

Survey Registration

Respondent Information

Identification #: 123456

Facility: *TEST SITE*

Survey: LTC

Survey Year: 2024 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Respondent Additional eMail:

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Administrator Additional eMail:

2024 Instructions for Survey

Long Term Care

This survey is for the reporting period: January 1, 2024 through December 31, 2024.

INTRODUCTION: The Kentucky Annual Survey of Long Term Care Services is required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online. The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2025. All survey extension requests must be approved by the Survey Administrator.

The Cabinet for Health and Family Services is responsible for the administration of the Kentucky Annual Survey of Long-Term Care Facilities, in which all licensed long-term care facilities are required to complete. This survey is for the period January 1, 2024 through December 31, 2024 only.

During the survey completion period you will have access to your facility's survey and the ability to change, update, and enter new data. No matter who enters the data, the administrator is still responsible for verification of final data and must complete the final verification page before the on-line survey will be accepted. An immediate e-mail notice will be sent to the administrator upon receipt of the completed survey (Please confirm that the administrator's email address has been entered correctly).

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND THOROUGHLY. If there is anything that you do not understand, please call us before you start to complete the survey. After you fill out the survey, review it thoroughly. Please retain a copy of the completed survey for reference.

Footnote any bed changes from the last survey period as compared to previous survey periods in the Comments Section. Discrepancies identified between two survey years, must be clarified in the Comments Section. Include Bed Holds in the data reported for all categories. The ending census for 2023 should be your beginning census for 2024.

Data must be reported in the manner required. Any survey found to have errors or omissions may be returned directly to the administrator of your facility. The survey is to be completed and resubmitted immediately. Failure to complete and correct the indicated parts of the survey may result in your facility being reported to the Office of the Inspector General, Division of Health Care for a possible licensure deficiency. Your facility will be considered out of compliance until you have reported completed and correct data. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

[Continue](#)

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2024 Long Term Care Survey

Resident Activity

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Enter the total number of admissions, discharges, and deaths for the twelve month period (January 1 - December 31) for each level of care for which your facility was licensed. (New: Only the bed types your facility is licensed for will be available for you to enter data below.)
- Beds In Operation: Number of beds, regularly maintained (actual beds set up and staffed for immediate use) for inpatients during the reporting period. If your beds in operation are less than your licensed beds, then explain in the comments section.
- Beginning Census for 2024 should be the same as your reported ending census from 2023. See the prior year survey.
- Enter the Ending Census (total number of residents in your facility as of Midnight, December 31) for each level of care.
- Verify the ending census by making the following check: Beginning Census + Admissions - Discharges - Deaths = Ending Census.
- Enter the total patient days for each level of care. (Note: Total Patient Days should not exceed Potential Patient days.)
- Enter the Potential Patient Days for each level of care.
 - If your facility was open for the entire 2024 year and you did not have a change in the number or type of beds: Potential Patient Days = # licensed beds X 366 for each bed type.
 - If your facility was not in operation for the entire 2024 year or had a bed change during the year, calculate and enter your Potential Patient Days as the total number of days each bed type was operational. In this case please note the difference, in the comment section below.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Inspector General, Division of Certificate of Need. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.
- The Licensed Beds column should include the approved beds issued under Emergency Regulations (ERegs) for the purpose of surging under disaster circumstances, such as a pandemic.

Resident Activity

Level of Care	Lic Beds	Beds in Operation	Beg. Census	Admissions	Discharges (Excluding Deaths)	Deaths	Ending Census	Total Patient Days	Potential Patient Days
Alzheimer Facility	0	0	0	0	0	0	0	0	0
Nursing Facility	0	0	0	0	0	0	0	0	0
Intermediate Care	0	0	0	0	0	0	0	0	0
ICF/IID	0	0	0	0	0	0	0	0	0
Nursing Home (CCRC)	0	0	0	0	0	0	0	0	0
Nursing Home (Non-CCRC)	0	0	0	0	0	0	0	0	0
Personal Care	0	0	0	0	0	0	0	0	0

Comment

of 255

Validate Table

Save

2024 Long Term Care Survey

Payor Source

INSTRUCTIONS (Please read all items carefully) Complete all items.

- Please enter the number of patient days by primary payor source for each level of care.
- Total Patient Days (the last column) is pulled from Section I and should equal the total from all Payor Sources for each bed type.
- If the last column, Total Patient Days, shows a zero for your bed types, return to Section I to enter that number and save your data again.
- Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Inspector General, Division of Certificate of Need. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.
- MEDICARE - A federal government health insurance program (Title XVIII) designed to provide payment for medical services primarily to persons aged 65 and older. This includes Medicare Advantage Plan.
- MEDICAID - A federal/state government-matching program (Title XIX) designed to provide payment for medical services to the qualified recipients.
- PRIVATE - Private insurance, out-of-pocket pay, Social Security checks, retirement, and/or pension plans (except veterans) and any type of HMO. This also includes Medicare Supplemental Insurance and Medigap Plans (However, these Medicare plans rarely cover Long Term Care).
- OTHER - Any type of charity, veteran pension plan, PA (public assistance), and state supplemental (a cash assistance program paid by the state of Kentucky for aged, blind, or disabled individuals who have insufficient income to meet their needs).

Payor Source

Level of Care	Medicare	Medicaid	Private	Other	Total Patient Days
Alzheimer Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Intermediate Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ICF/IID	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (Non-CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Personal Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
					<input type="text" value="0"/>

Comment

of 255

Save

2024 Long Term Care Survey

Resident Census by Age Group

INSTRUCTIONS:

- o Please report the number of patients who were in your facility as of midnight, December 31, 2024.
- o Report only the level of care a patient is receiving at that time.
- o Report age as of the last known birthday of the patient, regardless of how close a patient may be to an upcoming birthday.
- o The Total (last column) is pulled from Ending Census in Section I and should equal the sum from all Age Groups for each bed type.
- o Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Inspector General Division of CON. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Resident Census by Age Group

Level of Care	Under 65	65-74	75-84	85 and Older	Unknown	Total
Alzheimer Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Intermediate Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ICF/IID	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (Non-CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Personal Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Comment

of 255

Save

2024 Long Term Care Survey

Resident Census by Death Group

INSTRUCTIONS:

- o Please report the number of patients in your facility who passed away as of midnight, December 31, 2024.
- o Report only the level of care a patient was receiving at that time of their passing.
- o Report age as of the last known birthday of the patient, regardless of how close a patient may have been to an upcoming birthday. For example, if a Nursing Facility patient was 74 at the time of their passing, but was expected to turn 75 a few days later, report that patient in the 65 - 74 column and the Nursing Facility row.
- o The Total (last column) is pulled from the Deaths column in Section I and should equal the sum from all Age Groups for each bed type.
- o If the last column, Total, shows a zero for your bed types, but you did have a death during 2024, return to Section I to enter the number of deaths in the Deaths column and save your data again.
- o Continuing Care Retirement Community (CCRC) Nursing Home Beds are issued a Certificate of Compliance by the Office of Inspector General Division of CON. Nursing Home (CCRC) beds are reported separately from Nursing Home (Non-CCRC) bed utilization.

Resident Census by Death Group

Level of Care	Under 65	65-74	75-84	85 and Older	Unknown	Total
Alzheimer Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Facility	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Intermediate Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
ICF/IID	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Nursing Home (Non-CCRC)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Personal Care	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

Comment

of 255

Save

2024 Long Term Care Survey

Patient Origin for Nursing Facilities

County / State	<input type="text" value=""/>	▼ *
Under 65	<input type="text" value="0"/>	
65-74	<input type="text" value="0"/>	
75-84	<input type="text" value="0"/>	
85 and Older	<input type="text" value="0"/>	
Unknown	<input type="text" value="0"/>	
Comment	<input type="text"/>	
	of 255	
	<input type="button" value="Save"/>	<input type="button" value="Continue"/>

Patient Origin Data

INSTRUCTIONS:

In order to collect data on Patient Origin for Long Term Care Facilities, the Division of CON Request the following information.

- Please provide the number and county of origin (county in which the patient resided before entering your facility) for all Nursing Facility, Intermediate Care & Nursing Home patients in your facility as of the midnight census on December 31, 2024.
- Select your first county from the drop down box, enter the total patients for each age group and click save. Repeat this for all other counties from which your facility's patients originated.

NOTE: Do Not Include (CCRC) Nursing Home Beds, ICF/IID or Personal Care patients in this section.

Patient Origin

County / State	Under 65	65-74	75-84	85 and Older	Unknown	Total of Patients	
Total	0	0	0	0	0	0	

2024 Long Term Care Survey

Personal Care

INSTRUCTIONS:

- o All Personal Care facilities shall submit data regarding resident utilization data.
- o Data should include all residents in the facility during the calendar year, including beginning census plus admissions.
- o All facilities with licensed PC beds shall complete the Residents line with the data for all residents in the facility during the calendar year. If the facility resident with SMI a note should be included in one of the comment boxes on the survey that explains the reason for only completing the Residents line if the facility did not have any residents during (year) that met the SMI criteria.
- o State supplementation refers to the payment received from the Department for Community Based Services in accordance with Section 4 of 921 KAR : payment is for individuals 18 or older who reside in a personal care home, and have insufficient income to meet the \$1270 standard of need.
- o Serious Mental Illness (SMI) means a mental illness or disorder (but not a primary diagnosis of Alzheimer's disease or dementia), that is described in the Diagnostic and Statistical Manual of Mental Disorders (DSM), 5th Edition, or the DSM currently in use, that impairs or impedes functioning in one (1) or more major areas of living and is unlikely to improve without treatment, services, or supports.
- o Serious Mental Illness includes but is not limited to the following: Schizophrenia, schizoaffective disorder, bipolar disorder, psychotic disorders, major depressive disorders, and borderline personality disorders.
- o Serious Mental Illness does NOT include intellectual or developmental disabilities including but not limited to: Autism, down syndrome, cerebral palsy, other developmental disabilities.

LTC by Personal Care Resident

Personal Care Residents	Male 18 to 34	Female 18 to 34	Male 35 to 64	Female 35 to 64	Male 65 to 84	Female 65 to 84	Male 85 & Older	Female 85 & Older	Total Male	Total Female
1. Residents (Beginning census plus admissions from page 1)	0	0	0	0	0	0	0	0	0	0
2. Residents With SMI	0	0	0	0	0	0	0	0	0	0
3. Count of Residents With SMI Receiving State Supp	0	0	0	0	0	0	0	0	0	0

Total Resident Days for PC Residents	Male 18 to 34 Days	Female 18 to 34 Days	Male 35 to 64 Days	Female 35 to 64 Days	Male 65 to 84 Days	Female 65 to 84 Days	Male 85 & Older Days	Female 85 & Older Days	Total Male	Total Female	Total Resident Days
4. Total Resident Days for Residents With SMI (From line 2 above)	0	0	0	0	0	0	0	0	0	0	0
5. Total Resident Days for Residents with SMI Receiving State Supp (From line 3 above)	0	0	0	0	0	0	0	0	0	0	0

Personal Care Resident Comment

Comment

of 255

[Save](#) [Continue](#)

2024 Long Term Care Survey

ICF Resident Data

Individuals Residing in a ICF:

- All licensed ICF need to submit data on this page.
- "Ready to Transition" means the Treatment Team agrees a move to a community placement is in the individual's best interest and that needs can be met in a community placement.
- "Less Restrictive Placement" means a transition from an ICF to a home with family, individual's home with supports, a community Residential Provider, or other form of community placement.
- Less Restrictive Placement does NOT include transfer to a medical facility, nursing facility, or psychiatric hospital.
- Individuals on Waiting List for Admission should include a count of residents that were on the facility's waiting list during 2024, but were not yet admitted.

ICF Resident Data

ICF Transition Status	Total Individuals	Total Resident Days
1. Individuals Ready to Transition	<input type="text" value="0"/>	<input type="text" value="0"/>
2. Individuals Transitioned to Less Restrictive Placement	<input type="text" value="0"/>	<input type="text" value="0"/>

Transition Status	Total Individuals
3. Individuals on Waiting List For Admission	<input type="text" value="0"/>

Primary Reasons Individuals Have Not Transitioned	Family/Guardian Objection	Waiver Slots Unavailable	Required Services Unavailable	Willing Provider Unavailable	Other Reason	Total
4. Number of Individuals Ready to Transition But Have Not as of Dec. 31st (From line 1 above.)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0

ICF/IID Comment

Comment

of 255

Save

Continue

Long Term Care Survey for 2024

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of *TEST SITE*, I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name: test test

Administrator Name: test test

Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

Incomplete Survey(s)

Facility's Survey(s)

Year	Survey	Equipment	Printable Survey
2024	Ambulatory Surgery II		Print Ambulatory Surgery II
2024	Chemical Dependency		Print Chemical Dependency
2024	Home Health II		Print Home Health II
2024	Hospice		Print Hospice
2024	Hospital		Print Hospital
2024	Long Term Care		Print Long Term Care
2024	Magnetic Resonance Imaging	Equip for MRI	Print Magnetic Resonance Imaging
2024	Megavoltage Radiation (Linear Accelerator)		Print Megavoltage Radiation (Linear Accelerator)
2024	Positron Emission Tomography		Print Positron Emission Tomography
2024	Private Duty Nursing		Print Private Duty Nursing
2024	Psychiatric Residential Treatment Facility		Print Psychiatric Residential Treatment Facility