

\*Per 19 CSR 30-82.010 (8), every skilled nursing facility, intermediate care facility, residential care facility and assisted living facility issued a license or temporary operating permit by the department shall submit the required certificate of need quarterly surveys to the department on or before the fifteenth day of the first month following the previous Social Security quarter.

## **CON Quarterly Survey Timeline**

1<sup>st</sup> Quarter Survey Opens **April 1** and due on the 15th- facilities report occupancy during 1/1 to 3/31

2<sup>nd</sup> Quarter Survey Opens **July 1** and due on the 15th- facilities report occupancy during 4/1 to 6/30

3<sup>rd</sup> Quarter Survey Opens October 1 and due on the 15th- facilities report occupancy during 7/1 to 9/30

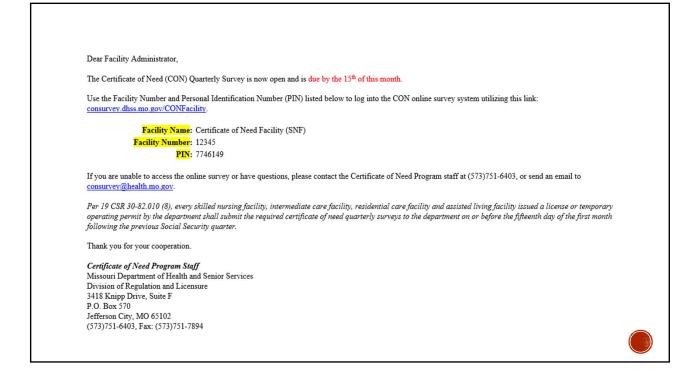
4thQuarter Survey Opens January 1 and due on the 15th-facilities report occupancy during 10/1 to 12/31

\*\*A facility that recently opened or closed will be surveyed only if it is operational for the full quarter.

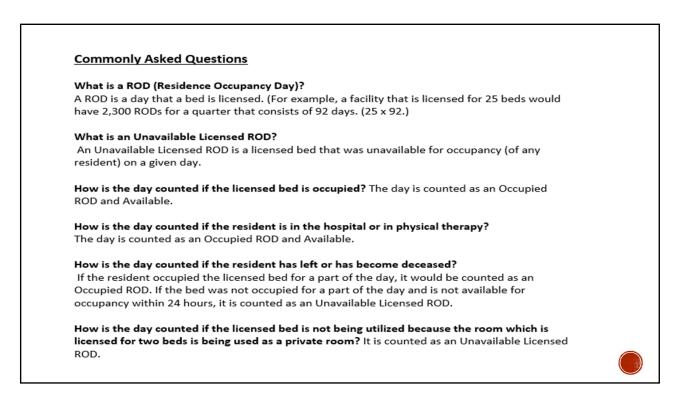
## **CON Quarterly Survey Reminders**

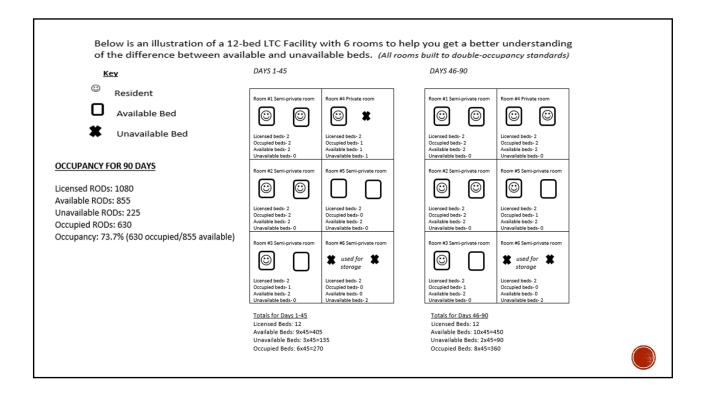
A reminder will be sent on the 1<sup>st</sup> day of every Quarter, to the email address provided on the last survey, notifying the facility that the CON Quarterly Survey is now open. **Please let our office know of any changes to the facility contact information.** Otherwise, the facility may not receive the reminder email. The email will include the Facility Number and Personal Identification Number (PIN) to log in to the CON website.

Suggestion: create a generic facility email i.e. <u>CONSURVEY@health.mo.gov</u> for your office staff to access in <u>case staff are out of the office or resign etc.</u>



For all the Manager	Contificates of Nord Facility			
Facility Name:	Certificate of Need Facility			
Facility Number:	00123		-	
Phone Number:	(573) 751-6700		County:	COLE
Mailing Address				
Street:	3418 Knipp Drive		7	65109
City: Physical Address	Jefferson City		Zip:	02104
Street:	3418 Knipp Drive			
City:	Jefferson City		Zip:	65109
city:	sencision city		Lip.	05105
CON SURVEY SN	IF/ICF			x
Capacity:	12 SNF Beds: 12	ICF Beds:		
Days In This Quarter:		90	Medicare/Medicaid Beds:	10
A. Licensed RODs:		1080	Medicaid Only:	2
B. Unavailable License	ed RODs:		Survey Quarter:	1
C. Total Number of Lic	ensed and Available RODs:		Survey Year:	2019
D. Number of Occupied	d RODs:	$\square$		03/31/2019
E. Number of RODs Va	acant and Available For Residents:		End Of Cycle:	05/31/2019
Occupancy Percentage	-	%		
occupancy rerectinge		-78		
Medicaid Beds In Facili	ity:	12		
F. Medicaid Certified R	IODs:	1080		
G. Unavailable Medicai	id Certified RODs:			
H. Total Number Of Lin	censed Available Medicaid RODs:			
	ccupied by Medicaid Vendor Recipients or Appli	icants		
for Medicaid Pending:				
J. Number Of RODs Us	sed by Non-Medicaid Recipients:	$\bigcirc$		
K. Number Of RODs Va	acant And Available:			
CERTIFY THAT TH	E ABOVE INFORMATION IS ACCURATE AND CO	OMPLETE TO THE BEST OF MY KNOW	VLEDGE	
Name and Title:	→ [			
Telephone Number:	E-mail Addres	ss:		
			H-l-	Submit New Survey
			Help	Submit New Survey
5				





	Certificate of Need Facility					
the second s	00123			22224		
	(573) 751-6700		County:	COLE		
Mailing Address						
	3418 Knipp Drive		71	65100		
City: Physical Address	Jefferson City		Zip:	65109		
	3418 Knipp Drive					
	Jefferson City		Zip:	65109		
CON SURVEY SNF/	ICF			×		
Capacity: 1	2 SNF Beds: 12 ICF E	Beds:				
Days In This Quarter:		90	Medicare/Medicaid Beds:	10		
A. Licensed RODs:		1080	Medicaid Only:	2		
B. Unavailable Licensed R	ODs:	225				
C. Total Number of Licensed and Available RODs: 855			Survey Quarter:	1		
D. Number of Occupied R		630	Survey Year:	2019		
	nt and Available For Residents:	225	End Of Cycle:	03/31/2019		
Occupancy Percentage:	it and Available for Residents.	73.7 %				
occupancy reicentage.		,, ,0				
Medicaid Beds In Facility:		12				
F. Medicaid Certified ROD		1080				
G. Unavailable Medicaid G		225				
	sed Available Medicaid RODs:	855				
I. Number Of RODs Occup	pied by Medicaid Vendor Recipients or Applicants					
for Medicaid Pending:		630				
J. Number Of RODs Used	by Non-Medicaid Recipients:	0				
K. Number Of RODs Vaca	nt And Available:	225				
	BOVE INFORMATION IS ACCURATE AND COMPLET		200			
	20	E TO THE BEST OF MT KNOWLE	.000			
Name and Title:	Alison Dorge, Program Coordinator					
Telephone Number:	(573) 751-6700 E-mail Address:	alison.dorge@health.mo.go	М	×		
			Help	Submit,New Survey	(	
				13 A	l V	

## **QUESTIONS?**

CON Program Staff:

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alison.dorge@health.mo.gov

 Kayci Hoover-Doss, Assistant Program Coordinator 573-751-6403
kayci.hoover-doss@health.mo.gov

 Please send questions regarding the CON Quarterly Occupancy Survey to <u>consurvey@health.mo.gov</u>.