

Company Name:	test company
Employer Name:	
EIN Number:	123456
Dun & Bradstreet Number:	1234567890
Authorized Company Representative Name and Title:	Test
Phone:	6549874563
Email:	abc@gmail.com
Facility Name:	Test facility
Address:	Test address
Phone:	7894561230
Fax:	123
Website Address:	test Address
Corporate Billing Contact:	Test Corporate
Billing Address:	Test billing address
Phone:	98778796541
Fax:	54321
Email:	xyz@gmail.com
Facility Billing Contact:	Test facility conatct
Billing Address:	Test
Phone:	7897897897
Fax:	123
Email:	pqr@gmail.com
Director of Nursing:	Test Director
Phone:	7897897894
Fax:	123
Email:	abc@gmail.com
Facility Administrator:	test facility
Phone:	7485963210

Fax:	123
Email:	
Staffing Coordinator:	Test staffing
Phone:	7897895823
Fax:	123
Email:	
Email:	["Memory Care", "Nursing Home", "Hospital", "Clinic", "Adult Family Home"],
Nurse Ratio Per Floor:	100`
Aide Ratio Per Floor:	5
Patient Ratio per Floor:	6
NAC/HHA/MAC 1st Shift:	1
NAC/HHA/MAC 2nd Shift:	2
NAC/HHA/MAC 3rd Shift:	3
RN/LPN/MT 1st Shift:	1
RN/LPN/MT 2nd Shift:	2
RN/LPN/MT 3rd Shift:	3
Medical Treatment Shift:	test
Assisted Living Shift:	test
Charge Position Shift:	test
Comments or Additional information that DSA should now:	test commants
Has the Company/Ownership field for bankruptcy within the past 7 years ?	YES
Has there been any corporate/ownership change within the past year?	NO
Is Company planning any change in ownership within the next year?	YES
Does the Facility do any Fit Testing?	NO
If you have answered Yes to any of the questions above, please provide an explanation below:	Test message

please provide an explanation below.

What type of PPE mask does the Facility Use?	Nil
Number of years the Facility has been in operation?	Nil
How did the Company hear about Caring Clinical Agency, LTD?	Nothing special