

**FACILITY CENSUS**

State Form 51296 (R / 9-08)

INDIANA STATE DEPARTMENT OF HEALTH-DIVISION OF LONG TERM CARE

<b>Facility Name:</b>	<b>City:</b>	<b>Facility Number:</b>
<b>Survey Date:</b>	<b>Complaint #/ Survey Activity:</b>	

**CENSUS BY BED TYPE**

<b>SNF (TITLE 18 MEDICARE ONLY)</b>	
<b>NF (TITLE 19 MEDICAID ONLY)</b>	
<b>SNF/NF (TITLE 18/19 MEDICARE/MEDICAID)</b>	
<b>RESIDENTIAL</b>	
<b>NON-CERTIFIED COMPREHENSIVE (NCC)</b>	
<b>TOTAL</b>	

**CENSUS BY PAYOR SOURCE**

<b>MEDICARE</b>	
<b>MEDICAID</b>	
<b>PRIVATE</b>	
<b>OTHER</b>	
<b>TOTAL</b>	