

SURVEY & CERTIFICATION QUALITY, CERTIFICATION AND OVERSIGHT REPORTS (QCOR)

User Manual

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INTRODUCTION

The Survey and Certification Quality, Certification and Oversight Reports Application (S&C QCOR), developed by the Division of Nursing Homes, is a web-based tool intended to provide easy and efficient access to a variety of health care data. Currently, the following reports are available: Abuse Citation Rates, Active Provider and Supplier Counts, Average Number of Deficiencies, Citation Frequency, Cited for: Condition Level Deficiencies, Condition-Level Citation Patterns, Deficiency Count, Double G Citations Report, Enforcement Actions, Frequency of Data Entry (F4), HHA Completed Survey Summary, HHAs on 36-Month Cycle, HHA State Performance Standard #1 Status, HHA State Performance Standard #4 Status, New Provider and Supplier Counts, Overdue Recertification Surveys, Recertification Survey Counts, State Summary, Survey Activity Report, Terminated Provider Counts, and Workload. This quick reference will provide users with the information they need to get started using the reporting system. An example of the New Provider and Supplier Counts Report is included in this document.

GETTING STARTED

1. Type the following URL into the address line of your web browser: **qcor.cms.gov**.
2. Select a Provider or Supplier Type from the list on the left side of the screen (e.g., Nursing Home Providers).
3. Select a Report from the list on the left side of the screen (e.g., New Provider and Supplier Counts Report).

AVAILABLE REPORTS

Note: Not all reports are available for all Provider and Supplier Types.

Multi-Provider Reports

Report Name	Report Description
State Summary	The State Summary Report provides quick information about the providers and survey agency activity (e.g. surveys) in one state. Currently, this report is available for the Multi- Provider type.

Provider Reports

Report Name	Report Description
Active Provider and Supplier Counts	The Active Provider and Supplier Counts Report counts the number of active providers and suppliers by calendar year or fiscal year and by CMS region, state, and county. Currently, this report is available for the Ambulatory Surgical Center, Community Health Centers, Comprehensive Outpatient Rehab Facility, ESRD, Federally Qualified Health Center, Home Health Agency, Hospital, Hospice, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility, and Rural Health Clinics Provider Types.
New Provider and Supplier Counts	The New Provider and Supplier Counts Report provides a count of new providers established within a user-defined timeframe by CMS Region, State, and County. Users may drill down through a specific Region and State to view provider-specific information within this report. Or, they may jump directly to the state-level, using the View All States link. Currently, this report is available for the Ambulatory Surgical Center, Community Health Center, Comprehensive Outpatient Rehab Facility, ESRD, Federally Qualified Health Center, Home Health Agency, Hospice, Hospital, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility, and Rural Health Clinics Provider Types.
Terminated Provider Counts	The Terminated Provider Counts Report counts the number of terminated providers and also provides the mean number of days between the most recent survey and the termination date for facilities with a final action termination record by CMS Region, State, and County. Users may drill down through a specific Region and State to view provider-specific information within this report. Or, they may jump directly to the state-level, using the View All States link. Currently, this report is available for the Ambulatory Surgical Center, Community Mental Health Center, Comprehensive Outpatient Rehab Facility, ESRD, Federally Qualified Health Center,

	Home Health Agency, Hospice, Hospital, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility, and Rural Health Clinics Provider Types.
Active Laboratory Counts By Exempt Status and Laboratory Type	The Active Laboratory Counts By Exempt Status and Laboratory Type report counts the number of currently active laboratories nationally, by Region and by State. Users may optionally choose to include State Region data in a report. Laboratory selection may be made by exempt status, application type, and laboratory type. Users may drill down through a specific Region and State or laboratory to view provider-specific information within this report, or they may jump directly to the state-level, using the View All States link. Users may also look up a specific laboratory using the Search for a CLIA Laboratory search tool. This report is only available for CLIA Laboratories.

Survey Reports

Note: The HHA Oversight Reports are now included in the Survey Reports of the HHA provider type.

Report Name	Report Description
Frequency of Data Entry (F4)	The Frequency of Data Entry (F4) Report displays elapsed time for state agencies to enter survey data into the ASPEN/ODIE part of CASPER/OSCAR. It also determines the average number of days from the survey date to the OSCAR data entry date. Currently, this report is available for the Hospital and Nursing Home provider types.
HHA Completed Survey Summary Report	The HHA Completed Survey Summary Report provides counts of completed HHA surveys and revisits (both standard and complaint) for a selected geographic grouping (i.e., Region, State, State Region or County) and report period. Currently, this report is only available for the Home Health provider type.
HHAs on 36-Month Cycle	The HHAs on 36-Month Cycle Report provides a count of providers on a 36-month cycle by CMS Region, State, and County. Users may drill down through a specific Region and State to view provider-specific information within this report. Or, they may jump directly to the state-level, using the View All States link. Currently, this report is only available for the Home Health Agency provider type.
HHA State Performance Standard #1 Status Report	The HHA State Performance Standard #1 Status Report provides counts of HHA providers that have overdue surveys based on the 36-month statutory requirement. These HHA providers do not meet the Performance Standard #1. Currently, this report is only available for the Home Health provider type.
HHA State Performance Standard #4 Status Report	The HHA State Performance Standard #4 report provides the status of HHA providers under Performance Standard #4. The purpose of Performance Standard #4 is to ensure that: "when certifying noncompliance, adverse action procedures set forth in regulations and general instructions are adhered to." Currently, this report is only available for the Home Health provider type.

Overdue Recertification Surveys	The Overdue Recertification Surveys Report generates a list of providers whose most recent survey occurred outside of the last X months. For Home Health only, which has more than one survey cycle frequency, the user may select the desired Home Health survey cycle frequency (i.e., All Cycles, 36 months, 12-36 months, 18 months, 12 months, and 4-6 months) from a drop-down list. Currently, this report is available for the Ambulatory Surgical Center, Community Mental Health Center, Comprehensive Outpatient Rehab Facility, ESRD, Home Health Agency, Hospice, Hospital, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility and Rural Health Clinics provider types.
Recertification Survey Counts	The Recertification Survey Counts Report provides the number and percent of active providers who have received a recertification survey in a user-selected fiscal year or calendar year by CMS Region, State, and County. Users may drill down through a specific Region and State to view provider-specific information within this report. Or, they may jump directly to the state-level, using the View All States link. Currently, this report is available for the Home Health Agency, Hospital, ICF/MR, Nursing Home and provider types.
Survey Activity Report	The Survey Activity Report provides survey information for each survey date associated with a specified provider. Currently, this report is available for the Ambulatory Surgical Center, Comprehensive Outpatient Rehab Facility, ESRD, Home Health Agency, ICF/MR, Hospice, Hospital, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility and Rural Health Clinics Provider Types.

Deficiency Reports

Report Name	Report Description
Average Number of Deficiencies	The Average Number of Deficiencies Report calculates the mean number of health deficiencies per standard survey by calendar year, fiscal year, or month(s); CMS region, state, and county for the user-selected provider and supplier type(s). Currently, this report is available for the Ambulatory Surgical Center, CLIA Laboratories, Comprehensive Outpatient Rehab Facility, Home Health Agency, Hospital, Hospice, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility and Rural Health Clinics provider types.

Citation Frequency	The Citation Frequency Report displays information about conditions including the number and percent of providers cited, and percent of surveys resulting in a citation for each condition. Currently, this report is available for the Ambulatory Surgical Center, Comprehensive Outpatient Rehab Facility, ESRD, Home Health Agency, Hospice, Hospital, ICF/MR and Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility and Rural Health Clinics provider types.
Cited for: Condition Level Deficiencies	The Cited for: Condition Level Deficiencies Report displays the number and percentage of providers cited for each condition, the number and percent of surveys resulting in a citation for each condition, the number of standards included under each condition, and the average number of standards cited when each condition is cited. Currently, this report is only available for the Home Health Agency provider type.
Condition-Level Citation Patterns	Number of surveys resulting in 1, 2, 3, 4, and 5 or more condition-level deficiencies. Currently, this report is available for Home Health Agency and ICF/MR provider types.
Deficiency Count	The Deficiency Count Report generates a report of deficiency information (i.e., Survey Date, Current Survey, Survey Type, Original Date, and Description) for every deficiency (i.e., standard and complaint) related to the user-selected provider or supplier. Currently, this report is available for the Ambulatory Surgical Center, Comprehensive Outpatient Rehab Facility, Home Health Agency, Hospice, Hospital, ICF/MR, Nursing Home, Outpatient Physical Therapy/Speech Pathology, Outpatient Portable X-ray Suppliers, Psychiatric Residential Treatment Facility and Rural Health Clinics provider types.
Double G Citations Report	The Double G Citations Report displays facilities that have been cited for a G-Level or higher deficiency, multiple times in OSCAR. It also indicates citations, which run in non-corrective consecutive periods that require automatic enforcement action. Currently, this report is only available for the Nursing Home provider type.
Percent of Surveys with Zero Deficiencies	
Top X Number of Most Frequently Cited Deficiencies	

Enforcement Reports

Report Name	Report Description
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Enforcement Actions Report	The Enforcement Actions Report displays the number/percentage of enforcement actions taken for each type of sanction on a regional and state level. Currently, this report is only available for the Nursing Home provider type.
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Abuse Reports

Report Name	Report Description
Abuse Citation Rates	The Abuse Citation Rates Report counts the number and percentage of surveyed providers cited for abuse by calendar year, fiscal year, or month(s); CMS region, state, and county. A breakdown of abuse citations by F-tag [i.e., F223 (Primary Tag) and F224-226] is also included in this report. Currently, this report is only available for the Nursing Home provider type.

REPORT SELECTION CRITERIA PAGE

Once you select a Provider or Supplier Type and a specific report, you will have the ability to define your parameters for the report on the **Selection Criteria** page. There are several kinds of Selection Criteria, including: Display Options, Time Interval, Provider Selection, Survey Frequency, Define Outliers, Provider Characteristics, Survey Results, Survey Type, Geographic Region, and Summary Type. The available selection criterion varies by provider type and report. Currently available criteria include:

Note: The Selection Criteria pages of the HHA Oversight Reports (HHA State Performance Standard #1 Status, HHA State Performance Standard #4 Status, and HHA Completed Survey Summary) display some selection criteria that are unique to these reports.

Display Options

1. Search for Provider
2. Include State Region Drill Down (Check if Yes)
3. Report Type (i.e. Providers or Surveys)
4. Display Options (i.e., Display top 25 tags, Display all results)
5. Display Only Uncorrected Deficiencies (Check if Yes)
6. Region (e.g., I Boston) – Unique to HHA Oversight Reports
7. Select One or More States (Select a State)
8. Select One or More Counties (e.g., CT-Fairfield) – Unique to HHA Oversight Reports
9. Revisit Completed (All, Yes, No) – Unique to HHA Oversight Reports
10. Drill Down to Provider by: (i.e., State, Region, County) – Unique to HHA Oversight Reports
11. View All States
12. State

13. Include Terminated Providers (Yes/No) – Unique to HHA Oversight Reports

Time Interval

1. Months Since Last Survey
2. Report Period – Unique to HHA Oversight Reports
3. Year Type (i.e., Calendar or Fiscal)
4. Begin Year (i.e., 1990- 2007)
5. Month
6. End Year (i.e., 1990- 2007)
7. Begin Date (month/year) – Unique to HHA Oversight Reports
8. End Date (month/year) – Unique to HHA Oversight Reports

Geographic Region(s)

1. National, Regional, State

Provider Selection

1. Select One or More Provider Type(s)
2. Provider Types [i.e., SNF/NF (Dually Certified), SNF/NF (Distinct Part), Skilled Nursing Facilities, Nursing Facilities for Nursing Home; Accredited Hospitals (excludes CAHs), Non-Accredited Hospitals (excludes CAHs), CAHs, and so on for Workload Report]

Survey Frequency

1. HHA Survey Frequency (e.g., All Cycles, 36 Month Survey, 12-36 Month Survey, 12 Month Survey)

Define Outliers

1. Define Outliers (e.g., Survey Date to Data Entry Exceeds 70, 80, and so on days)

Termination Type(s)

1. All, Voluntary-merger or closure, voluntary-other than merger/closure, Status Change, and Involuntary

Provider Characteristics

1. Subtype (e.g., Short-Term, Long-Term, Rehabilitation, Children's)
2. Select One or More Provider Type(s) [e.g., All, Accredited Hospitals (excludes CAHs)]
3. Select One or More Accreditation Types [e.g., Accredited & Non-Accredited, Non-Accredited, JCAHO Accredited, CHAP Accredited, AOA, or Both (JCAHO & AOA)]

4. Type of Hospice (i.e., Hospital Based, Skilled Nursing Facility Based, Nursing Facility based, Home Health Agency Based, Freestanding Hospice, or Not Specified)
5. Select One or More Certification(s) [not on any of the reports...should this be removed?]
6. Select One or More Ownership(s) [not on any of the reports...should this be removed?]
7. Hospital Based/Freestanding (i.e., Hospital Based, Freestanding, or Both)
8. Type of Facility (e.g., Visiting Nurse Association, Combination Government Voluntary, Official Health Agency, Other)
9. Certification (i.e., Medicare Only, Medicaid Only, Medicare & Medicaid, or All)
10. PPS – excluded Units (i.e., Rehabilitation Unit, Psychiatric Unit)
11. Bed Size (i.e., Less than 50 beds, 50 to 99 beds, 100 to 199 beds, Greater than 199 beds, and All)
12. Swing Bed? (i.e., Has Swing Beds, Does Not Have, or Both)
13. Ownership (i.e., For Profit, Non-Profit, Government, Voluntary Non-Profit, Government combination (Government and Non Profit), Other, or All)
14. HHA Branch (i.e., Yes or No)
15. Chain Affiliation? (Check if Yes)
16. Top 10 Chains (e.g., Beverly, Extendicare, Genesis, Good Samaritan)
17. Management (i.e., Hospital Based, SNF-Based, Facility Owned and/or Multi-facility Organization or All)
18. Services Provided (i.e., Hemodialysis, Peritoneal Dialysis, Transplantation, Hemodialysis Home Training, Peritoneal Home Training, Hemodialysis Home Support, Peritoneal Home Support, or All)
19. Number of Patients (i.e., 1 to 9 patients, 10 to 19 patients, 20 to 29 patients, More than 29 patients, or All)
20. Number of Stations (i.e., 0 to 4 stations, 5 to 9 stations, 10 to 14 stations, 15 to 19 stations, Greater than 19 stations, or All)
21. Staffing (i.e. Dietician, Registered Nurse, Employee Other, Social Worker, Licensed Practical Nurse, or All)

Survey Type

1. Survey Type (i.e., Standard, Complaint)
2. Select One or Both Survey Type(s) (i.e., Both, Complaint, Standard)
3. Select One or Both Visit Type(s) (i.e., Both, First Visit, Revisit)
4. Select One or Both Standard Survey Type(s) (i.e., Both, Initial, Recertification)
5. Select One or Both Type(s) of Survey Focus (i.e., Both, Health, Life Safety)
6. Extent of Survey (i.e., Initial/Resurvey Standard, Initial/Resurvey Partial Extended, Initial/Resurvey Extended, or All)
7. Type of Standard Survey

Survey Results

1. EMTALA Group [i.e., None (All Tags Available) or EMTALA Violation Tags]
2. Level of Deficiency (i.e., Condition, Standard)
3. Substandard Quality of Care (i.e., Yes or No)
4. Regulatory Group (e.g., Residents Rights; Admission, Transfer and Discharge Rights; Resident Behavior and Facility Practices; Quality of Life)
5. Deficiency Tag (s) (e.g., G0100, G0101, G0102, G0103, G0104, G0105, K0011, K0012, K0014, K0015, K0016, K0017, L0101, L0102, L0103, L0104, L0105, L0106)
6. Scope & Severity (i.e., Scope and Severity of B or Greater to L or Greater)

Summary Type

1. Select One or More Summary Type(s) (e.g., Provider Summary, Survey Summary)

Default View – PDF

Default View – Excel

Laboratory Select

1. Exempt Status (e.g., Both, Non-Exempt, Exempt)
2. Application Type (e.g., Compliance, Waiver, Accreditation, PPMP)

Laboratory Type

Help, Resources, and FAQs

There are help definitions available for most terms used in each report, and may be found under the **Help** link at the top of each page. The **Resources** link, located adjacent to Help, may provide you with other helpful information; including a glossary of terms, CMS Program forms, contact information for help resources, a site map, an electronic version of this Quick Reference guide, and additional links. Here, you may also access the S&C QCOR Desktop Guide, which provides easy-to-follow instructions for running a report. A link to **FAQs** is also available at the top of each page and may assist in answering many of your general questions.

Note: If not addressed in these resources, your comments, questions, or suggestions may be submitted by email to QCORhelp@aplusgov.com or by phone at 888-673-7328 (1-888-6-QCORDAT).

“Drilling Down”

You have the ability to **Compare Selected Years** (if you have selected a range of reporting years on the Selection Criteria Page) and “**Drill**” to levels of greater detail. Once you have selected a report from the list of available reports, defined your criteria, and run the report, you will be able to refine the data that is displayed by drilling to appropriate levels. For example in the New Provider and Supplier Counts Report, you have the ability to drill from the region-level to the state-level by clicking on a particular region. Then you may drill directly from the state-level to the provider-level by clicking on a particular state. Depending on your needs, you will also have the option of including State Regions in this drill down sequence. Once you click on a State Region, you will drill to a list of specific providers or suppliers. From this list, you may click on one provider or supplier to reveal detailed information about that specific provider or supplier. The extent and type of detailed information varies by report.

Using the “Jump to Provider” drop-down option in the header tool bar allows for rapid “provider to provider” navigation. This means that you may jump directly from within one provider-specific report to another provider type (“provider to provider”) for the same report, using the same criteria when applicable.

Search for a Provider

There is a Basic Search tool on the Home page. This option allows you to enter a Provider or Supplier Number, Provider Name, State, or Zip Code—matched against a Begin Year and End Year of your choice—and the system will take you directly to detailed provider or supplier information within this bounds. Additionally, you can execute a wildcard search by Zip Code if you know only part of the five-digit code. At least one digit must be entered to perform a wildcard search by Zip Code (i.e., 2****).

Note: A comprehensive list of associated providers, defined in a report or by specific selection criteria, is accessible through the National Total link at the bottom of the “Region” column on most report pages. Each list is organized by region, state, and city, and includes provider name and provider number.

EXAMPLE: NEW PROVIDER AND SUPPLIER COUNTS REPORT

Here’s an example to get you started. Follow the steps below to run the New Provider and Supplier Counts Report for the Nursing Home Providers Group.

1. Type the following URL into the address line of your web browser: **QCOR.cms.hhs.gov**.
2. Log on using your **e-mail address** and **password**.



Welcome to Survey and Certification's Providing Data Quickly (S&C PDQ)

Log on below:

E-mail Address:

Password:

Need password help? [Click here.](#)

Not yet registered? [Click here.](#)

[Top of Page](#)

3. Select **Nursing Home Providers** from the list of Providers and Suppliers on the left side of the screen.

4. Select **New Provider and Supplier Counts** from the list of Reports on the left side of the screen.

5. Include State Region Drill Down = Yes (Check the box)
6. Select the following **Criteria**:
 - Year Type = Calendar Year
 - Begin Year = 2000
 - End Year = 2002
 - Provider Type(s) = All

- Hospital Based/Freestanding = Both
- Bed Size = All
- Ownership = For Profit
- Chain Affiliation? = No
- Top 10 Chains = None
- Substandard Quality of Care = No
- Regulatory Group = None
- Deficiency Tag (s) = None
- Scope & Severity = L or Greater



Search for a Nursing Home

New Provider and Supplier Counts Report Selection Criteria

Nursing Home Providers

Display Options

Check to include State Region data in your report.

Include State Region Drill Down:

Time Interval

Please select the year or years for which you would like data.

Year:

Type:

Begin Year:

End Year:

Provider Selection

Select one or more types of nursing homes to include in your report. To select more than one type, hold down the Ctrl key while you click on the desired nursing home types.

Provider Type (s):
Dually Certified SNF/NFs - Medicare & Medicaid
Distinct Part SNF/NFs - Medicare & Medicaid
Skilled Nursing Facilities (SNFs) - Medicare only
Nursing Facilities (NFs) - Medicaid only

Provider Characteristics

Use these filters if you want to limit the report to providers that have certain characteristics.

Hospital Based / Freestanding: Both Hospital Based Freestanding

Bed Size: All
 Less than 50 beds
 50 to 99 beds
 100 to 199 beds

Ownership: All
 For Profit
 Non-Profit
 Government

Chain Affiliation?:

Top 10 Chains:

Survey Results

Use these filters if you want to limit the report to providers that were cited for certain deficiencies during the time interval you selected.

Substandard

Quality of Care:

Regulatory Group:

Deficiency Tag(s):
Any K Codes
Any F Codes
K0011
K0012
K0014
K0015
K0016

Scope & Severity:

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Go To: [Report Select Page](#)

7. Click on the **Run Report** button to access Regional Level data.

 **S&C PDQ**
Home | Help | Resources | FAQs | Site Map | Log Off
Jump to Report: New Provider and Supplier Counts Jump to Provider: Nursing Home
[Go to Text-Only Version](#)

New Provider and Supplier Counts Report

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

Year Type: Fiscal Year Year: 2008 Quarter: Full Year [View All States](#)

Region	New Providers and Suppliers
(I) Denver	6
(II) San Francisco	4
National Total	10

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (08/18/2008)

Please submit comments, questions, or suggestions by email to pdghelp@plususgov.com or by phone to 888-673-7328.

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Go To: [Report Select Page](#)

8. Drill to the State Level by clicking on **(VIII) Denver**.



New Provider and Supplier Counts Report

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs)
- Medicare Only, Nursing Facilities - Medicaid Only

Year Type: Fiscal Year Year: 2000 Quarter: Full Year [View All States](#)

Region	New Providers and Suppliers
(I) Denver	6
Utah	3
(II) San Francisco	4
National Total	10

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (08/18/2008)

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Go To: [Report Select Page](#)

9. Next, drill to the State Region Level by clicking on Utah.



New Provider and Supplier Counts Report

Selection Criteria

Provider and Supplier Type(s): Dually Certified SNF/NFs - Medicare and Medicaid, Distinct Part SNF/NFs - Medicare and Medicaid, Skilled Nursing Facilities (SNFs) - Medicare Only, Nursing Facilities - Medicaid Only

Year Type: Year: Quarter: [View All States](#)

Region	New Providers and Suppliers
(I) Denver	6
Utah	3
BRIGHTON GARDENS OF SALT LAKE	1
MILLBROOK CARE CENTER	1
UTAH STATE VETERANS NURSING	1
(II) San Francisco	4
National Total	10

[Save as PDF...](#) [Save as Excel...](#)

[Change Criteria](#)

The data in these reports, including provider and supplier counts and percentages, are valid for the subset of providers or suppliers for which there are survey records in CASPER.

Source: CASPER (08/18/2008)

Please submit comments, questions, or suggestions by email to pdqhelp@aplusgov.com or by phone to 888-673-7328.

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Go To: [Report Select Page](#)

10. Click on **Millbrook Care Center**. Provider and Supplier Information will Pop Up when the Provider Name is in bold print.

File Edit View Favorites Tools Help

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[Print](#) | [Close Window](#)

Provider or Supplier Details

Provider or Supplier Name:	MILLBROOK CARE CENTER
Provider or Supplier Number:	465148
Provider or Supplier Type:	SNF/NF (Distinct Part)
Address:	3944 SOUTH 400 EAST SALT LAKE CITY, UT 84107
Phone Number:	801 281-4000
Participation Date:	6/15/2000
Region:	(VIII) Denver
Number of Certified Beds:	51
Hospital Based:	No
Chain Name:	No chain affiliation
Ownership Type:	For Profit
Termination Code:	Vol-Other
Termination Date:	5/12/2001