

THIS REPORT IS DUE ON OR BEFORE AUGUST 15, 2025

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

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2025 ANNUAL REPORT FOR SKILLED NURSING FACILITIES

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Pencil submissions of this report will not be accepted. This report should be completed and submitted electronically. All dark gray fields contain formulas to help with the accuracy of the report. Please do NOT complete this report manually.

Mailing Address:

STREET ADDRESS

CITY

STATE

ZIP

Physical Address:

STREET ADDRESS

CITY

AL

ZIP

County of Location:

Facility Telephone:

(AREA CODE) & TELEPHONE NUMBER

Facility Fax:

(AREA CODE) & TELEPHONE NUMBER

This reporting period is for July 1, 2024, through June 30, 2025; or for **partial** year of operation beginning

and ending

a period of

days.

MONTH DAY

MONTH DAY

If there was a change in ownership during the reporting period, data for the full year should be reported by the current owner.

We hereby affirm and attest that the reported information has been verified, and to the best of our knowledge, the information contained in the following pages of this report is a true and accurate representation of the services, equipment, and utilization of this facility.

PRINTED NAME OF PREPARER

SIGNATURE OF PREPARER

DATE

DIRECT TELEPHONE NUMBER

TITLE OF PREPARER

E-MAIL ADDRESS

A member of administration MUST also sign below verifying the accuracy of the information contained herein, as reported by the preparer listed above; and must be separate from the preparer.

PRINTED NAME OF ADMINISTRATION OFFICIAL

SIGNATURE OF ADMINISTRATION OFFICIAL

DATE

DIRECT TELEPHONE NUMBER

TITLE OF ADMINISTRATION OFFICIAL

E-MAIL ADDRESS

FOR OFFICE USE ONLY

Facility Verified: _____

Initial Scan: _____

Completed: _____

Entered: _____

Final Scan: _____

Audited: _____

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OWNERSHIP (check one)

☐ Corporation ☐ Non-Profit Organization ☐ Partnership
☐ Individual ☐ Healthcare Authority ☐ LLC
☐ Joint Venture ☐ Government ☐ Other (specify) _____

Does this facility operate under a management contract? ☐ Yes ☐ No

Management Firm:

_____ Name _____

_____ Base Address _____

_____ City _____

_____ State _____

_____ Zip _____

I. FACILITIES

- a. Total beds **licensed** by the Alabama Department of Public Health _____
- b. Number of beds certified for Medicare patients (**NOTE:** Medicaid patients **ARE ALLOWED** to reside in Medicare beds) _____
- c. Number of beds certified for Medicaid patients _____
- d. Was this facility licensed for the number of beds indicated in item I-a for the entire reporting period? _____
- e. If "No" was answered in item (e), indicate the number of licensed beds and the number of days those beds were licensed. _____
- f. Additional licensed beds and the number of days those beds were licensed _____

_____	_____
_____	_____
_____	_____
YES	NO
BEDS	DAYS
BEDS	DAYS

II. ADMISSIONS (REFER TO PAGE 2 OF INSTRUCTIONS FOR CORRECT COMPUTATION METHODS FOR ADMISSIONS, READMISSIONS, DISCHARGES, AND TRANSFERS)

A. TOTAL ADMISSIONS FOR THE REPORTING PERIOD

B. ADMISSIONS BY SOURCE OF PAYMENT:

Private Pay

Workman's Compensation

Medicare

Medicaid

Tricare

Blue Cross (not Long Term Care Insurance)

Other Insurance Companies (not Long Term Care Insurance)

No Charge (charity & other)

Hospice

Long Term Care Insurance

Other (specify) _____

III. DEMOGRAPHICS

A. TOTAL ADMISSIONS BY RACE FOR THE ENTIRE REPORTING PERIOD
(Total must agree with the totals provided in Sections II-A and III-B.)

1. White/Caucasian
2. Black/African American/Negro
3. Hispanic/Spanish/Latino
4. Asian
5. American Indian/Alaskan Native
6. Pacific Islander
7. India
8. Middle Eastern
9. Other (specify) _____

B. TOTAL ADMISSIONS BY AGE AND GENDER FOR THE ENTIRE REPORTING PERIOD
(Total must agree with the totals provided in Section II and Section III-A.)

AGE GROUPS

MALE

FEMALE

TOTALS

- 18 & under
- 19 – 34 Years
- 35 – 54 Years
- 55 – 64 Years
- 65 – 74 Years
- 75 – 84 Years
- 85 Years and Older

TOTALS

IV. DISCHARGES (REFER TO PAGE 2 OF INSTRUCTIONS FOR CORRECT COMPUTATION METHODS FOR ADMISSIONS, READMISSIONS, DISCHARGES, AND TRANSFERS)

Total discharges (including deaths) _____

V. RESIDENT DAYS

(This information is to be provided for the number of individuals in residence during the reporting period.)

	OCCUPIED RESIDENT DAYS	BED HOLDING DAYS	TOTAL RESIDENT DAYS
Private Pay	_____	_____	_____
Workman's Compensation	_____	_____	_____
Medicare	_____	_____	_____
Medicaid	_____	_____	_____
Tricare	_____	_____	_____
Blue Cross (not long term care insurance)	_____	_____	_____
Other Insurance Companies (not long term care insurance)	_____	_____	_____
No Charge (charity & other)	_____	_____	_____
Hospice	_____	_____	_____
Long Term Care Insurance	_____	_____	_____
Other (specify) _____	_____	_____	_____
TOTALS	_____	_____	_____

VI. HOSPICE

A. Total hospice service days (regardless of payer source): _____

B. Number of hospice discharges:

1. Deaths _____

2. Home _____

3. Hospital _____

C. Number of hospice provider contracts: _____

D. Dedicated hospice unit? _____
YES NO

E. (If Yes) Number of beds in dedicated hospice unit: _____

**PROCESSING NOTES & LEGEND FOR SUBMISSIONS OF THE
FY 2025 INPATIENT REHABILITATION PATIENT ORIGIN SURVEY DATA SUPPLEMENT
MUST INCLUDE DISCHARGE DATA FOR JULY 1, 2024 - JUNE 30, 2025**

The data in this section should be reported by all Skilled Nursing Facilities providing inpatient rehabilitation services. This information should be provided as a separate Microsoft Excel or CSV file and should be provided **IN ADDITION TO** the data required on pages 1-4 of this survey. All submissions must comply with the filing requirements set forth in Ala. Admin. Code 410-1-3-.09. The Annual Report (Form BHD 134A) AND the Patient Origin data electronic file must be submitted for the annual report to be deemed materially complete by the Agency. A provider whose report is deemed materially incomplete by the Agency is subject to penalties as defined in Ala. Admin. Code 410-1-3-.11.

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
FacilityID#	SHPDA Nursing Home ID number	SHPDA Assigned
PatientNumber	Patient identification number. <i>This number may be a blind number assigned in sequential order.</i> Patient ID numbers cannot be duplicated.	MDS A1300
Age	The numeric value of the patient's age.	MDS A0900 (calculated from patient Date of Birth)
Sex	Use the following values: MALE: 1 FEMALE: 2 OTHER/UNKNOWN: 9	MDS A0800
Race	Use the following values: WHITE/CAUCASIAN----- 1 BLACK/AFRICAN AMERICAN----- 2 HISPANIC/SPANISH/LATINO----- 3 ASIAN----- 4 AMERICAN INDIAN/ALASKAN NATIVE----- 5 PACIFIC ISLANDER----- 6 INDIA----- 7 MIDDLE EASTERN----- 8 OTHER----- 9	MDS A1000
ZipCode	Patient's residence zip code. Report only the 5 digit zip code where possible. Report unknown zip codes as "99999".	UB-04 9d

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
LengthOfStay	The number of days calculated from the date of admission until the date of discharge. Discharges for this year include any patients admitted in previous years and discharged during the current reporting period.	MDS A2000 – MDS A1900
DateOfDischarge	Date the patient was discharged from care. Submit in MM/DD/YYYY format.	MDS A2000
Service	All Service Codes for patients receiving inpatient rehabilitation services should be assigned a service code of '8'.	N/A (Assign all patients a code of '8')
HIPPS	Primary HIPPS Code for Patient	MDS Z0100
Payor	Use the following values: SELF PAY/PRIVATE PAY ----- 1 WORKMAN'S COMPENSATION ----- 2 MEDICARE ----- 3 MEDICAID ----- 4 TRI-CARE ----- 5 BLUE CROSS/BLUE SHIELD ----- 6 NO CHARGE/CHARITY ----- 7 HMO ----- 8 ALL KIDS ----- 9 OTHER INSURANCE ----- 10 HOSPICE ----- 11 MEDICARE ADVANTAGE ----- 12 OTHER ----- 13	MDS Z0300
ICD-10Primary	Patient's Primary ICD-10 Diagnosis Code	MDS I0020B
ICD-10Secondary	Additional Active Diagnosis ICD-10 Code #1	MDS I8000A
ICD-10Secondary2	Additional Active Diagnosis ICD-10 Code #2	MDS I8000B
ICD-10Secondary3	Additional Active Diagnosis ICD-10 Code #3	MDS I8000C
ICD-10Secondary4	Additional Active Diagnosis ICD-10 Code #4	MDS I8000D
ICD-10Secondary5	Additional Active Diagnosis ICD-10 Code #5	MDS I8000E
ICD-10Secondary6	Additional Active Diagnosis ICD-10 Code #6	MDS I8000F
ICD-10Secondary7	Additional Active Diagnosis ICD-10 Code #7	MDS I8000G

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
ICD-10Secondary8	Additional Active Diagnosis ICD-10 Code #8	MDS I8000H
ICD-10Secondary9	Additional Active Diagnosis ICD-10 Code #9	MDS I8000I
ICD-10Secondary10	Additional Active Diagnosis ICD-10 Code #10	MDS I8000J
Condition	Patient's primary medical condition category	MDS I0020
Admit	Facility Type from which patient was admitted	MDS A1800
Discharge	Facility type/location to which patient was discharged	MDS A2100
Cancer	Cancer Diagnosis	MDS I0100
Anemia	Anemia (e.g. aplastic, iron deficiency, pernicious, and sickle cell) diagnosis	MDS I0200
Atrial	Atrial Fibrillation or Other Dysrhythmias Diagnosis	MDS I0300
Coronary	Coronary Artery Disease (CAD) (e.g. angina, myocardial infarction, and atherosclerotic heart disease (ASHD)) diagnosis	MDS I0400
DVT	Deep Venous Thrombosis (DVT), Pulmonary Embolus (PE) or Pulmonary Thrombo-Embolism (PTE) diagnosis	MDS I0500
Heart	Heart Failure (e.g. congestive heart failure (CHF) and pulmonary edema) Diagnosis	MDS I0600
Hypertension	Hypertension Diagnosis	MDS I0700
Orthostatic	Orthostatic Hypotension Diagnosis	MDS I0800
PVD	Peripheral Vascular Disease (PVD) or Peripheral Arterial Disease (PAD) Diagnosis	MDS I0900
Cirrhosis	Cirrhosis Diagnosis	MDS I1100
GERD	Gastroesophageal Reflux Disease (GERD) or Ulcer (e.g. esophageal, gastric, and peptic ulcers) Diagnosis	MDS I1200
Colitis	Ulcerative Colitis, Crohn's Disease, or Inflammatory Bowel Disease Diagnosis	MDS I1300
BPH	Benign Prostatic Hyperplasia (BPH) Diagnosis	MDS I1400
ESRD	Renal Insufficiency, Renal Failure, or End-Stage Renal Disease (ESRD) Diagnosis	MDS I1500
Bladder	Neurogenic Bladder Diagnosis	MDS I1550
Uropathy	Obstructive Uropathy Diagnosis	MDS I1650
MDRO	Multidrug-Resistant Organism (MDRO) Diagnosis	MDS I1700
Pneumonia	Pneumonia Diagnosis	MDS I2000
Septicemia	Septicemia Diagnosis	MDS I2100
Tuberculosis	TB Diagnosis	MDS I2200
UTI	Urinary Tract Infection (UTI) (Last 30 days) Diagnosis	MDS I2300

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
Hepatitis	Viral Hepatitis (e.g. Hepatitis A, B, C, D and E) Diagnosis	MDS I2400
Infection	Wound Infection (other than foot) Diagnosis	MDS I2500
Diabetes	Diabetes Mellitus (DM) (e.g. diabetic retinopathy, nephropathy and neuropathy) Diagnosis	MDS I2900
Hyponatremia	Hyponatremia Diagnosis	MDS I3100
Hyperkalemia	Hyperkalemia Diagnosis	MDS I3200
Hyperlipidemia	Hyperlipidemia Diagnosis	MDS I3300
Thyroid	Thyroid Disorder (e.g. hypothyroidism, hyperthyroidism, and Hashimoto's thyroiditis) Diagnosis	MDS I3400
Arthritis	Arthritis (e.g. degenerative joint disease (DJD), osteoarthritis, and rheumatoid arthritis (RA)) Diagnosis	MDS I3700
Osteoporosis	Osteoporosis Diagnosis	MDS I3800
Hip	Hip Fracture (any hip fracture that has a relationship to current status, treatments, monitoring (e.g. sub-capital fractures, and fractures of the trochanter and femoral neck)) Diagnosis	MDS I3900
Fracture	Other Fracture Diagnosis	MDS I4000
Alzheimers	Alzheimer's Disease Diagnosis	MDS I4200
Aphasia	Aphasia Diagnosis	MDS I4300
Palsy	Cerebral Palsy Diagnosis	MDS I4400
CVA	Cerebrovascular Accident (CVA), Transient Ischemic Attack (TIA) or Stroke Diagnosis	MDS I4500
Dementia	Non-Alzheimer's Dementia (e.g. Lewy body dementia, vascular or multi-infarct dementia, mixed dementia, frontotemporal dementia such as Pick's disease, and dementia related to stroke, Parkinson's or Creutzfeldt-Jakob diseases) Diagnosis	MDS I4800
Hemiplegia	Hemiplegia or Hemiparesis Diagnosis	MDS I4900
Paraplegia	Paraplegia Diagnosis	MDS I5000
Quadriplegia	Quadriplegia Diagnosis	MDS I5100
MS	Multiple Sclerosis Diagnosis	MDS I5200
Huntingtons	Huntington's Disease Diagnosis	MDS I5250
Parkinsons	Parkinson's Disease Diagnosis	MDS I5300
Tourettes	Tourette's Syndrome Diagnosis	MDS I5350
Epilepsy	Seizure Disorder or Epilepsy Diagnosis	MDS I5400
TBI	Traumatic Brain Injury (TBI) Diagnosis	MDS I5500

FIELD NAME	INSTRUCTIONS	FIELD LOCATION
Malnutrition	Malnutrition (protein or calorie) or at risk for malnutrition Diagnosis	MDS I5600
Anxiety	Anxiety Disorder Diagnosis	MDS I5700
Depression	Depression (other than bipolar) Diagnosis	MDS I5800
Bipolar	Bipolar Disorder Diagnosis	MDS I5900
Psychotic	Psychotic Disorder (other than schizophrenia) Diagnosis	MDS I5950
Schizophrenia	Schizophrenia (e.g. schizoaffective and schizophreniform disorders) Diagnosis	MDS I6000
PTSD	Post Traumatic Stress Disorder (PTSD) Diagnosis	MDS I6100
Asthma	Asthma, Chronic Obstructive Pulmonary Disease (COPD), or Chronic Lung Disease (e.g. chronic bronchitis and restrictive lung diseases such as asbestosis) Diagnosis	MDS I6200
Respiratory	Respiratory Failure Diagnosis	MDS I6300
Cataracts	Cataracts, Glaucoma or Macular Degeneration Diagnosis	MDS I6500
None	None of the above active Diagnoses	MDS I7900
PITherapyDischarge	Physical Therapy Individual Therapy minutes, total since start date of most recent stay	MDS O0425 C1
PCTherapyDischarge	Physical Therapy Concurrent Therapy minutes, total since start date of most recent stay	MDS O0425 C2
PGTherapyDischarge	Physical Therapy Group Therapy minutes, total since start date of most recent stay	MDS O0425 C3
PTTherapyDischarge	Physical Therapy Co-Treatment Therapy minutes, total since start date of most recent stay	MDS O0425 C4
PTherapyDaysDischarge	Physical Therapy days, total number of days therapy administered since start date of most recent stay	MDS O0425 C5
OITherapyDischarge	Occupational Therapy Individual Therapy minutes, total since start date of most recent stay	MDS O0425 B1
OCTherapyDischarge	Occupational Therapy Concurrent Therapy minutes, total since start date of most recent stay	MDS O0425 B2
OGTherapyDischarge	Occupational Therapy Group Therapy minutes, total since start date of most recent stay	MDS O0425 B3
OTTherapyDischarge	Occupational Therapy Co-Treatment Therapy minutes, total since start of most recent stay	MDS O0425 B4
OTherapyDaysDischarge	Occupational Therapy days, total number of days therapy administered since start date of most recent stay	MDS O0425 B5
SITherapyDischarge	Speech-Language Pathology and Audiology Services Individual Therapy minutes, total since start date of most recent stay	MDS O0425 A1
SCTherapyDischarge	Speech-Language Pathology and Audiology Services Concurrent Therapy minutes, total since start date of most recent stay	MDS O0425 A2
SGTherapyDischarge	Speech-Language Pathology and Audiology Services Group Therapy minutes, total since start date of most recent stay	MDS O0425 A3

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FIELD NAME	INSTRUCTIONS	FIELD LOCATION
STTherapyDischarge	Speech-Language Pathology and Audiology Services Co-Treatment Therapy minutes, total since start date of most recent stay	MDS O0425 A4
STherapyDaysDischarge	Speech-Language Pathology and Audiology Services days, total number of days therapy administered since start date of most recent stay	MDS O0425 A5