

# Facility Information

Date of Information Update: \_\_\_\_\_ By: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Number of Beds: \_\_\_\_\_ Average Admits per Month: \_\_\_\_\_

Contract Hours: \_\_\_\_\_

## CONTACTS:

Owner: \_\_\_\_\_  
Administrator: \_\_\_\_\_  
Assistant Administrator or  
AIT: \_\_\_\_\_  
Director of Nursing: \_\_\_\_\_  
Assistant Director of Nursing: \_\_\_\_\_  
RCM/Unit Managers: \_\_\_\_\_  
\_\_\_\_\_  
Dietary Manager: \_\_\_\_\_  
Other Key Personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Units/Wings: \_\_\_\_\_  
\_\_\_\_\_

## SYSTEMS:

Menus: \_\_\_\_\_

Manuals: \_\_\_\_\_

### Charting:

Review Schedule: Quarterly / Bi-Annual / Annual: \_\_\_\_\_

Charting Filed: \_\_\_\_\_

Forms Used: \_\_\_\_\_

Care Plan/Flow Sheet Involvement/MDS: \_\_\_\_\_

Summary Sheet Distributions: \_\_\_\_\_  
\_\_\_\_\_

Facility Name: \_\_\_\_\_

Meetings (NAR, Care Plan, etc.) – day/time: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**MEAL SERVICE:**

Meal Times:

Dining Area	Breakfast Time	Lunch Time	Supper Time

Nourishment Times: \_\_\_\_\_

Types of Nourishments Available: \_\_\_\_\_  
\_\_\_\_\_

Supplements Available:

Supplement	Size	Calories	Protein	Other

Med Pass Program: \_\_\_\_\_  
\_\_\_\_\_

**COMMUNICATION:**

QA (copies to): \_\_\_\_\_

In-Services: \_\_\_\_\_

Month End (copies to): \_\_\_\_\_

Payroll Based Journal Form (copies to): \_\_\_\_\_

Other Special Instructions: \_\_\_\_\_  
\_\_\_\_\_