Public Use Data Decription (1=in dataset)

			Facility Type			
Variable	**Label Name**	**Question**	**Comp=1**	**ASST =2**	**ADC=4**	**CHRON=7**
type	Facility Type as of 12_31_2010		1	1	1	1
Cur_Name	Current Name	A	1	1	1	1
address1	Facility Street1	A	1	1	1	1
address2	Facility Street2	A	1	1	1	1
City	Facility City	A	1	1	1	1
State	Facility State	A	1	1	1	1
zip	Facility Zip Code	A	1	1	1	1
cty_code	County of Care	A	1	1	1	1
A10	Facility's WEB Address	A	1	1	1	1
A11	Facility's Main Telephone Number	A	1	1	1	1
A12	Facility Fax Number	A	1	1	1	1
B1	Mail Recipient's Prefix	B	1	1	1	1
B2	Name of Mail Recipient	B	1	1	1	1
B3	Recipient Organization	B	1	1	1	1
B4	Facility Mailing Street or PO Box #1	B	1	1	1	1
B5	Facility Mailing Street or PO Box #2	B	1	1	1	1
B6	Facility Mailing City	B	1	1	1	1
B7	Facility Mailing State	B	1	1	1	1
B8	Facility Mailing ZipCode	B	1	1	1	1
C1	Administrator's Prefix	C	1	1	1	1
C2	Name of Administrator	C	1	1	1	1
C3	Administrator's Telephone Number	C	1	1	1	1
C4	Administrator's Telephone Ext Num	C	1	1	1	1
q1bm	Date Facility First Opened_month	1	1	1	1	1
q1by	Date Facility First Opened_year	1	1	1	1	1
q1b	Ceased Operation in 2010?	1	1	1	1	1
q1a1date	Beg Date of Oper in 2010	1	1	1	1	1
q1a2date	End Date of Oper in 2010	1	1	1	1	1
q2	Ownership Change?	2	1	1	1	1
q2a	Ownership Change Date	2	1	1	1	1
q2b1	Cur Ownership Name	2	1	1	1	1

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q2b2	Cur Ownership Street Address	2	1	1	1	1
q2b3	Cur Ownership City	2	1	1	1	1
q2b4	Cur Ownership State	2	1	1	1	1
q2b5	Cur Ownership Zip Code	2	1	1	1	1
q2b6	Cur Ownership Phone Number	2	1	1	1	1
q2b7	Cur Ownership E_mail Address	2	1	1	1	1
q3	Type of Bus Org	3	1	1	1	1
q4	Nursing Home Chain	4	1	1		
q4a	Name of Nursing Home Chain	4	1	1		
q4b	Name of Nursing Home Chain_Other	4	1	1		
q5	ADC Sponsored by Parent Organization?	5			1	
q5a	Type of Parent Org ADC	5			1	
q6	Medicaid Provider?	6	1		1	1
q6a	Medicaid Provider Number_Comp	6	1			
q6b	Medicaid Provider Number_Chronic Care	6				1
q6c	Medicaid Provider Number_ADC	6			1	
q7	National Provider Number?	7	1		1	1
q7a	National Provider Number_Comp	7	1			
q7b	National Provider Number_Chronic	7				1
q7c	National Provider Number_ADC	7			1	
MP	Medicare Provider?	8	1			1
MPROVNM	Medicare Provider Number_Comp	8	1			
q8b	Medicare No_Chronic Care	8				1
q9	CARF certification	9	1			
q10	Joint Commission Certification	10	1			
q11	Additional DHMH licenses	11			1	
q11_1	Additional DHMH licenses_DDAdmin	11			1	
q11_2	Additional DHMH licenses_MHAdmin	11			1	
q12	Direct pay (LTC) EDO2010	12	1	1		1
q12a	Direct pay (HMO_MCC) EDO2010	12	1	1		1
q13	CNA Training Prog	13	1	1		
q14a	Lic Beds (BDO2010)_Comprehensive	14	1			
q14b	Lic Beds (BDO2010)_Assisted Living	14		1		

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q14c	Lic Beds (BDO2010)_Chronic Care	14				1
q14d	Lic Beds (BDO2010)_Adult Day Care	14			1	
q15a	Lic Beds (EDO2010)_Comp	15	1			
q15b	Lic Beds (EDO2010)_Assisted Living	15		1		
q15c	Lic Beds (EDO2010)_Chronic Care	15				1
q15d	Lic Beds (EDO2010)_Adult Day Care	15			1	
q15ab1	Lic Beds (EDO2010) Private Room	15	1			
q15ab2	Lic Beds (EDO2010) Semi Private Room	15	1			
q15ab3	Lic Beds (EDO2010) Triple Room	15	1			
q15ab4	Lic Beds (EDO2010) Quad Room	15	1			
q15ab5	Total Licensed Beds (EDO2010)	15	1			
q16_1a	Private Room_Private Toilet	16	1			
q16_1b	Private Room_Shared Toilet	16	1			
q16_2a	Semi Private Room_Private Toilet	16	1			
q16_2b	Semi Private Room_Shared Toilet	16	1			
q16_3a	Triple Room_Private Toilet	16	1			
q16_3b	Triple Room_Shared Toilet	16	1			
q16_4a	Quad Room_Private Toilet	16	1			
q16_4b	Quad Room_Shared Toilet	16	1			
q17a	Date Beds Capacity Chg	17	1	1	1	1
q17b	Number of Beds_Slots	17	1	1	1	1
q17c	Type of Change in Lic Capacity	17	1	1	1	1
q17c1	Label_ Type of Change in LicCapacity	17	1	1		
q17d	Licensure Category	17	1	1	1	1
q17d1	label_ Licensure Category	17	1	1	1	1
q18a	Type of Restr (on beds)	18	1	1	1	1
q18a1	Label_Type of Restr(on beds)	18	1	1	1	1
q18b	Begin Date of Restr	18	1	1	1	1
q18c	End Date of Restr	18	1	1	1	1
q18d1	Label_BedType	18	1	1	1	1
q18e	Number of Beds Restr	18	1	1	1	1
q19	Physical Capacity	19	1			
q20a	No Res BDO2010_Comp	20	1			

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q20b	No Res BDO2010_Assisted Living	20		1		
q20c	No Res BDO2010_Chronic Care	20				1
q20d	Number of Enrollees (BDO2010) ADC	20			1	
q21a	No Adm Year 2010_Comp	21	1			
q21b	No Adm Year 2010_Assisted Living	21		1		
q21c	No Adm Year 2010_Chronic Care	21				1
q21d	No of AdmCY2010 ADC	21			1	
q22a	No Dis Year 2010_Comp	22	1			
q22b	No Dis Year 2010_Assisted Living	22		1		
q22c	No Dis Year 2010_Chronic Care	22				1
q22d	No of Discharges CY2010 ADC	22			1	
q23a	No Deaths Year 2010_Comp	23	1			
q23b	No Deaths Year 2010_Assisted Living	23		1		
q23c	No DeathsYear 2010_Chronic Care	23				1
q23d	No of Deaths CY2010 ADC	23			1	
q24a	No Res EDO2010 _Comp Care	24	1			
q24b	No Res EDO2010_Assisted Living	24		1		
q24c	No ResEDO2010_Chronic Care	24				1
q24d	Number of Enrollees (EDO2010) ADC	24			1	
q25a	Total Patient Days_Comp	25	1			
q25b	Total Patient Days_Assisted Living	25		1		
q25c	Total Patient Days_Chronic	25				1
q25d1a	No of Days Part Present Qtr 1	25			1	
q25d2a	No of Days Part Present Qtr 2	25			1	
q25d3a	No of Days Part Present Qtr 3	25			1	
q25d4a	No of Days Part Present Qtr 4	25			1	
q25d1b	No of Days Part Enrolled Qtr 1	25			1	
q25d2b	No of Days Part Enrolled Qtr 2	25			1	
q25d3b	No of Days Part Enrolled Qtr 3	25			1	
q25d4b	No of Days Part Enrolled Qtr 4	25			1	
q25d5a	Total No of Days Part Present	25			1	
q25d5b	Total No of Days Part Enrolled	25			1	
q26a	Tot No of Part Days_ Qtr 1	26			1	

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q26b	Tot No of Part Days_ Qtr 2	26			1	
q26c	Tot No of Part Days_ Qtr 3	26			1	
q26d	Tot No of Part Days_ Qtr 4	26			1	
q27	Tot No of Days Open_Week	27			1	
q28	Level of Care	28		1		
q29	Accept 3+ Resident Specific Waivers	29		1		
q29a	No of Resident Specific Waivers	29		1		
q30a	Alzheimer's_mild stages	30		1		
q30b	Alzheimer's _moderate stages	30		1		
q30c	Alzheimer's_severe stages	30		1		
q40	CCRC Facility?	40	1			
q40a	No of Patients Admitted	40	1			
q41a1a	DBR_Private Room_Comp Care_Min	41	1			
q41a1b	DBR_Private Room_Comp Care_Max	41	1			
q41a2a	DBR_Semi_Private Room_Comp Care_Min	41	1			
q41a2b	DBR_Semi_Private Room_Comp Care_Max	41	1			
q41a3a	DBR_Triple Room_Comp Care_Min	41	1			
q41a3b	DBR_Triple Room_Comp Care_Max	41	1			
q41a4a	DBR_Quad Room_Comp Care_Min	41	1			
q41a4b	DBR_Quad Room_Comp Care_Max	41	1			
q41b1a	DBR_Private Room_Chronic Care_Min	41				1
q41b1b	DBR_Private Room_Chronic Care_Max	41				1
q41b2a	DBR_Semi_Private Room_Chronic Care_Min	41				1
q41b2b	DBR_Semi_Private Room_Chronic Care_Max	41				1
q41b3a	DBR_Triple Room_Chronic Care_Min	41				1
q41b3b	DBR_Triple Room_Chronic Care_Max	41				1
q41c1a	DBR_Private Room_Assisted Living_Min	41		1		
q41c1b	DBR_Private Room_Assisted Living_Max	41		1		
q41c2a	DBR_Semi_Private Room_Assisted Living_Min	41		1		
q41c2b	DBR_Semi_Private Room_Assisted Living_Max	41		1		
q41c3a	DBR_Triple Room_Assisted Living_Min	41		1		
q41c3b	DBR_Triple Room_Assisted Living_Max	41		1		
q41c4a	DBR_Apt_Assisted Living_Min	41		1		

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q41c4b	DBR_Apt_Assisted Living_Max	41		1		
q41d1a	DBR _ADC_Min	41			1	
q41d1b	DBR_ADC_Max	41			1	
q42a1	Daily Rates_Veterans Adm_Min	42	1			1
q42a2	Daily Rates_Veterans Adm_Max	42	1			1
q42b1	Daily Rates_Medicare_Min	42	1			1
q42b2	Daily Rates_Medicare_Max	43	1			1
q43a	Secure Alzheimers Unit?	43	1	1		1
q43b1	Serv Avail at Fac_Barber Shop	43		1		
q43b2	Serv Avail at Fac_Beauty Shop	43		1		
q43b3	Serv Avail at Fac_Behav Management	43		1		
q43b4	Serv Avail at Fac_Catheter care	43		1		
q43b5	Serv Avail at Fac_Central IV	43		1		
q43b6	Serv Avail at Fac_Colostomy	43		1		
q43b7	Serv Avail at Fac_Decubitus	43		1		
q43b8	Serv Avail at Fac_Dementia	43		1		
q43b9	Serv Avail at Fac_Dialysis	43		1		
q43b10	Serv Avail at Fac_Dispense Meds	43		1		
q43b11	Serv Avail at Fac Home Health Agency Services	43		1		
q43b12	Serv Avail at Fac_Hospice Services	43		1		
q43b13	Serv Avail at Fac_Incontinence care	43		1		
q43b14	Serv Avail at Fac_Laundry	43		1		
q43b15	Serv Avail at Fac_Occupational Therapy	43		1		
q43b16	Serv Avail at Fac_One or more meal	43		1		
q43b17	Serv Avail at Fac_Peripheral IV	43		1		
q43b18	Serv Avail at Fac_Peritoneal Dialysis	43		1		
q43b19	Serv Avail at Fac_Per Care_Homemaker	43		1		
q43b20	Serv Avail at Fac_Portable Oxygen	43		1		
q43b21	Serv Avail at Fac_Physical Therapy	43		1		
q43b22	Serv Avail at Fac_Rehab care	43		1		
q43b23	Serv Avail at Fac_Respite	43		1		
q43b24	Serv Avail at Fac_Speech_Language Therapy	43		1		
q43b25	Serv Avail at Fac_Suctioning	43		1		

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q43b26	Serv Avail at Fac_TPN	43		1		
q43b27	Serv Avail at Fac_Tracheostomy	43		1		
q43b28	Serv Avail at Fac_Transportation Services	43		1		
q43b29	Serv Avail at Fac_Tube feeding	43		1		
q43b30	Serv Avail at Fac_Ventilator care	43		1		
q43b31	Serv Avail at Fac_Wander Guard	43		1		
q43b32	Serv Avail at Fac_(24) Hour Awake staff	43		1		
q43c1	PPSV_AdultDay	43	1			1
q43c2	PPSV_Alzheimer's Care	43	1			1
q43c3	PPSV_Barber Shop	43	1			1
q43c4	PPSV_Beauty Shop	43	1			1
q43c5	PPSV_Catheter Care	43	1			1
q43c6	PPSV_Central IV Therapy	43	1			1
q43c7	PPSV_Colostomy Care	43	1			1
q43c8	PPSV_Congregate Meals	43	1			1
q43c9	PPSV_Decubitus Care	43	1			1
q43c10	PPSV_Dementia Care	43	1			1
q43c11	PPSV_Dialysis	43	1			1
q43c12	PPSV_Dispense Meds	43	1			1
q43c13	PPSV_HomeHealth	43	1			1
q43c14	PPSV_Hospice Care	43	1			1
q43c15	PPSV_Incontinence Care	43	1			1
q43c16	PPSV_Laundry	43	1			1
q43c17	PPSV_Occupational Therapy	43	1			1
q43c18	PPSV_One or more meals per day	43	1			1
q43c19	PPSV_Oxygen Therapy	43	1			1
q43c20	PPSV_Pediatric Care	43	1			1
q43c21	PPSV_Peripheral IV Therapy	43	1			1
q43c22	PPSV_Peritoneal Dialysis Care	43	1			1
q43c23	PPSV_Personal Care	43	1			1
q43c24	PPSV_Physical Therapy	43	1			1
q43c25	PPSV_Psychogeriatric Service	43	1			1
q43c26	PPSV_Rehab Care	43	1			1

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q43c27	PPSV_Respiratory Therapy	43	1			1
q43c28	PPSV_Respite Care	43	1			1
q43c29	PPSV_Speech_Language Therapy	43	1			1
q43c30	PPSV_Suctioning	43	1			1
q43c31	PPSV_Total Parental Nutrition	43	1			1
q43c32	PPSV_Tracheostomy Care	43	1			1
q43c33	PPSV_Transportation	43	1			1
q43c34	PPSV_Tube Feeding	43	1			1
q43c35	PPSV_Ventilator Care	43	1			1
Q43c36	PPSC_Wander Guard or Similar System	43	1			1
q44_1a	On_site Serv_Art Therapy	44			1	
q44_2a	On_site Serv_Bathing	44			1	
q44_3a	On_site Serv_Bowel_Bladder Retraining	44			1	
q44_4a	On_site Serv_Dentistry Services	44			1	
q44_5a	On_site Serv_Escort Services	44			1	
q44_6a	On_site Serv_Extended Hours	44			1	
q44_7a	On_site Serv_ Hosting Group	44			1	
q44_8a	On_site Serv _Health_Wellness Ed	44			1	
q44_9a	On_site Serv_Laboratory Services	44			1	
q44_10a	On_site Serv_Medication Mgmt	44			1	
q44_11a	On_site Serv_Mental Health Services	44			1	
q44_12a	On_site Serv_Music Therapy	44			1	
q44_13a	On_site Serv_Nutrition Counseling	44			1	
q44_14a	On_site Serv_Occupational Therapy	44			1	
q44_15a	On_site Serv_Physical Therapy	44			1	
q44_16a	On_site Serv_Podiatry Services	44			1	
q44_17a	On_site Serv_Recreation Therapy	44			1	
q44_18a	On_site Serv_Dance_Movement Therapy	44			1	
q44_19a	On_site Serv_Social Services	44			1	
q44_20a	On_site Serv_Speech Therapy	44			1	
q44_21a	On_site Serv_Therapeutic Diets	44			1	
q44_22a	On_site Serv_Transportation Services	44			1	
q44_23a	On_site Serv_WknHrs_Saturdays	44			1	

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q44_24a	On_site Serv_WknHrs_Sundays	44			1	
q44_1b	Off_site Serv_Art Therapy	44			1	
q44_2b	Off_site Serv_Bathing	44			1	
q44_3b	Off_site Serv_Bowel_Bladder Retraining	44			1	
q44_4b	Off_site Serv_Dentistry Services	44			1	
q44_5b	Off_site Serv_Escort Services	44			1	
q44_6b	Off_site Serv_Extended Hours	44			1	
q44_7b	Off_site Serv_FSGroups_Hosting Group	44			1	
q44_8b	Off_site Serv_Health_Wellness Ed	44			1	
q44_9b	Off_site Serv_Laboratory Services	44			1	
q44_10b	Off_site Serv_Medication Mgmt	44			1	
q44_11b	Off_site Serv_Mental Health Services	44			1	
q44_12b	Off_site Serv_Music Therapy	44			1	
q44_13b	Off_site Serv_Nutrition Counseling	44			1	
q44_14b	Off_site Serv_Occupational Therapy	44			1	
q44_15b	Off_site Serv_Physical Therapy	44			1	
q44_16b	Off_site Serv_Podiatry Services	44			1	
q44_17b	Off_site Serv_Recreation Therapy	44			1	
q44_18b	Off_site Serv_Dance_Movement Therapy	44			1	
q44_19b	Off_site Serv_Social Services	44			1	
q44_20b	Off_site Serv_Speech Therapy	44			1	
q44_21b	Off_site Serv_Therapeutic Diets	44			1	
q44_22b	Off_site Serv_Transportation Services	44			1	
q44_23b	Off_site Serv_WknHrs_Saturdays	44			1	
q44_24b	Off_site Serv_WknHrs_Sundays	44			1	
q45A_1a	Beg Date FY 2010_Comp	45	1			
q45A_2a	End Date of FY 2010_Comp	45	1			
q45B_1a	Beg Date FY 2010_Chronic	45				1
q45B_2a	End Date of FY 2010_Chronic	45				1
q45C_1a	Beg Date FY 2010_Assist	45		1		
q45C_2a	End Date of FY 2010_Assist	45		1		
q45D_1a	Beg Date FY 2010_ADC	45			1	
q45D_2a	End Date of FY 2010_ADC	45			1	

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q45Ab	Submit Medicaid Cost Report?	45	1			
q46A	Total Oper Exp_Comp	46	1			
q46C	Total Oper Exp_Assisted Living	46		1		
q46B	Total Oper Exp_Chronic Care	46				1
q47A1	No LicBeds (BDFY)_Comp	47	1			
q47B1	No LicBeds (BDFY)_Chronic Care	47				1
q47C1	No LicBeds (BDFY)_Assisted Living	47		1		
q47D1	No LicBeds (BDFY)_ADC	47			1	
q47A2	No LicBeds (EDFY)_Comp	47	1			
q47B2	No LicBeds (EDFY)_ Chronic Care	47				1
q47C2	No LicBeds (EDFY)_Assisted Living	47		1		
q47D2	No LicBeds(EDFY)_ADC	47			1	
q48_1a	Pat Days_Comp_Private Pay	48	1			
q48_1b	Rtn Ser Rev_Comp_Private Pay	48	1			
q48_2a	Pat Days_Comp_MD Med Asst	48	1			
q48_2b	Rtn Ser Rev_Comp_MD Med Asst	48	1			
q48_3a	Pat Days_Comp_Medicare	48	1			
q48_3b	Rtn Ser Rev_Comp_Medicare	48	1			
q48_4a	Pat Days_Comp_DC Medicaid	48	1			
q48_4b	Rtn Ser Rev_Comp_DC Medicaid	48	1			
q48_5a	Pat Days_Comp_VA Contract	48	1			
q48_5b	Rtn Ser Rev_Comp_VA Contract	48	1			
q48_6a	Pat Days_Comp_Other Gov Prog	48	1			
q48_6b	Rtn Ser Rev_Comp_Other Gov Prog	48	1			
q48_7a	Pat Days_Comp_Priv Ins	48	1			
q48_7b	Rtn Ser Rev_Comp_Priv Ins	48	1			
q48_8a	Pat Days - Hospice	48	1			
q48_8b	Rtn Ser Rev - Hospice	48	1			
q48_9a	Pat Days_Comp_Other	48	1			
q48_9b	Rtn Ser Rev_Comp_Other	48	1			
q48_10a	Total Pat Days_Comp	48	1			
q48_10b	Total Rtn Service Revenue_Comp	48	1			
q48_11	SSAR_Comp_Physican Care	48	1			

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q48_12	SSAR_Comp_Physical Therapy	48	1			
q48_13	SSAR_Comp_Pharmacy	48	1			
q48_14	SSAR_Comp_Speech Therapy	48	1			
q48_15	SSAR_Comp_Laboratory	48	1			
q48_16	SSAR_Comp_Radiology	48	1			
q48_17	SSAR_Comp_Oxygen	48	1			
q48_18	SSAR_Comp_Recreational Activities	48	1			
q48_19	SSAR _Comp_Medical Supplies	48	1			
q48_20	SSAR _Comp_Equipment Rental	48	1			
q48_21	SSAR_Comp_Occupational Therapy	48	1			
q48_22	SSAR_Comp_IV Therapy	48	1			
q48_23	SSAR _Comp_Incontinence	48	1			
q48_24	SSAR Comp Other (orig)	48	1			
q48_25	Total Spec(Anc) Rev_Comp	48	1			
q48_26	AAR_ Comp_Charity Serv_Comp Care	48	1			
q48_27	AAR_ Comp_Charity Serv_Other	48	1			
q48_28	AAR_ Comp_Cont Allow_Other_Medicare	48	1			
q48_29	AAR_ Comp_Cont Allow_Other_Med Asst	48	1			
q48_30	AAR_ Comp_Cont Allow_Comp Care_Med Asst	48	1			
q48_31	AAR_ Comp_Cont Allow_Comp Care_Medicare	48	1			
q48_32	AAR_ Comp_Adm Adj	48	1			
q48_33	AAR_ Comp_Bad Debts	48	1			
q48_34	AAR_ Comp_Prior Year _Medicare	48	1			
q48_35	AAR_ Comp_Prior Year _Medical Assistance	48	1			
q48_36	AAR_ Comp_Other	48	1			
q48_37	Total AAR to_Comp	48	1			
q48c	MMA Pat Days	48	1			
q48c1	MMA Pat Days_Light Care	48	1			
q48c2	MMA Pat Days_Moderate Care	48	1			
q48c3	MMA Pat Days_Heavy Care	48	1			
q48c4	MMA Pat Days_Heavy SpecCare	48	1			
q48c5	MMA Pat Days_Total	48	1			
q48c6	Medicaid Patient Days Explanation	48	1			

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q48d1	Bed Hold Days_MD Med Asst	48	1			
q48d2	Bed Hold Days_Other Medicaid	48	1			
q48d3	Bed Hold Days_Res_Fam Income	48	1			
q48d4	Bed Hold Days_Other Sources	48	1			
q48d5	Bed Hold Days_Total	48	1			
q49_1a	Pat Days_Chronic Care_Private Pay	49				1
q49_1b	Rtn Ser Rev_Chronic Care_Private Pay	49				1
q49_2a	Pat Days_Chronic Care_MD Med Asst	49				1
q49_2b	Rtn Service Revenue_Chronic Care_MMA	49				1
q49_3a	Pat Days_Chronic Care_Medicare	49				1
q49_3b	Rtn Ser Rev_Chronic Care_Medicare	49				1
q49_4a	Pat Days_Chronic Care_DC Medicaid	49				1
q49_4b	Rtn Ser Rev_Chronic Care_D C Medicaid	49				1
q49_5a	Pat Days_Chronic Care_VA Contract	49				1
q49_5b	Rtn Ser Rev_Chronic Care_VA Contract	49				1
q49_6a	Pat Days_Chronic Care_Other Gov Prog	49				1
q49_6b	Rtn Ser Rev_Chronic Care_Other Gov Prog	49				1
q49_7a	Pat Days_Chronic Care_Priv Ins	49				1
q49_7b	Rtn Ser Rev_Chronic Care_Priv Ins	49				1
q49_8a	Pat Days_Chronic Care_Other	49				1
q49_8b	Rtn Ser Rev_Chronic Care_Other	49				1
q49_9a	Total Pat Days_Chronic Care	49				1
q49_9b	Total Rtn Service Rev_Chronic Care	49				1
q49_10	Non Routine Revenue_Chronic Care?	49				1
q49_10a	Total Non Routine Revenue_Chronic Care	49				1
q49_11	Allow and Adj_Chronic Care?	49				1
q49_11a	Total Allow_Adj_Chronic Care	49				1
q50_1a	Pat Days_Assisted Living_Private Pay	50		1		
q50_1b	Rtn Ser Rev_Assisted Living_Private Pay	50		1		
q50_2a	Pat Days_Assisted Living_VA Cont	50		1		
q50_2b	Rtn Serv Rev_ Assisted Living_VA Cont	50		1		
q50_3a	Pat Days_Assisted Living_SSI	50		1		
q50_3b	Rtn Ser Rev_Assisted Living_SSI	50		1		

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7
q50_4a	Pat Days_Assisted_Living_Medicaid Wavers	50		1		
q50_4b	Rtn Ser Rev_Assisted Living_Medicaid Wavers	50		1		
q50_5a	Pat Days_Assisted Living_Other	50		1		
q50_5b	Rtn Ser Rev_Assisted Living_Other	50		1		
q50_6a	Total Pat Days_Assisted Living	50		1		
q50_6b	Total Rtn Ser Rev_Assisted Living	50		1		
q50_7	Non Routine Revenue_Assist?	50		1		
q50_7a	Total Non Routine Revenue_Assist	50		1		
q50_8	Allow and Adj_Assist?	50		1		
q50_8a	Total Allowances _Adj_Assisted Living	50		1		
q50c	Participate in Medicaid Waiver program	50		1		
q50ca	No of Medicaid Waivers	50		1		
q51_1a	Participant Days_ADC_Private Pay_Full Fee	51			1	
q51_1b	Revenue_ADC_Private Pay_Full Fee	51			1	
q51_2a	Participant Days_ADC_Senior Care	51			1	
q51_2b	Revenue_ADC_Senior Care	51			1	
q51_3a	Participant Days_ADC_OHS Contract	51			1	
q51_3b	Revenue_ADC_OHS Contract	51			1	
q51_4a	Participant Days_ADC_DDA Funding	51			1	
q51_4b	Revenue_ADC_DDA Funding	51			1	
q51_5a	Participant Days_ADC_Medical Assistance Prog	51			1	
q51_5b	Revenue_ADC_Medical Assistance Prog	51			1	
q51_6a	Participant Days_ADC_VA Contract	51			1	
q51_6b	Revenue_ADC_VA Contract	51			1	
q51_7a	Participant Days_ADC_Child and Adult Cr Food Prog	51			1	
q51_7b	Revenue_ADC_Child and Adult Cr Food Prog	51			1	
q51_8a	Participant Days_ADC_Other Revenue	51			1	
q51_8b	Rtn Revenue_ADC_Other Revenue	51			1	
q51_9a	Total Participant Days_ADC	51			1	
q51_9b	Total Revenue_ADC	51			1	
mon_yr	Date Facility first Opened		1	1	1	1

Variable	Label Name	Question	Comp=1	ASST =2	ADC=4	CHRON=7