

North Carolina Medicaid Capital Data Survey 2021

I. Provider Information

A Nursing Facility Name			
B Medicaid SNC Provider Number/ and NPI number		NPI Number	
C Street Address			
D City, State		Zip Code	
E Telephone Number		Fax Number	
F Preparer's Name		Email Address	
G Year of Initial Construction (YYYY)			

II. Current Bed and Square Footage Data (Report data as of the 9/30/2021)

H Total Number of Licensed Nursing Facility Beds		
I Total Number of Non-Nursing Beds (ACH, Rest Home, etc.)		
J Total Beds (Sum of H + I)		
K Square Footage Applicable to the Nursing Services		
L Square Footage Applicable to Non-Nursing Services		
M Total Facility Gross Square Footage		
N Does your facility expect to complete a major renovation project or add new beds between 10/1/2021 thru 9/30/2022?		

* Non-nursing services are services that your facility may provide to individuals not occupying a nursing facility bed. Types of non-nursing services would include ACH, assisted living, residential care, apartments, etc. The square footage applicable to non-nursing services should be reported separately above.

When completing sections III and IV, include data capitalized for this facility since the previous survey. This does not mean from the time the current owner purchased the facility to present. This could involve reviewing the prior owner's records or, in the case of a lease, obtaining information from the lessor. The month and year of construction should reflect the month the addition was completed (placed in service) and capitalized on a depreciation schedule. **PLEASE NOTE THE PROVIDER MUST FURNISH A DETAILED LIST OF CAPITALIZED ITEMS TO SUPPORT ALL COST ENTRIES ON THE CAPITAL DATA SURVEY.**

III. Construction of Additional New Beds, Reduction of Beds, or Replacement of Existing Beds (FOR DATA THROUGH 9/30/2021)

(If you have more than 5 additions / reductions / replacements, complete a second page)

Please report each addition / reduction / replacement of nursing facility beds which occurred since the time of the previous survey. **A project is considered a bed addition if licensed nursing facility beds increased. A project is considered a reduction of beds if licensed nursing facility beds decreased. A project is considered a replacement if an existing building or portion of a building was demolished and rebuilt with no additional beds added or if existing beds were relocated to a new building.**

If more than one addition / reduction was completed within a cost report year, please report the data for each addition separately.

	Addition / Reduction 1	Addition / Reduction 2	Addition / Reduction 3	Addition / Reduction 4	Addition / Reduction 5
O Month and year addition / reduction completed (MM/01/YYYY)					
P Number of beds increased / (decreased)					
	Replacement 1	Replacement 2	Replacement 3	Replacement 4	Replacement 5
Q Month and year construction completed (MM/01/YYYY)					
R Cost of construction project (whole dollars)					
S Number of beds replaced					

IV. Major Renovation Not Involving Addition, Reduction, or Replacement of Beds (FOR DATA 10/1/2019 THROUGH 9/30/2021)

(If you have more than 5 major renovations, complete a second page)

Please report for each cost report year the cost of major renovation projects completed since the previous survey to present. Major renovation projects include those items capitalized as either land, land improvements, building, building improvement, leasehold improvements and equipment. Do not include any costs associated with Section III above (Additional or Replacement of New Beds). Do not include items already submitted on previous Capital Data Surveys **SEE INSTRUCTIONS.**

Major renovation projects have a total cost equal to or greater than **\$500 per licensed bed at the time the project was completed.** A major renovation can be a project or series of projects that aggregate to the \$500 per bed threshold over the cost report year. If a renovation project involved construction activities in both the licensed nursing facility and the non-nursing sections of the facility, only those construction costs associated with the licensed nursing facility section of the facility should be included. Square footage must be used to allocate costs between nursing home and non-nursing home (ACH, rest home etc.).

Enter the FID and Project number if the project cost is greater than 20% of total cost as of 9/30/2021.

	FID Number		Project Number	
T Month and year construction completed (MM/01/YYYY)				
U Cost of renovation project (whole dollars)				
V State and/or Federal Grants Received for Renovation				
W Transfer of Asset Prior to Useful Life				
X Month and Year of Transfer (MM/01/YYYY)				

Print Name

Date Completed

Signature of Facility Representative

Title