

672

The CMS 672, Resident Census and Conditions of Residents, reports:

- The total census at the time of survey
- Current condition of residents at the time of survey

F672

- “Facility” defined as any bed that is Medicare and/or Medicaid certified
- “Residents” defined as residents in certified beds at the time of survey
- Total residents = all residents in Medicare and Medicaid certified *beds + the number of residents with a bed hold*

Form 672

Resident Census and Condition

- Should be provided to the survey team within **24** hours of the Entrance Conference
- Completed and signed in ink

Common Errors 672

- Form not signed and/or dated
- Facilities use automated MDS data to complete the form without verifying that the information represents current residents status (at the time of the survey).
- Facilities do not cross check the 672 with the Resident Roster Matrix (CMS-802) and the information does not match.

Common Errors 672

- The numbers in F75 (Medicare residents) plus F76 (Medicaid residents) plus F77 (other – i.e. private pay) do not equal the number in F78 (Total residents).
- F75, F76, F77 and F78 should include residents temporarily away from the facility or on bed hold.

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CENTERS FOR MEDICARE & MEDICAID SERVICES

RESIDENT CENSUS AND CONDITIONS OF RESIDENTS

Provider No. Medicare F75 Medicaid F76 Other F77 Total Residents F78

ADL	Independent	Assist of One or Two Staff	Dependent
Self-help	F79	F80	F81
Dressing	F82	F83	F84
Transferring	F85	F86	F87
toilet Use	F88	F89	F90
Eating	F91	F92	F93

A. Bowel/Bladder Status R. Mobility

The numbers listed in: F79 to F81, F82-F84, F85-F87, F88-F90 and F91-F93 should **equal** the number listed in F78 (Total Residents).

**CMS 671, Long Term Care Facility
Application for Medicare and Medicaid**

Completed by every facility that participates in the Medicare and Medicaid programs at the time of every standard/annual survey

Consists of two pages:

- First page collects facility specific information related to type of services provided and facility characteristics
- The second page contains staffing information

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- Should be provided to the survey team within **24** hours of the Entrance Conference



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

LONG TERM CARE FACILITY APPLICATION FOR MEDICARE AND MEDICAID

Standard Survey From: F1 Tr: P2: Extended Survey From: F3 To: F4
MM DD YY MM DD YY MM DD YY MM DD YY

Name of Facility		Provider Number		Fiscal Year Ending: F5	
				MM DD YY	
Street Address	City	County	State	Zip Code	
Telephone Number: F6	State/County Code: F7		State/Region Code: F8		

A. 19

01 Skilled Nursing Facility (SNF) - Medicare Participation
02 Nursing Facility (NF) - Medicaid Participation
03 SNF/NF - Medicare/Medicaid

B. Is this facility hospital based? F10 Yes No

If yes, indicate Hospital Provider Number: F11

Ownership: F12

For Profit	NonProfit	Government	
01 Individual	04 Church Related	07 State	10 City/County
02 Partnership	05 Nonprofit Corporation	08 County	11 Hospital District
03 Corporation	06 Other Nonprofit	09 City	12 Federal

Owned or leased by Multi Facility Organization: F13 Yes No

Common Errors 671

- The form not signed and/or dated
- F5 (fiscal year ending date) left blank. This is the facility fiscal year ending date.
- If you mark “yes” in columns A1, A2 or A3, accurately document the number of hours (if worked during the most recent complete pay period).
- If you are completing hours worked in columns B, C, or D then, A1, A2 or A3 should have a “yes.”

671 and 672

- As part of its annual survey, CMS sources data for staffing measures from the Long Term Care Facility Application for Medicare and Medicaid, the CMS-671. (To accurately calculate staff-to-resident ratios, resident data is pulled from form CMS-672, Resident Census and Conditions of Residents).

CMS 671

Application for Medicare and Medicaid

- Your facility’s Five-Star rating for staffing comes directly from the information you enter on the CMS671 – Application for Medicare and Medicaid.
- Please check the forms for accuracy and completeness prior to turning in the forms.

671 and 672

- ADPH will only correct data entry errors that we make. We do not correct any mistakes you make completing the form.
- Instructions are attached to both forms for guidance.
- Forms are available on online at CMS website.

671 and 672

- If you have not previously been required to complete the forms and are unclear as to what you need to place in a certain block on the form, refer to the instructions.
- If you have further questions, please feel free to ask the survey team or a supervisor.

Notes
