



Provider Profile

Provider Name: _____

License DBA Name : _____

Provider Contact:

Name: _____

Position: _____

Full Mailing Address: _____

Phone: _____

FAX: _____

Business Email: _____

Preferred Correspondence Email: _____

Website: _____

Provider Classification (select one):

- Voluntary non-profit
- Proprietary, For Profit
- Other (Specify): _____

NOTE: Please make sure to "whitelist" *cahcnj.org* in your email systems

Sites seeking accreditation renewal:

of sites for accreditation: _____

List other site locations:

_____	_____
City/town	City/town
_____	_____
City/town	City/town
_____	_____
City/town	City/town

Profile Prepared By: _____

Print Name

Position

Phone

Signature

Date

General Information

Check services for which this site is applicable:

- Companion/Personal Care Services (CPCS)
 Community Based Skilled Nursing (CBSN)

Provider Name: _____

License DBA Name : _____

Site Information:

Address: _____

Town/City: _____

County: _____

Phone: _____

On-Call# (off hours): _____

FAX: _____

Supervisory Personnel at the Site:

CPCS: Director of Nursing: Ms. Mr. Name: _____
CBSN: Director of Nursing: Ms. Mr. Name: _____
Corporate Compliance Officer: Ms. Mr. Name: _____

Miscellaneous:

Days and hours:

Days and hours office is open: _____

Days and hours of service: CPCS: _____ CBSN: _____

On-Call days and hours: CPCS: _____ CBSN: _____

CBSN: Is a Nursing Supervisor available 24 hours a day, seven days a week for assistance, if needed?

Yes No

Earliest time key personnel will be present for survey: _____AM

List all services provided at this site:

- CPCS
 CBSN
 Other (specify): _____

Statistics

Case Management

The Surveyor will select clinical records of any clients who received service during the period of accountability.

- 1) Please report the following based upon statistics during the period of accountability (up to the present day):

CPCS	CBSN	
_____	_____	Number of active cases
_____	_____	Number of discharged cases
_____	_____	Number of cases "on hold"
_____	_____	Total number of cases serviced during period of accountability

- 2) Report the following numbers of clients for the period of accountability:

CPCS	CBSN	Enter the number of clients currently receiving care:
_____	_____	Pediatric (up to age 21)
_____	_____	Adult
_____	_____	Geriatric

- 3) For the past 12 months:

	CPCS	CBSN
Total number of cases serviced: (total # current active cases + discharges)	_____	_____
Total number of <u>service hours</u> provided	_____	_____

Personnel Management

The Surveyor will select personnel records of any staff member worked during the period of accountability.

Report the **current** statistics concerning directly-employed personnel at this site:

	CHHAs	RNs	LPNs
Available to work:	_____	_____	_____
Assigned to cases:	_____	_____	_____

Enter the following data regarding **nursing supervisory personnel** who worked at this site during the period of accountability:

full time: _____
part time: _____ (Full Time Equivalent (FTE) for part time personnel: _____) # per diem _____

Please list all **nursing supervisory personnel** who have worked since the last survey. Include all new hires and nurses that worked during the period of accountability, including any now terminated.

<i>Name:</i>	<i>Title:</i>	<i>First day worked / last day worked</i>
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____
_____	_____	_____/_____

****If the Director of Nursing or Nursing Supervisor has changed in past year, please be sure that CAHC has a copy of the resume or employment application for that employee.**

Report the following based upon the **past 12 months**:

- Does your agency directly employ all aides/field nurses? Yes No
- Does your agency directly employ all supervisory personnel? Yes No
- CPCS: Are all aides certified? Yes No
- Does this site subcontract for aides/field nurses? Yes No

- Is malpractice insurance required of your nursing staff? Yes No

- Are periodic physical exams required for staff? Yes No
If yes, how often? _____

Time frame for **Post Orientation Evaluations**: _____

Do you have additional specific requirements for your field staff? Yes No

If yes, what are those requirements? _____

Please attach an updated and complete **Organizational Chart**.

1) Who will be assigned to assist the surveyor with **Personnel Records** at the time of the survey?

Name: _____ Title: _____ Department: _____

2) Who will be assigned to assist the surveyor with **Clinical Records** at the time of the survey?

Name: _____ Title: _____ Department: _____

3) Who will be assigned to assist the surveyor with **Administrative** matters at the survey?

Name: _____ Title: _____ Department: _____

*****All staff assigned to assist during the survey must have a thorough understanding and ability to access relevant files. All records must be easily accessible during the survey. Any delay in receiving files may result in the need for a follow up visit (with additional cost to the provider.)***

For CBSN Services:

What is the frequency of **renewal of orders** from physicians? _____

What is the frequency of **updates** to the medication profile? _____

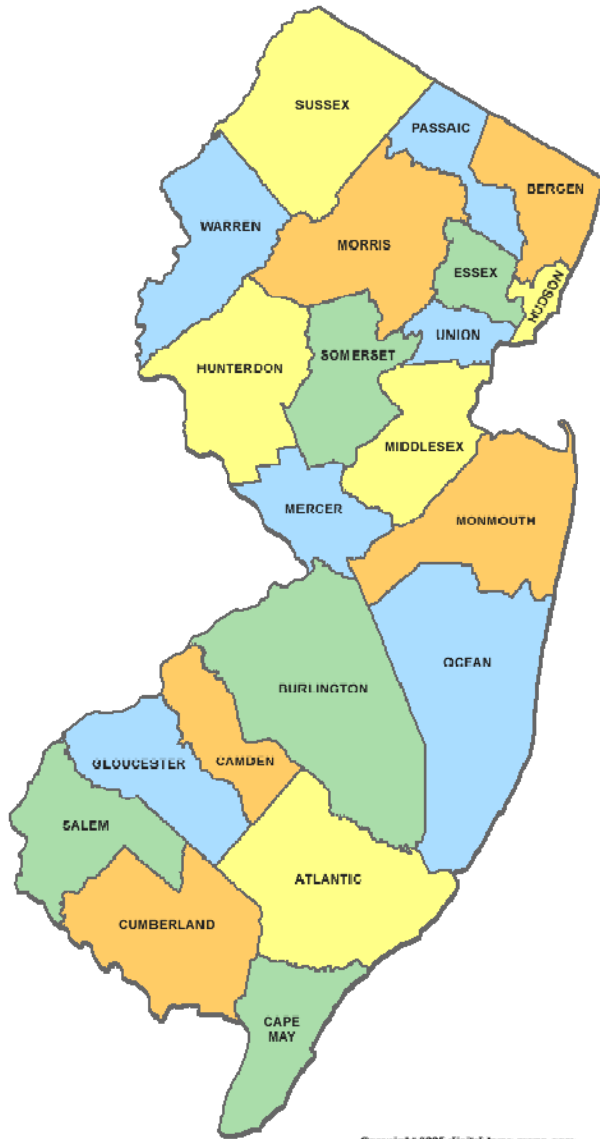
**PLEASE LIST ALL CAHC REQUIRED FORMS, POLICIES, OR JOB DESCRIPTIONS
REVISED OR ADDED SINCE THE LAST SURVEY.**

POLICY/JOB DESCRIPTION/FORM NAME:	REVISION/IMPLEMENTATION DATE
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____
_____	_____/_____/_____

If additional space is needed, please include separately.

****PLEASE INCLUDE A COPY OF EACH DOCUMENT WITH THIS PROFILE****

New Jersey Map



List all counties that your agency **is prepared to** service from this site:

Parking Information:

- **Please include any information about parking that will be useful for the surveyor such as a parking garage, street parking, metered lot, etc.**
- **Either type below or attach a sheet containing the parking information.**
- **If a separate sheet is attached, include the agency name, the address, and the phone number on the sheet.**

Empty rectangular box for providing parking information.