

FACILITY_INFO**Main facility data table**

Name	Nullable	Type	Description
FACILITY_ID	NO	CHAR(4)	Facility ID Number
FACILITY_NAME	NO	VARCHAR2(150)	Facility Name
CERTIFICATION_NUMBER	NO	VARCHAR2(8)	Operating Certificate Number
AREA_OFFICE_ABBREV	NO	VARCHAR2(5)	Area Office Abbreviation, note, links to table Area_Offices
FACILITY_ADDRESS_1	YES	VARCHAR2(50)	Facility Address 1
FACILITY_ADDRESS_2	YES	VARCHAR2(50)	Facility Address 2
FACILITY_CITY	YES	VARCHAR2(40)	Facility City
FACILITY_ZIP	YES	VARCHAR2(5)	Facility Zip
COUNTY	YES	VARCHAR2(19)	Facility County
PHONE	YES	VARCHAR2(10)	Facility Phone
FACILITY_WEBSITE	YES	VARCHAR2(150)	Facility's Website Address
OPERATOR	YES	VARCHAR2(100)	Operator
OPERATOR_ADDRESS_1	YES	VARCHAR2(50)	Operator Address 1
OPERATOR_ADDRESS_2	YES	VARCHAR2(50)	Operator Address 2
OPERATOR_CITY	YES	VARCHAR2(40)	Operator City
OPERATOR_STATE	YES	CHAR(2)	Operator State
OPERATOR_ZIP	YES	VARCHAR2(5)	Operator Zip
MEDICARE_CERTIFIED	NO	NUMBER(1)	1 - Yes 0 - No
MEDICARE_NUMBER	YES	VARCHAR2(12)	Medicare Certification Number
MEDICAID_CERTIFIED	NO	NUMBER(1)	1 - Yes 0 - No
OWNERSHIP	YES	VARCHAR2(39)	Ownership Type
MULTICAMPUS_FACILITY_ID	YES	CHAR(4)	Facility ID Number of parent facility, if one exists; Survey results displayed under parent Facility ID Number
NOTES	YES	VARCHAR2(50)	SFF designates Special Focus Facility
OCCUPANCY_RATE	YES	NUMBER(4,3)	Most recent facility reported occupancy rate from the Weekly Bed Census Survey dataset; Note that Weekly Bed Census Survey data is facility self reported.
OCCUPANCY_REPORT_DATE	YES	DATE	Most recent census date for the Weekly Bed Census Survey
OCCUPANCY_EXCEPTION_COMMENT	YES	VARCHAR2(50)	Comments regarding the Weekly Bed Census Survey
AVERAGE_OCCUPIED_BEDS	NO	NUMBER(6,2)	Occupied bed as calculated from the last three years of data from the Weekly Bed Census Survey
INSP_STANDARD_HEALTH	NO	NUMBER(3)	Number of Standard Health Deficiencies (last 3 certification surveys and last 3 years of complaint surveys)
INSP_LSC	NO	NUMBER(3)	Number of Live Safety Code Deficiencies (last 3 certification surveys and last 3 years of complaint surveys)
INSP_TOTAL	NO	NUMBER(3)	Number of Total Deficiencies (last 3 certification surveys and last 3 years of complaint surveys)
INSP_HARM	NO	NUMBER(2)	Number of Deficiencies related to Actual Harm or Immediate Jeopardy
INSP_PERCENT_HARM	NO	NUMBER(3,2)	Percent of Total Deficiencies related to Actual Harm or Immediate Jeopardy
COMP_RECEIVED	NO	NUMBER(4)	Total intakes received (last three years)
COMP_RECEIVED_PER_100	NO	NUMBER(5,1)	Intakes received per 100 occupied beds (last three years)
ALL_SURVEYS	NO	NUMBER(2)	Total of all surveys at facility (last three years)
COMP_SELF_REPORTED	NO	NUMBER(6,2)	Percent of total intakes received that were facility self reported incidents (last three years)
COMP_ONSITE	NO	NUMBER(4)	On-site complaint investigations (last three years)
COMP_CITATIONS	NO	NUMBER(3)	Complaint investigations resulting in citations (last three years)
COMP_CITATIONS_PER_100	NO	NUMBER(6,1)	Complaint investigations resulting in citations per 100 occupied beds (last three years)
COMP_DEF_ADMINISTRATION	NO	NUMBER(3)	Complaint Citations in deficiency category: Administration
COMP_DEF_QUALITY_OF_CARE	NO	NUMBER(3)	Complaint Citations in deficiency category: Quality of Care
COMP_DEF_RESIDENT_RIGHTS	NO	NUMBER(3)	Complaint Citations in deficiency category: Resident Rights
COMP_DEF_RESIDENT_ASSESSMENT	NO	NUMBER(3)	Complaint Citations in deficiency category: Resident Assessment
COMP_DEF_DIETARY_SERVICES	NO	NUMBER(3)	Complaint Citations in deficiency category: Dietary Services
COMP_DEF_PHYSICAL_ENVIRONMENT	NO	NUMBER(3)	Complaint Citations in deficiency category: Physical Environment
COMP_DEF_OTHER_SERVICES	NO	NUMBER(3)	Complaint Citations in deficiency category: Other Services
COMP_DEF_TOTAL	NO	NUMBER(3)	Complaint Citations across all deficiency categories (last three years)
TOTAL_BEDS	NO	NUMBER(4)	Total nursing home beds
EMPLOYEE_FLU_VACCINATION_RATE	YES	NUMBER(3,2)	Percent of employees who received a flu vaccine; null if not yet reported to DOH
VACCINATION_RATE_REPORT_DATE	YES	DATE	Date employee flu vaccination rate reported to DOH

AREA_OFFICES**Descriptive names of state area offices; linked to by the FACILITY table on AREA_OFFICE_ABBREV**

Name	Nullable	Type	Description
AREA_OFFICE_ABBREV	NO	VARCHAR2(5)	Abbreviation for Area Office
AREA_OFFICE	NO	VARCHAR2(32)	Area Office

ENFORCEMENTS**All Stipulation & Order Enforcements signed and ordered against Nursing Homes since 1/1/2002; links to the FACILITY table on FACILITY_ID**

Name	Nullable	Type	Description
FACILITY_ID	NO	CHAR(4)	Facility ID Number
SURVEY_DATE	YES	DATE	Initial Survey Exit Date, or NULL if related to multiple surveys
STIP_NUMBER	NO	CHAR(9)	Stipulation Number; formatted as "NH-<year>-<sequence>"; gaps in sequence are valid
STIP_DATE	NO	DATE	Date the stipulation was signed and ordered

FINE_ASSESSED	NO	NUMBER(8,2)	The amount of fine in dollars
STIP_PDF_NAME	NO	VARCHAR2(21)	Name of the PDF file associated with the stipulation number
DEFICIENCY_CATEGORY	NO	VARCHAR2(21)	Deficiency Category; note, Multiple Deficiencies means "Multiple Deficiency CATEGORIES"
FACILITY_NAME	NO	VARCHAR2(150)	Facility Name
COUNTY	YES	VARCHAR2(19)	Facility County

BED_DETAIL**Licensed bed types and bed counts for each facility; links to the FACILITY table on FACILITY_ID**

Name	Nullable	Type	Description
FACILITY_ID	NO	CHAR(4)	Facility ID Number
BED_TYPE	NO	VARCHAR2(50)	Type of nursing home bed
BED_COUNT	NO	NUMBER(4)	Count of nursing home beds within bed type
INCLUDED_IN_OTHER_TYPES	NO	NUMBER(1)	1 - the bed count is included in other bed counts

SERVICE_DETAIL**Services offered at each facility; links to the FACILITY table on FACILITY_ID**

Name	Nullable	Type	Description
FACILITY_ID	NO	CHAR(4)	Facility ID
SERVICE_TYPE	NO	VARCHAR2(50)	Service Type: http://www.health.ny.gov/facilities/nursing/all_services.htm

SURVEYS**The last three certification surveys and last three years worth of complaint surveys for each facility; links to the FACILITY table on FACILITY_ID**

Name	Nullable	Type	Description
FACILITY_ID	NO	CHAR(4)	Facility ID Number
SURVEY_ID	NO	CHAR(4)	Survey ID Number
INITIAL_SURVEY_DATE	NO	DATE	Initial Survey Exit Date
SURVEY_TYPE	NO	VARCHAR2(13)	Survey Type, Health or LSC
TOTAL_VISITS_REQUIRED	NO	NUMBER(1)	Total Survey Visits/Revisits Required

CITATIONS**Citations made against the facility for each survey; links to the SURVEY table on SURVEY_ID; links to the REGULATIONS table on { REG_SET_ID, TAG_NUMBER }**

Name	Nullable	Type	Description
SURVEY_ID	NO	CHAR(4)	Survey ID Number
INSPECTION_TYPE	NO	VARCHAR2(6)	Inspection Type, Health or Life Safety Code (LSC)
DEFICIENCY	YES	VARCHAR2(110)	Description of Citation
SEVERITY	NO	NUMBER(1)	Rates severity on a scale of 1 - 4: 1 - Potential for no more than minimal harm 2 - Potential for more than minimal harm 3 - Actual harm 4 - Immediate jeopardy
RESIDENTS_AFFECTED	NO	NUMBER(1)	Rates the amount of residents affected on a scale of 1-3: 1 - Isolated 2 - Pattern 3 - Widespread
SQC	NO	NUMBER(1)	Substandard Quality of Qare: 1 - Yes 0 - No
REG_SET_ID	NO	CHAR(4)	Regulation Set ID
TAG_NUMBER	NO	CHAR(4)	Citation Number
CORRECTION_DATE	YES	DATE	Date citation corrected
IS_COMPLAINT	NO	NUMBER(1)	1 - citation due to a complaint/incident
SUPPRESS_ON_INSPECTION_TAB	NO	NUMBER(1)	1 - citation is at an A level or waived; citation is not displayed on Inspection tab if 1

REGULATIONS**Federal and State regulations associated with one or more citations**

Name	Nullable	Type	Description
REG_SET_ID	NO	CHAR(4)	Reg Set ID
TAG_NUMBER	NO	CHAR(4)	Citation Number
CFR	YES	VARCHAR2(40)	Code of Federal Regulations - Reference Number
TAG_TYPE	YES	CHAR(1)	Regulation Type: C - Condition E - Element L - Licensure M - Memo R - Requirement S - Standard
TAG_TITLE	YES	CHAR(45)	Summary of the regulation
TAG_TEXT	YES	CLOB	Regulation Text

STATEWIDE_NUMBERS**Statewide averages (for INSP_xxxx fields) or totals (for COMP_xxxx fields) for summary data fields**

Name	Nullable	Type	Description
INSP_STANDARD_HEALTH	YES	NUMBER	Number of Standard Health Deficiencies in reporting period
INSP_LSC	YES	NUMBER	Number of Live Safety Code Deficiencies in reporting period
INSP_TOTAL	YES	NUMBER	Number of Total Deficiencies in reporting period

INSP_HARM	YES	NUMBER	Number of Deficiencies related to Actual Harm or Immediate Jeopardy
INSP_PERCENT_HARM	YES	NUMBER	Percent of Total Deficiencies related to Actual Harm or Immediate Jeopardy
COMP_RECEIVED	YES	NUMBER	Total intakes received in reporting period
COMP_RECEIVED_PER_100	YES	NUMBER	Intakes received per 100 occupied beds in reporting period
COMP_ONSITE	YES	NUMBER	On-site Complaint Investigations in reporting period
COMP_CITATIONS	YES	NUMBER	Complaints investigations resulting in citations in reporting period
COMP_CITATIONS_PER_100	YES	NUMBER	Complaints investigations resulting in citations per 100 occupied beds in reporting period