31/02
GR	4.14.7	slc041407	F_NAM_CURR_YR_CEN_L	Female, Native American, 95 Years and Older, Census LTC, Current Year, on 12/31/02
GS	4.14.8	slc041408	F_NAM_CURR_YR_CEN_L	Female, Native American, TOTAL, Census LTC, Current Year, on 12/31/02
GT	4.15.1	slc041501	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, Under 45 Years, Census LTC, Current Year, on 12/31/02
GU	4.15.2	slc041502	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 45-54 Years, Census LTC, Current Year, on 12/31/02
GV	4.15.3	slc041503	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 55-64 Years, Census LTC, Current Year, on 12/31/02
GW	4.15.4	slc041504	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 65-74 Years, Census LTC, Current Year, on 12/31/02
GX	4.15.5	slc041505	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 75-84 Years, Census LTC, Current Year, on 12/31/02
GY	4.15.6	slc041506	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 85-94 Years, Census LTC, Current Year, on 12/31/02
GZ	4.15.7	slc041507	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, 95 Years and Older, Census LTC, Current Year, on 12/31/02
HA	4.15.8	slc041508	F_OTH_UNK_CURR_YR_C	Female, Other / Unknown, TOTAL, Census LTC, Current Year, on 12/31/02
HB	4.16.1	slc041601	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, Under 45 Years, Census LTC, Current Year, on 12/31/02
HC	4.16.2	slc041602	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 45-54 Years, Census LTC, Current Year, on 12/31/02
HD	4.16.3	slc041603	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 55-64 Years, Census LTC, Current Year, on 12/31/02
HE	4.16.4	slc041604	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 65-74 Years, Census LTC, Current Year, on 12/31/02
HF	4.16.5	slc041605	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 75-84 Years, Census LTC, Current Year, on 12/31/02

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Worksheet Column	Header Style Using the Report Form* Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
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HG	4.16.6	slc041606	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 85-94 Years, Census LTC, Current Year, on 12/31/02
HH	4.16.7	slc041607	F_TOT_CURR_YR_CEN_LT	Female, TOTAL, 95 Years and Older, Census LTC, Current Year, on 12/31/02
HI	4.16.8	slc041608	F_CURR_YR_CEN_LTC_TQ	Female, TOTAL, Census LTC, Current Year, on 12/31/02
HJ	4.21.1	slc042101	M_HIS_CURR_YR_CEN_LT	Hispanic, LTC Male, Current Year, on 12/31/02
HK	4.21.2	slc042102	F_HIS_CURR_YR_CEN_LT	Hispanic, LTC Female, Current Year, on 12/31/02
HL	4.21.3	slc042103	HIS_CURR_YR_CEN_LTC	Hispanic, LTC TOTAL, Current Year, on 12/31/02
HM	4.22.1	slc042201	NONHIS_M_CURR_YR_CE	Non-Hispanic, LTC Male, Current Year, on 12/31/02
HN	4.22.2	slc042202	NONHIS_F_CURR_YR_CEN	Non-Hispanic, LTC Female, Current Year, on 12/31/02
HO	4.22.3	slc042203	NONHIS_CURR_YR_CEN_I	Non-Hispanic, LTC TOTAL, Current Year, on 12/31/02
HP	4.23.1	slc042301	UNK_M_CURR_YR_CEN_L	Unknown, LTC Male, Current Year, on 12/31/02
HQ	4.23.2	slc042302	UNK_F_CURR_YR_CEN_L	Unknown, LTC Female, Current Year, on 12/31/02
HR	4.23.3	slc042303	UNK_CURR_YR_CEN_LTC	Unknown, LTC TOTAL, Current Year, on 12/31/02
HS	4.25.1	slc042501	M_CURR_YR_CEN_LTC	LTC Male, Current Year, on 12/31/02 TOTAL
HT	4.25.2	slc042502	F_CURR_YR_CEN_LTC	LTC Female, Current Year, on 12/31/02 TOTAL
HU	4.25.3	slc042503	CURR_YR_CEN_LTC_TOT	LTC Current Year, on 12/31/02 TOTAL

* For instructions on the use of the header styles, please refer to the sections within the Documentation.

LTC Documentation - Section 5

Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
	Short Version with Periods and Without Alpha	Long Version Without Periods and With Alpha	English Abbreviation	
A	1.2.1	slc010201	OSHPD_ID	OSHPD Identification Number
B	1.1.1	slc010101	FAC_NAME	Facility Name
C	5.1.1	slc050101	EQUIP_ACQUI_OVER_500K	Equipment, diagn. or ther. value \$500,000 and above. Yes or No
D	5.2.1	slc050201	EQUIP_01_DESCRIP	Equipment piece no. 01 for diagn. or ther. use, Description
E	5.2.2	slc050202	EQUIP_01_VALUE	Equipment piece no. 01 for diagn. or ther. use, Value
F	5.2.3	slc050203	EQUIP_01_ACQUI_DT	Equipment piece no. 01 for diagn. or ther. use, Acquisition Date
G	5.2.4	slc050204	EQUIP_01_ACQUI_MEANS	Equipment no. 01, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
H	5.3.1	slc050301	EQUIP_02_DESCRIP	Equipment piece no. 02 for diagn. or ther. use, Description
I	5.3.2	slc050302	EQUIP_02_VALUE	Equipment piece no. 02 for diagn. or ther. use, Value
J	5.3.3	slc050303	EQUIP_02_ACQUI_DT	Equipment piece no. 02 for diagn. or ther. use, Acquisition Date
K	5.3.4	slc050304	EQUIP_02_ACQUI_MEANS	Equipment no. 02, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
L	5.4.1	slc050401	EQUIP_03_DESCRIP	Equipment piece no. 03 for diagn. or ther. use, Description
M	5.4.2	slc050402	EQUIP_03_VALUE	Equipment piece no. 03 for diagn. or ther. use, Value
N	5.4.3	slc050403	EQUIP_03_ACQUI_DT	Equipment piece no. 03 for diagn. or ther. use, Acquisition Date
O	5.4.4	slc050404	EQUIP_03_ACQUI_MEANS	Equipment no. 03, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
P	5.4.1	slc050401	EQUIP_04_DESCRIP	Equipment piece no. 04 for diagn. or ther. use, Description
Q	5.4.2	slc050402	EQUIP_04_VALUE	Equipment piece no. 04 for diagn. or ther. use, Value
R	5.4.3	slc050403	EQUIP_04_ACQUI_DT	Equipment piece no. 04 for diagn. or ther. use, Acquisition Date
S	5.4.4	slc050404	EQUIP_04_ACQUI_MEANS	Equipment no. 04, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
T	5.5.1	slc050501	EQUIP_05_DESCRIP	Equipment piece no. 05 for diagn. or ther. use, Description
U	5.5.2	slc050502	EQUIP_05_VALUE	Equipment piece no. 05 for diagn. or ther. use, Value
V	5.5.3	slc050503	EQUIP_05_ACQUI_DT	Equipment piece no. 05 for diagn. or ther. use, Acquisition Date
W	5.5.4	slc050504	EQUIP_05_ACQUI_MEANS	Equipment no. 05, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
X	5.6.1	slc050601	EQUIP_06_DESCRIP	Equipment piece no. 06 for diagn. or ther. use, Description
Y	5.6.2	slc050602	EQUIP_06_VALUE	Equipment piece no. 06 for diagn. or ther. use, Value
Z	5.6.3	slc050603	EQUIP_06_ACQUI_DT	Equipment piece no. 06 for diagn. or ther. use, Acquisition Date
AA	5.6.4	slc050604	EQUIP_06_ACQUI_MEANS	Equipment no. 06, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
AB	5.7.1	slc050701	EQUIP_07_DESCRIP	Equipment piece no. 07 for diagn. or ther. use, Description
AC	5.7.2	slc050702	EQUIP_07_VALUE	Equipment piece no. 07 for diagn. or ther. use, Value
AD	5.7.3	slc050703	EQUIP_07_ACQUI_DT	Equipment piece no. 07 for diagn. or ther. use, Acquisition Date
AE	5.7.4	slc050704	EQUIP_07_ACQUI_MEANS	Equipment no. 07, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
AF	5.8.1	slc050801	EQUIP_08_DESCRIP	Equipment piece no. 08 for diagn. or ther. use, Description

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Worksheet Column	Header Style Using the Report Form Section+Line+Column Coordinates		Header Style Using Abbreviated Terms in English	Description
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AG	5.8.2	slc050802	EQUIP_08_VALUE	Equipment piece no. 08 for diagn. or ther. use, Value
AH	5.8.3	slc050803	EQUIP_08_ACQUI_DT	Equipment piece no. 08 for diagn. or ther. use, Acquisition Date
AI	5.8.4	slc050804	EQUIP_08_ACQUI_MEANS	Equipment no. 08, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
AJ	5.9.1	slc050901	EQUIP_09_DESCRIP	Equipment piece no. 09 for diagn. or ther. use, Description
AK	5.9.2	slc050902	EQUIP_09_VALUE	Equipment piece no. 09 for diagn. or ther. use, Value
AL	5.9.3	slc050903	EQUIP_09_ACQUI_DT	Equipment piece no. 09 for diagn. or ther. use, Acquisition Date
AM	5.9.4	slc050904	EQUIP_09_ACQUI_MEANS	Equipment no. 09, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
AN	5.10.1	slc051001	EQUIP_10_DESCRIP	Equipment piece no. 10 for diagn. or ther. use, Description
AO	5.10.2	slc051002	EQUIP_10_VALUE	Equipment piece no. 10 for diagn. or ther. use, Value
AP	5.10.3	slc051003	EQUIP_10_ACQUI_DT	Equipment piece no. 10 for diagn. or ther. use, Acquisition Date
AQ	5.10.4	slc051004	EQUIP_10_ACQUI_MEANS	Equipment no. 10, diagn. or ther. use, acquisition: Purchase, Lease, Donation, or Other
AR	5.25.1	slc052501	CAP_EXP_OVER_1MIL	Capital expend., building projects in year over \$1 million. Yes or No
AS	5.26.1	slc052601	PROJ_01_DESCRIP_CAP_	Project capital expenditure no. 01, Description
AT	5.26.2	slc052602	PROJ_01_PROJTD_CAP_E	Project capital expenditure no. 01, projected expense
AU	5.26.3	slc052603	PROJ_01_OSHPD_PROJ_N	Project capital expenditure no. 01, OSHPD project number, if applic.
AV	5.27.1	slc052701	PROJ_02_DESCRIP_CAP_	Project capital expenditure no. 02, Description
AW	5.27.2	slc052702	PROJ_02_PROJTD_CAP_E	Project capital expenditure no. 02, projected expense
AX	5.27.3	slc052703	PROJ_02_OSHPD_PROJ_N	Project capital expenditure no. 02, OSHPD project number, if applic.
AY	5.28.1	slc052801	PROJ_03_DESCRIP_CAP_	Project capital expenditure no. 03, Description
AZ	5.28.2	slc052802	PROJ_03_PROJTD_CAP_E	Project capital expenditure no. 03, projected expense
BA	5.28.3	slc052803	PROJ_03_OSHPD_PROJ_N	Project capital expenditure no. 03, OSHPD project number, if applic.
BB	5.29.1	slc052901	PROJ_04_DESCRIP_CAP_	Project capital expenditure no. 04, Description
BC	5.29.2	slc052902	PROJ_04_PROJTD_CAP_E	Project capital expenditure no. 04, projected expense
BD	5.29.3	slc052903	PROJ_04_OSHPD_PROJ_N	Project capital expenditure no. 04, OSHPD project number, if applic.
BE	5.30.1	slc053001	PROJ_05_DESCRIP_CAP_	Project capital expenditure no. 05, Description
BF	5.30.2	slc053002	PROJ_05_PROJTD_CAP_E	Project capital expenditure no. 05, projected expense
BG	5.30.3	slc053003	PROJ_05_OSHPD_PROJ_N	Project capital expenditure no. 05, OSHPD project number, if applic.

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES - 2002

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility No.:	
3. Street Address:		4. City:	
5. Zip Code:			
6. Facility Phone No.:	7. Administrator Name:		8. Administrator's E-Mail Address:
()			
9. Was the facility in operation at any time during the year?		Dates of Operation (MMDDYYYY):	
Yes <input type="checkbox"/> No <input type="checkbox"/>		10. From:	11. Through:
12. Name of Parent Corporation:			
13. Corporate Business Address:		14. City:	15. State
			16. Zip Code:
17. Person Completing Report		18. Phone No.	
		() Ext.	
19. Fax No.		20. E-mail Address:	
()			

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

_____ Date

_____ Administrator Signature

_____ Administrator Name (Please Print)

Completion of the Annual Utilization Report of Long-term Care Facilities is required by Section 127285 of the Health and Safety Code, and is a requirement for the licensure of your health facility pursuant to Section 70735 and 71533 of Title 22 of the California Code of Regulations. Failure to complete and file this report by February 15 may result in action against the facility's license.

Office of Statewide Health Planning and Development
 Healthcare Information Division
 Accounting and Reporting Systems Section
 Licensed Services Data and Compliance Unit
 818 K Street, Room 400
 Sacramento, CA 95814

Phone: (916) 323-7685
 FAX: (916) 322-1442

FACILITY DESCRIPTION

Section 2

OSHPD FACILITY ID No. _____

LICENSE CATEGORY (Completed by OSHPD)

Line No.		(1)
1	Skilled Nursing Facility	
	Intermediate Care Facility	
	Intermediate Care Facility/ Developmentally Disabled	
	Congregate Living Health Facility	

LICENSEE TYPE OF CONTROL

Line No.		(1)
5	From the list below, select the ONE category that best describes the licensee type of control of your facility and enter the number which appears next to that category.	

LICENSEE TYPE OF CONTROL CODES

1	City and/or County
2	District
3	Non-profit Corporation (incl. Church-related)
4	University of California
5	State

6	Investor - Individual
7	Investor - Partnership
8	Investor - Limited Liability Company
9	Investor - Corporation

FACILITY CERTIFICATIONS

From the certification categories below, check those categories for which your facility was certified or contracted during the year.

Line No.		(1)
21	Medicare Skilled Nursing	
22	Medi-Cal Skilled Nursing	
23	Medi-Cal Skilled Nursing/Mentally Disordered (Special Treatment Program)	
24	Medi-Cal Intermediate Care (General)	
25	Medi-Cal Intermediate Care/Developmentally Disabled	
26	Medi-Cal Subacute or Subacute - Pediatric	

Section 3

OSHPD FACILITY ID No. _____

CENSUS and PATIENT DAYS

For each licensed bed category (columns 1 through 5), enter prior year ending census (line 1), admissions (line 2), discharges (line 3), current year ending census, and patient days (line 5).

Line No.		(1) Skilled Nursing	(2) Skilled Nursing Mentally Disordered	(3) Intermediate Care	(4) Intermediate Care Developmentally Disabled	(5) Congregate Living Health Facility	(6) Total
1	Dec. 31, 2001 Census						
2	+ Admissions						
3	- Discharges						
4	Dec. 31, 2002 Census						
5	Patient Days for 2002						
7	Licensed Beds						
8	Licensed Bed Days						

PATIENTS ADMITTED FROM and DISCHARGED TO

Enter the number of LTC Patients admitted from and discharged to each place shown.

Line No.		(1) Admitted From	(2) Discharged To
11	Home		
12	Hospital		
13	State Hospital		
14	Other LTC		
15	Residential Board & Care		
16	Other		
17	AWOL		
18	Death		
20	Total		

PATIENTS BY PAYMENT SOURCE ON DECEMBER 31

Enter the number of patients in the facility on December 31, whose principal source of payment was from the sources shown.

Line No.		(1) Patients
21	Medicare	
22	Medi-Cal	
23	Managed Care*	
24	Private Insurance	
25	Self-Pay	
29	All Other	
30	Total	

* Include patients enrolled in Medicare and Medi-Cal managed care health plans.

CENSUS INFORMATION

Section 3 (con't)

OSHPD FACILITY ID No. _____

DISCHARGES by LENGTH OF STAY

Enter the number of discharges for each of the ranges of length of stay below.

Line No.	Time in Facility	(1) Patients
31	Less than 2 weeks	
32	2 weeks to less than 1 month	
33	1 month to less than 3 months	
34	3 months to less than 7 months	
35	7 months to less than 1 year	
36	1 year to less than 2 years	
37	2 years to less than 3 years	
38	3 years to less than 5 years	
39	5 years to less than 7 years	
40	7 years to less than 10 years	
41	10 years or longer	
45	Total Discharges	

HOSPICE PROGRAM

Did your facility offer a hospice program during the report period?

Line No.	(1)
51	Yes <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL PROGRAMS

Line No.	AIDS or HIV Programs	(1) Patients
52	Enter the number of patients diagnosed as having AIDS, ARC, prodromal AIDS or HIV-related diseases and illness (HTLV-III / LAV).	

Line No.	Alzheimer's Disease	(1)
53	Does your facility offer a specialized program for Alzheimer's patients?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Line No.	Alzheimer's Disease	(1) Patients
54	Enter the number of patients who had a primary or secondary diagnosis of Alzheimer's Disease.	

PATIENT DEMOGRAPHICS

ANNUAL UTILIZATION REPORT OF LONG-TERM CARE FACILITIES - 2002

Section 4

OSHPD FACILITY ID No. _____

RACE AND AGE OF MALE LTC PATIENTS ON DECEMBER 31

Line No.	Race	(1) < 45	(2) 45-54	(3) 55-64	(4) 65-74	(5) 75-84	(6) 85-94	(7) 95 +	(8) Total
1	White								
2	Black								
3	Asian / Pac. Islander								
4	Native American								
5	Other / Unknown								
6	Total Male								

RACE AND AGE OF FEMALE LTC PATIENTS ON DECEMBER 31

Line No.	Race	(1) < 45	(2) 45-54	(3) 55-64	(4) 65-74	(5) 75-84	(6) 85-94	(7) 95 +	(8) Total
11	White								
12	Black								
13	Asian / Pac. Islander								
14	Native American								
15	Other								
16	Total Female								

ETHNICITY OF PATIENTS ON DECEMBER 31

Line No.		(1) Male*	(2) Female**	(3) Total
21	Hispanic			
22	Non-Hispanic			
23	Unknown			
25	Total Patients			

* Total male patients in column 1, line 25 must agree with column 8, line 6.

** Total female patients in column 2, line 25 must agree with column 8, line 16.

MAJOR CAPITAL EXPENDITURES

Section 5

OSHPD FACILITY ID No. _____

Section 127285 (3) of the Health and Safety Code requires each facility to report "acquisitions of diagnostic or therapeutic equipment during the reporting period with a value in excess of five hundred thousand dollars (\$500,000)."

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT ACQUIRED COSTING OVER \$500,000

Did your facility acquire any diagnostic or therapeutic equipment that had a value of \$500,000 or more?

Line No.	(1)
1	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "yes", fill out lines 2 through 11 below.

DIAGNOSTIC AND THERAPEUTIC EQUIPMENT DETAIL

Line No.	(1) Description of Equipment	(2) Value	(3) Date of Acquisition (MM/DD/YYYY)	(4) Means of Acquisition (Check one.)			
				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
2				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
3				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
4				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
5				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
9				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
10				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
11				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>

BUILDING PROJECTS COMMENCED DURING REPORT PERIOD COSTING OVER \$1,000,000

Section 127285 (4) of the Health and Safety Code requires each facility to report the "commencement of projects during the reporting period that require a capital expenditure for the facility or clinic in excess of one million dollars (\$1,000,000)."

Did the facility commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000?

Line No.	(1)
25	Yes <input type="checkbox"/> No <input type="checkbox"/>

If "yes", fill out lines 26 through 30 below.

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Description of Project	(2) Projected Total Capital Expenditure	(3) OSHPD Project No. (if applicable)
26			
27			
28			
29			
30			