



Skilled nursing facility survey

Please complete the information below. If you have multiple locations, please photocopy this form and return a form for each location. Please e-mail this form to ljones29@humana.com.

Facility name: _____

Service address: _____

Tax ID: _____ Phone: _____ Fax: _____

Contact name: _____ E-mail Address: _____

Specialized services provided by your facility (check all that apply):

Physical and occupational therapy		Nursing	Speech therapy
Lymphedema	Therapy intensity: 3 hours per day	Restorative nursing	Vital stimulation
Electric stimulation	Traumatic brain injury	Specialized wound care	Aphasia therapy
Hyperbaric wound treatment	Outpatient therapy	Behavioral health	Cognitive therapy
Stroke rehabilitation	Spinal/back program	Alzheimer's unit	Dialysis
Total joint (knee and hip)	Wound care	Secured unit	Hemodialysis
Ventilator care	Wound care stages 1 and 2		Peritoneal
Weaning	Wound care stages 3 and 4		Transportation at no charge
Chronic	Negative pressure wound therapy		

Facility staff availability (check all that apply):

Medical director/doctor	Nurse practitioner	Other staff
Four to seven days per week	Four to seven days per week	Respiratory therapy: _____ days per week
Two to three days per week	Two to three days per week	Physical/occupational/speech therapy: _____ days per week
Less than one day per week	Less than one day per week	Registered nursing coverage: _____ hours per day

Other (check all that apply):

Other services	
Ventilator care	Total parenteral nutrition (TPN)
Tracheotomy care	Intravenous antibiotics (IVAB): How frequently can you administer IVAB? Every _____ hours Are you able to administer multiple IVAB? Yes No
Peripherally inserted central line catheter (PICC)	
Number of long-term-care beds available: _____	Enteral feedings (Dobhoff/NG tube and/or G tube)

Additional comments/services:

Who are your main referral sources?

What is your ALOS for Medicare managed care members? _____

Would you be willing to have a Humana registered nurse visit your facility weekly? Yes / No