

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY OR SURVEY OPERATIONS GROUP

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 2. STATE VENDOR OR MEDICAID NO. (L2)	3. NAME AND ADDRESS OF FACILITY (L3) (L4) (L5)	4. TYPE OF ACTION (L8)
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 6. DATE OF SURVEY (L34) 8. ACCREDITATION STATUS (L10)	7. PROVIDER/SUPPLIER CATEGORY (L7)	9. FISCAL YEAR ENDING DATE (L35)
11. LTC PERIOD OF CERTIFICATION From (a): To (b): 12. Total Facility Beds (L18) 13. Total Certified Beds (L17)	10. THE FACILITY IS CERTIFIED AS A. In Compliance with Program Requirement COMPLIANCE BASED ON: 1- Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers NOT IN COMPLIANCE A/B (IF APPLICABLE CODES 1-9)	
AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS 2- TECHNICAL PERSONNEL 3- 24 HR RN 4- 7-DAY RN (Rural SNF) 5- LIFE SAFETY CODE 6- SCOPE OF SERVICE LIMITED 7- MEDICAL DIRECTOR 8- PATIENT ROOM 9- BEDS PER ROOM		
14. LTC CERTIFIED BED BREAKDOWN 18-SNF (L37) 18/19- SNF (L38) 19- SNF (L39) 20- ICF/IID (L42)		
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):		
17. SURVEYOR SIGNATURE (L19)	DATE	18. STATE SURVEY AGENCY APPROVAL (L20)

PART II- TO BE COMPLETED BY THE CMS SURVEY AND OPERATIONS GROUP LOCATION OR STATE AGENCY

19. DETERMINATION OF ELIGIBILITY (L21) 1- FACILITY IS ELIGIBLE TO PARTICIPATE 2- FACILITY IS NOT ELIGIBLE TO PARTICIPATE		20. INITIAL SURVEY DETERMINATION SURVEY #1 SURVEY #2 SURVEY #3 (FINAL ATTEMPT)	
22. EFFECTIVE DATE (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)	26. TERMINATION ACTION VOLUNTARY 1- MERGER, CLOSURE 2- DISSATISFACTION WITH REIMBURSEMENT 3- RISK OF INVOLUNTARY TERMINATION 4- OTHER REASON FOR WITHDRAWAL
25. LTC EXTENSION DATE (L27)	27. ALTERNATIVE SANCTIONS A. SUSPENSION OF ADMISSION (L44) B. RECIND SUSPENSION DATE (L45)		INVOLUNTARY 5 - FAILURE TO MEET HEALTH/SAFETY 6- FAILURE TO MEET AGREEMENT OTHER 7- PROVIDER STATUS CHANGE 00- ACTIVE (L30)
28. TERMINATION DATE (L28)	29. MAC ID NUMBER (L31)	30. REMARKS	
31. CMS LOCATION OR MAC RECEIPT OF 1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	33. INITIAL CERTIFICATION DETERMINATION REMARKS	