

**TREASURE COAST HEALTH COUNCIL, INC.
NURSING HOME UTILIZATION DATA FORM**

*This monthly report is due **NO LATER THAN** thirty (30) days after the end of the reporting period.*

PLEASE RETURN COMPLETED FORM TO: **TREASURE COAST HEALTH COUNCIL**
Attn: Louis B. Kolber, MHA, RN
 4152 W. Blue Heron Blvd., Suite 229
 Riviera Beach, FL 33404
 Tel (561) 844-4220, Ext. 36, Fax (561) 844-7276
kolber@thealthcouncil.org

Facility Name: _____ Reporting Period: _____

Address: _____ City: _____

State: _____ Zip: _____ Administrator=s Name: _____

Completed by: _____ Phone: _____ Date completed: _____

Administrative Approval:

I. LICENSED BEDS

	Community/Skilled Nursing	Sheltered Nursing
Number of Licensed Beds		
Number of Available Beds		
Number of Medicaid Licensed Beds		
Census on Last Day of Month		

II. ADMISSIONS:

	Total Admissions	Total Patient Days	Total Paid Reservation Days
Private/Self Pay			
Medicaid (include Medicaid Hospice)			
Medicare (include Medicare Hospice)			
Hospice (Non Medicare/Medicaid)			
Insurance			
HMO/PPO			
V.A.			
Indigent/Charity/OTHER			
TOTAL			