

Aspen Central Office 10.0 Alpine Technology Group

Table Name ADMINFAC

Table Comment Facility's administrator history

Table Column Name	Table Column Datatype	Table Column Comment
ADMINFACROWID	NUMBER(10)	Primary Key
ADMINID	NUMBER(10)	Admin ID
FACILITY_INTERNAL_ID	NUMBER(10)	Internal facility number.
PRIMARYADM	NUMBER(1)	Current primary administrator. At most, only one instance of FacAdmin may be so flagged. Information for this administrator is cascaded to master Facility table
FACID	VARCHAR2(16)	FacID of related facility
ADMTYPE	CHAR(2)	Admin. type code. PL
ADMTYPEDES	VARCHAR2(40)	Admin. type description
STARTED	DATE	Admin start date
END	DATE	Admin end date
EMPLOYEEID	VARCHAR2(16)	Staff ID of instance creator
CREATED	DATE	Date of instance created

Table Name ADMINLIC

Table Comment Administrator's professional license history

Table Column Name	Table Column Datatype	Table Column Comment
ADMINID	NUMBER(10)	Administrator ID (FK)
ADMINLICID	VARCHAR2(10)	License ID
LICEFFECT	DATE	License effective date
ISPRIMARY	NUMBER(1)	Which license is primary (if more than one type effective)
LICTYPE	CHAR(2)	License type code
LICTYPEDES	VARCHAR2(15)	License type code descriptor
LICEXPIRE	DATE	License expiration date

Table Name ADMNLKUP

Table Comment Administrator master directory.

Table Column Name	Table Column Datatype	Table Column Comment
ADMINID	NUMBER(10)	Administrator ID
ADMSAL	VARCHAR2(3)	Administrator salutation
ADMFIRST	VARCHAR2(12)	Administrator first name
ADMMID	VARCHAR2(1)	Administrator middle initial
ADM-last	VARCHAR2(18)	Administrator last name
ADMTITLE	VARCHAR2(12)	Administrator title
ADM_SSN	VARCHAR2(12)	Administrator tax ID
ADM_LIC	VARCHAR2(14)	Professional license: RN, NH, Administrator, etc.
LICTYPE	CHAR(2)	Professional license type code. PL
LICTYPEDES	VARCHAR2(15)	License type description
LICEXPIRE	DATE	Professional license expiration date
ADMTYPE	CHAR(2)	Primary administrator type code (e.g., Administrator, DoN, Asst Administrator, etc). This may be overridden at time of assignment to a specific facility. PL
ADMTYPEDES	VARCHAR2(15)	Administrator type code description
CREATED	DATE	Date record created
ADMADDR	VARCHAR2(50)	Administrator address
EMPLOYEEID	VARCHAR2(16)	Created by staff ID
ADM-city	VARCHAR2(30)	Administrator city
ADMST	CHAR(2)	Administrator state
ADMZIP	VARCHAR2(13)	Administrator zip
ADMPHONE	VARCHAR2(13)	Administrator phone
ADMEMAIL	VARCHAR2(60)	Administrator email
ADMINR_FAX	VARCHAR2(13)	Administer FAX number.

Table Name ALLOWEDREGS**Table Comment** List of allowed regulation sets for a provider type

Table Column Name	Table Column Datatype	Table Column Comment
FACTYPE	CHAR(3)	Type of facility
REGSETID	CHAR(4)	Regulation set unique tracking ID
REG_TITLE	VARCHAR2(50)	Title
REG_VERS	VARCHAR2(5)	Version

Table Name ALPINESETUP**Table Comment** Master control parameters for ASPEN product suite

Table Column Name	Table Column Datatype	Table Column Comment
APPID	CHAR(6)	Application ID
ID	VARCHAR2(16)	Control Item ID
SETTINGTYPE	VARCHAR2(25)	Type of control setting
SETTING	VARCHAR2(25)	Control setting descriptor
VALUE	VARCHAR2(255)	Value of control setting instance
TITLE	VARCHAR2(64)	Title descriptor for report settings
DEFAULT_THIS	CHAR(1)	Setting default if any

Table Name APPLICATION**Table Comment** Application version control (Internal)

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID - Primary key
DESCRIPTION	VARCHAR2(20)	Application Description
CURRENT_VERSION	VARCHAR2(10)	Latest version of application

Table Name ASP_CRTFCTN_TRNSPLNT**Table Comment** Transplant Program Details

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
TRNSPLNT_PGM_TYPE_CD	CHAR(3)	Transplant Program Type
TRACKID	CHAR(4)	Certification Tracking ID: Unique Within State
TRNSPLNT_PGM_STUS_CD	CHAR(2)	Program Status
APLCTN_RCVD_DT	DATE	Date Application is Received
APLCTN_RCVD_NTC_DT	DATE	Date CMS Sends Applic Rec'd Letter
NEW_MDCR_PGM_SW	CHAR(1)	Program New to Medicare
PGM_APRVD_DT	DATE	Date Program Approved
RCRTFCTN_DUE_DT	DATE	Re-certification Due Date (calculated)
ORGNL_PGM_APRVD_DT	DATE	Original program approval date.
PGM_TRMNTN_DT	DATE	Program termination date.
PED_HRT_PGM_SW	CHAR(1)	Does Pediatric Heart Program Use Alternate Approval
PED_HOSP_PRVDR_NUM	VARCHAR2(10)	CCN of other ped hospital
PED_HOSP_NPI_PRVDR_NUM	VARCHAR2(10)	NPI of the Hospital that is Jointly Operating the Program
CNTCT_SLTTN	CHAR(3)	Contact Salutation
CNTCT_1ST_NAME	VARCHAR2(20)	Contact First Name
CNTCT_LAST_NAME	VARCHAR2(20)	Contact Last Name
CNTCT_PHNE_NUM	VARCHAR2(10)	Contact Phone Number
CNTCT_EMAIL	VARCHAR2(60)	Contact E-mail
CNTCT_FAX_NUM	VARCHAR2(10)	Contact Fax
CNTCT_ST_ADR	VARCHAR2(50)	Contact Street Address
CNTCT_CITY_NAME	VARCHAR2(25)	Contact City
CNTCT_STATE_ABRVTN_CD	CHAR(2)	Contact State Abbreviation
CNTCT_ZIP_CD	CHAR(5)	Contact Zip
SRVY_SW	CHAR(1)	Was program type surveyed? Y/N
ALL_CTN_CRCTD_SW	CHAR(1)	All citations for program are corrected. Y/N
INITL_COP_APRVL_DT	DATE	Prior Effective Date
PED_HOSP_NAME	VARCHAR2(50)	Name of the Other Hospital for Agreement

Table Name ASP_CTN_ASCTD_DTL

Table Comment Transplant Citation Dates

Table Column Name	Table Column Datatype	Table Column Comment
FACID	VARCHAR2(16)	Facility ID Number
TRACKID	CHAR(4)	Track ID Number.
ASCTD_TYPE_CD	CHAR(3)	Associated type code (Transplant center type)
REGSETID	CHAR(4)	Regulation Set ID Number
TAG	CHAR(4)	Deficiency Tag Number.
COMPLETEDT	DATE	Provider Completion Date (X5)
CORRECTDT	DATE	Correction Verification Date

Table Name ASP_DATAMON_KEYS

Table Comment List of primary keys for the tables that are subject to federal monitoring.

Table Column Name	Table Column Datatype	Table Column Comment
RECID	NUMBER(10)	Primary key.
TABlename	VARCHAR2(30)	Table name.
KEYNAME	VARCHAR2(30)	Column name.
KEYPOSITION	NUMBER(2)	Position of column within the primary key.

Table Name ASP_DATAMONITOR

Table Comment List of tables that are subject to federal monitoring.

Table Column Name	Table Column Datatype	Table Column Comment
MONID	NUMBER(10)	Primary key
MONOBJECT	VARCHAR2(30)	Table name
MONOBJDESC	VARCHAR2(80)	Table description.
MON_ORDER	NUMBER(10)	Determines the order in which the tables appear in the table candidate dialog box in ACO.
MON_INSERT	NUMBER(1)	Indicates if the table is being monitored for insert statements. 0 = not monitored 1 = monitored
MON_UPDATE	NUMBER(1)	Indicates if the table is being monitored for update statements. 0 = not monitored 1 = monitored
MON_DELETE	NUMBER(1)	Indicates if the table is being monitored for delete statements. 0 = not monitored 1 = monitored

Table Name ASP_DFCNCY_TAG_CLIA_SPCLTY

Table Comment Crosswalk table to match deficiency tags with allowed lab specialties.

Table Column Name	Table Column Datatype	Table Column Comment
REGSETID	CHAR(4)	Regulation Set ID Number.
DFCNCY_PREX_CD	VARCHAR2(1)	Deficiency prefix code.
DFCNCY_TAG_NUM	VARCHAR2(4)	Deficiency tag number.
SPCLTY_CD	VARCHAR2(4)	CLIA specialty code.

Table Name ASP_EMPLMNT_HIST

Table Comment Employment history master record.

Table Column Name	Table Column Datatype	Table Column Comment
EMPLEE_ID	VARCHAR2(16)	Employee ID
ADD_DT	DATE	Effective date of the record.
HIRE_DT	DATE	Hire date from PERSONNEL
TRMNTN_DT	DATE	Termination date from PERSONNEL

Table Name ASP_GUIDANCE**Table Comment** Hover Help

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID - COMPLAIN or FACDEM
ID	NUMBER(12)	Hover help ID
FACTYPE	VARCHAR2(3)	Facility Type
DESCRIP	VARCHAR2(30)	Description of hover help
DETAIL	CLOB	Hover help text
ICON_POSITION	NUMBER(1)	Icon position

Table Name ASP_HHACERTBRANCH

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
BRANCHID	NUMBER(10)	Branch ID
TRACKID	CHAR(4)	Track ID
MCARE_ID	VARCHAR2(10)	Medicare ID
ISACCEPTED	CHAR(1)	Has the kit been accepted by ODIE
OPENED	DATE	Date opened
CLOSED	DATE	Date closed
TERM_CD_1	CHAR(2)	Termination Code
NAME	VARCHAR2(50)	Branch name
ADDRESS	VARCHAR2(50)	Branch Address
CITY	VARCHAR2(28)	Branch City
ZIP	CHAR(5)	Branch zip
STATE	CHAR(2)	Branch State
COUNTY	CHAR(3)	Branch county
TELEPHONE	VARCHAR2(13)	Branch telephone
FAX	VARCHAR2(13)	Branch Fax
CONTACT	VARCHAR2(30)	Branch contact
EMERPHONE	VARCHAR2(13)	Branch emergency phone #
ISDELETED	NUMBER(1)	Indicates if the branch been deleted.
REL_PROV_TYPE	VARCHAR2(2)	Related provider type code.
OFFSITE_LOCAT_CD	VARCHAR2(4)	OFFSITE LOCATION NUMBER
OFFSITE_SPRINK_STAT_CD	VARCHAR2(4)	OFFSITE LOCATION SPRINKLER STATUS
BRHTYPE	CHAR(2)	Branch type code 01-Branch Office(has no separate medicare ID or license, therefore no record in master file) 02-Child Affiliate Office (Has separate medicare ID, but is licensed as part of parent entity--also called sub-licensee; thus, has record in Facility master -- e.g., Hospital based SNF licensed under on license covering Hosp and SNF) 03-Sibling Affiliate (Has separate Medicare ID and License, but shares some relation to another facility, e.g., acute hospital operating a separate Rehab hosp) 04-Sub-unit

Table Name ASP_NPI_DATA**Table Comment** NPI provider master list.

Table Column Name	Table Column Datatype	Table Column Comment
MCARE_ID	VARCHAR2(12)	Medicare ID number.
NPI_PRVDR_NUM	VARCHAR2(10)	NPI provider number.
MATCH_EFCTV_DT	DATE	Effetive date.
MATCH_TRMNTN_DT	DATE	Termination Data
PRMRY_SW	CHAR(1)	Primary indicator
NPI_KEY_NUM	NUMBER(10,1)	NPI key number
SRCE_CD	CHAR(1)	Source code.

Table Name ASPENSETUP**Table Comment** Shared setting values for ASPEN Central Office and Survey Explorer

Table Column Name	Table Column Datatype	Table Column Comment
SETTINGTYPE	VARCHAR2(25)	Type of setting
STAFFID	CHAR(5)	Staff to which setting applies
SETTING	VARCHAR2(25)	Setting descriptor
VALUE	VARCHAR2(1024)	Current value

Table Name ASSESSTYPEALLOWED**Table Comment** Types of assessments valid for given facility type

Table Column Name	Table Column Datatype	Table Column Comment
ASSESSTYPEALLOWEDID	NUMBER(10)	Sequence generated internal PK
ASSESSTYPE	CHAR(2)	From LookUpValues table
ASSESDESC	VARCHAR2(25)	Assess description
FACTYPE	CHAR(3)	Type of facility
ASSESSABBREV	VARCHAR2(8)	Access abbreviation

Table Name ATGTEMPTABLES**Table Comment** Temporary table list (internal tables used by ASPEN)

Table Column Name	Table Column Datatype	Table Column Comment
TABlename	VARCHAR2(50)	Temp table name
CREATEDATETIME	DATE	Date and time table was created
CREATEBY	VARCHAR2(20)	Developer who created the table

Table Name ATTACHMENTS**Table Comment** Attachments

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
EVENTID	CHAR(6)	Event ID
ATTACHMENTID	NUMBER(3)	Attachment ID
DESCRIPTION	VARCHAR2(50)	Description of the attachment
FILENAME	VARCHAR2(50)	Filename where attachment is stored
DOCUMENT	BLOB	Document text
INTAKEID	VARCHAR2(10)	Intake ID
ENF_INT_ID	VARCHAR2(6)	Enforcement Internal ID
UNIV_ID	VARCHAR2(36)	Universal ID number

Table Name AUTOEMAILLOG**Table Comment** Log of auto email errors.

Table Column Name	Table Column Datatype	Table Column Comment
MSGID	NUMBER	Message ID, links to Messages table.
SENDDT	DATE	Date email was sent
STATMSG	VARCHAR2(200)	Error message text.
EMPLOYEEID	VARCHAR2(30)	Singlemail , Broadcast, EmpID or null
USERTYPE	VARCHAR2(1)	State Agency or Regional Office

Table Name BEDSUMMARY**Table Comment** Bed count summary table for each bed effective date

Table Column Name	Table Column Datatype	Table Column Comment
BEDSUMMARYID	NUMBER(10)	Bed Summary ID - Primary key
FACILITY_INTERNAL_ID	NUMBER(10)	Internal facility number
BEDEFFECT	DATE	Effective date of current bed count summaries.
T18	NUMBER(4)	Title 18 beds
T19	NUMBER(4)	Title 19 beds
T1819	NUMBER(4)	Title 18/19 beds
ICF	NUMBER(4)	ICF beds
IMR	NUMBER(4)	IMR beds

Table Column Name	Table Column Datatype	Table Column Comment
CERTTOT	NUMBER(4)	Active Certified Bed total
LICTOT	NUMBER(4)	Active License Bed total
BEDCNT	NUMBER(4)	Actual bed count including non-active bed categories
LICINACTTOT	NUMBER(4)	Active licensed bed total
BEDNETCNT	NUMBER(4)	Actual bed count excluding inactive beds (also referred to as operational beds)
EMPLOYEEID	VARCHAR2(16)	ID of employee committing last update to bed counts.
BEDADDDATE	DATE	Date of last add/update

Table Name BEDTYPESALLOWED

Table Comment Types of beds allowed for given provider category

Table Column Name	Table Column Datatype	Table Column Comment
BEDTYPEALLOWEDID	NUMBER(10)	Sequence generated internal PK
FACTYPE	CHAR(3)	Facility type
BEDTYPE	CHAR(2)	From LookUpValues table
ISCERTSUM	NUMBER(1)	Default value for allowing cert bed type to be summed from this category
BEDDESC	VARCHAR2(50)	Bed description
ISLICSUM	NUMBER(1)	Default value for allowing licensed bed type to be summed from this category
BEDABBREV	VARCHAR2(8)	Bed abbreviation.

Table Name BRANCLINK

Table Comment Master "Affiliations" table. Maintains relationships between parent providers and other operationally-related facilities or branch locations.

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	MDA system: Facility unique identifier
BRANCHID	NUMBER(10)	ID of branch or affiliate. (System generated for branches. Facility_Internal_ID if affiliate)..
BRHTYPE	CHAR(2)	Branch type code 01-Branch Office(has no separate medicare ID or license, therefore no record in master file) 02-Child Affiliate Office (Has separate medicare ID, but is licensed as part of parent entity--also called sub-licensee; thus, has record in Facility master -- e.g., Hospital based SNF licensed under on license covering Hosp and SNF) 03-Sibling Affiliate (Has separate Medicare ID and License, but shares some relation to another facility, e.g., acute hospital operating a separate Rehab hosp) 04-Sub-unit
BRHTYPEDES	VARCHAR2(25)	Branch type description
BEDNETCNT	NUMBER(4)	Net bed net count of affiliate (active, on-line beds)
BRHABBREV	VARCHAR2(8)	Branch/affiliate type abbreviation
BEDCNT	NUMBER(4)	Total beds of affiliate (may include off-line beds)
NAME	VARCHAR2(50)	Branch/affiliate name
ADDRESS	VARCHAR2(50)	Branch/affiliate physical address
CITY	VARCHAR2(28)	Branch/affiliate city
ZIP	CHAR(5)	Branch/affiliate zip
TELEPHONE	VARCHAR2(13)	Branch/affiliate telephone
FAX	VARCHAR2(13)	Branch/affiliate fax
CONTACT	VARCHAR2(30)	Branch/affiliate contact person
STATE	CHAR(2)	State
EMERPHONE	VARCHAR2(13)	Branch/affiliate emergency phone
COUNTY	CHAR(3)	County code
OPENED	DATE	Branch/affiliate open date
CLOSED	DATE	Branch/affiliate closed date
NOTEPAD	VARCHAR2(1024)	Note pad for general comments
EMPLOYEEID	VARCHAR2(16)	Employee ID of instance creator
ADDDATE	DATE	Date instance created
MCARE_ID	VARCHAR2(10)	Medicare assigned ID for branch (for affiliate, denormalized from MCARE_ID of affiliate master facility record)

Table Column Name	Table Column Datatype	Table Column Comment
LICONLY	CHAR(1)	License only
TERM_CD_1	CHAR(2)	Termination Code
CHGSTATUSDT	DATE	Change of status date
ISACCEPTED	CHAR(1)	Has the kit been accepted by ODIE (Y/N).
CARRIER_NO	VARCHAR2(5)	Carrier number
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
ISDELETED	NUMBER(1)	Has the branch been deleted
MEDICAID_CARE_VEND_NUM	VARCHAR2(10)	Medicaid/Medicare Vendor number
STATE_RGN_CD	VARCHAR2(3)	State Region Code
REL_PROV_TYPE	VARCHAR2(2)	Related provider type code.
OFFSITE_LOCAT_CD	VARCHAR2(4)	OFFSITE LOCATION NUMBER
OFFSITE_SPRINK_STAT_CD	VARCHAR2(2)	OFFSITE LOCATION SPRINKLER STATUS
SEQ	NUMBER(10,0)	Used in conjunction with BranchID to indicate a unique record.

Table Name BUILDINGS

Table Comment Buildings associated with a facility.

Table Column Name	Table Column Datatype	Table Column Comment
BUILDID	CHAR(2)	Building ID
FACID	VARCHAR2(16)	Facility ID
REGSETID	CHAR(4)	Regulation Set Unique tracking ID
BUILDTYPE	CHAR(2)	Building Type code
BUILDESC	VARCHAR2(50)	Building Type Description
BUILDNAME	VARCHAR2(50)	Building Name
BUILDLOCATION	VARCHAR2(50)	Building Location
CONSTRUCTED	DATE	Original Construction Date
SPRINKTYPE	CHAR(2)	Sprinkler Type
SPRINKDESC	VARCHAR2(30)	Sprinkler description
FSES	DATE	FSES
TYPE_OF_BUILDING	CHAR(1)	Type of Building
HCFA_TYPE_DESC	VARCHAR2(20)	HCFA type description
LSC_FORM	NUMBER(2)	LSC Form Indicator (K7)
LSC_FORM_DESC	VARCHAR2(20)	LSC form indicator description
STORIES	NUMBER(3)	Number of stories
EFFDATE	DATE	Effective date
CLOSEDATE	DATE	Close date
HAZ_AREA	CHAR(1)	Hazardous area?
HAZ_AREA_DESC	VARCHAR2(20)	Hazardous area description
SPRINKLER_REQ	NUMBER(1)	Sprinkler required?
ISHIST	NUMBER(1)	Built from ODIE history of certs
LICENSEDONLY	NUMBER(1)	Licensed Only
PRE71_LSC_FORM	NUMBER(2)	Value of LSC_FORM prior to 9/11/2003.
PRE71_LSC_FORM_DESC	VARCHAR2(20)	Value of LSC_FORM_DESC prior to 9/11/2003.
PRE71_REGSETID	CHAR(4)	Value of RegSetID prior to 9/11/2003.
PLANAPPDATE	DATE	Plan Approval Date
ICFMR_IND	CHAR(1)	Size of ICF/MR building: S = Small A = Apartment L = Large
E_SCORE_EVACUATION	NUMBER(3,2)	Evacuation Score
LEVEL_OF_EVACUATION	NUMBER(1)	Level of Evacuation

Table Name CDISTRIB

Table Comment Locations to which a communication is forwarded or copied.

Table Column Name	Table Column Datatype	Table Column Comment
DISTID	VARCHAR2(3)	Letter Distribution Unique ID
SALUTE	VARCHAR2(25)	Distribution Salutation (i.e. Mr. Jones)
RECIPIENT	VARCHAR2(80)	Distribution Recipient (i.e. Mr. James Jones)
DEPARTMENT	VARCHAR2(80)	Distribution Department (i.e. Division of Aging)
ADDRESS	VARCHAR2(40)	Distribution Street Address
CITY	VARCHAR2(20)	Distribution City

Table Column Name	Table Column Datatype	Table Column Comment
STATE	VARCHAR2(2)	Distribution State
ZIP	VARCHAR2(5)	Distribution Zip
EXTZIP	VARCHAR2(4)	Distribution Extended Zip Code
DISTDESC	VARCHAR2(40)	Short Description of Distribution
CODE562	VARCHAR2(1)	Which Category on the CMS562 form does this recipient fall into? (Facility, complainant, other, none)
ACTION	VARCHAR2(6)	Action
EXTADDR	VARCHAR2(40)	Extended Address
DISTTYPE	CHAR(2)	Distribution type
DISTTYPEDESC	VARCHAR2(30)	Distribution type description
EMAIL	VARCHAR2(60)	Email address.

Table Name CERTCITE

Table Comment Master citation list across all surveys (visits) related to the same certification process.

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - part of PK
BUILDID	CHAR(2)	Building ID
REGSETID	CHAR(4)	Regulation set unique tracking ID
TAG	CHAR(4)	Tag number
FACID	VARCHAR2(16)	Facility ID
CERTEXIT	DATE	Certification exit date
COMPLETEDT	DATE	Completion date of citation (X5)
CORRECTDT	DATE	Correction date
REFUSED	NUMBER(1)	Provider refused to correct?
TAGSTATUS	CHAR(1)	ODIE status code indicator
SEVERITY	NUMBER(1)	Tag severity (1-4)
SCOPE	NUMBER(1)	Tag Scope (1 - 3)
SS	CHAR(1)	Scope severity code (A thru L)
ORIGEVENTID	CHAR(6)	Originating event ID
ORIGDATE	DATE	OriginatingDate
FACILITY_INTERNAL_ID	NUMBER(10)	MDS System: Facility unique identifier
REG_ID	VARCHAR2(1)	Regulation ID letter
REGCLASS	VARCHAR2(1)	Regulation class: Fed or state
CITESTATCODE	CHAR(2)	Citation status code 01 - None 02 - Requested 03 - No Change 04 - Tag Change 05 - Tag Removed 06 - S/S Change 07 - Examples Removed/Other Wording Change 08 - S/S Change/Examples Removed/Other Wording Change 09 - New Tag at IDR 10 - Request Withdrawn 11 - Result of Tag Change
WAIVED	NUMBER(1)	Waived
FSES	NUMBER(1)	FSES
ISCERT	NUMBER(1)	From certification
ISCOMP	NUMBER(1)	From complaint
ODIE_BUILDNO_CMP	CHAR(2)	ODIE building number.
ENF_INT_ID	VARCHAR2(6)	Enforcement Internal ID
FIRST_EVENTID	CHAR(6)	First EventID in which the tag was cited
FIRST_EXIT_DATE	DATE	First exit date in which the tag was cited
CURRENTSS	CHAR(1)	Latest Scope/Severity of the tag (from the most recent Revisit)
ISPNC	NUMBER(1)	Past Non-Compliance Indicator.
TAG_TYPE_CD	VARCHAR2(1)	Tag Type Code

Table Name CERTRAK

Table Comment Tracks certifications which may contain survey events

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Certification event tracking ID Core tracking element which links related survey events together. Four position.
FACID	VARCHAR2(16)	Facility ID
FACILITY_INTERNAL_ID	NUMBER(10)	MDA system: Facility unique identifier
STATUS	CHAR(2)	Kit status code
STATUSDESC	VARCHAR2(30)	Kit status code descriptor
PRIMECAT	CHAR(2)	Primary category: Initial, Recert, Complaint
PRIMECATDESC	VARCHAR2(30)	Primary category description
SURVEYLSC	DATE	LSC survey date
EXITLSC	DATE	LSC exit date
SURVEYHLTH	DATE	Survey health date
CERTEXIT	DATE	Certification exit: latest of Health and LSC survey events.
SURVEYHLTHEXIT	DATE	Exit date for health survey.
CERTIFIED	DATE	Date certified
RENEWAL	DATE	Next estimated renewal date
AUTOCANCEL	DATE	Automatic cancellation date (ICF-MR)
ISRECYCLED	NUMBER(1)	Obsolete
SASIGNOFF	DATE	State agency signoff date
CERTCREATED	DATE	Date certification record created.
UPDT_DT	DATE	Date in which the provider records were updated.
UPDT_TIME	VARCHAR2(10)	Time in which the provider records were updated.
ADD_DT	DATE	Add date
RELEASE	NUMBER(1)	Released to CMS flag
FLAG_IND	CHAR(1)	Shows if a certification case is flagged (has 1 or more condition and/or regional office flag deficiency) un-flagged
PROV_NUM	VARCHAR2(10)	A six or ten digit field alpha-numeric code assigned to approved provider or supplier.
APRVL_DT_ENTRD	DATE	Approval date entered for kit.
SMPL_RVW_FLAG	VARCHAR2(1)	Sample review flag
SPEC_RO_DT	DATE	This field is used by regional office for whatever they want. It is just a special field for their use.
SPEC_RO_TEXT	VARCHAR2(30)	This field is used by regional office for whatever they want. It is just a special field for their use.
SPEC_SA_DT	DATE	This field is used by state agency for whatever they want. It is just a special field for their use.
SPEC_SA_TEXT	VARCHAR2(30)	This field is used by state agency for whatever they want. It is just a special field for their use.
OVRD_2	VARCHAR2(1)	This field is set to 'Y' when the regional office has to ok a pending record in the special fields screen. This field only applies to categories in the ODIE data entry system.
ISDELETE	NUMBER(1)	Obsolete
CROSSREF_PR_NUM	VARCHAR2(10)	Number previously assigned to a particular provider
KITCOMPLETE	NUMBER(1)	Kit has all forms complete.
ISHISTORICAL	NUMBER(1)	Built from ODIE history of certs
KITACCEPTED	NUMBER(1)	Kit has had at least one successful transaction
ISSENT	NUMBER(1)	At least one attempt to upload kit has been made.
VALIDATED	NUMBER(1)	Cert page is validated
CREATEDBY	CHAR(1)	Created by
PRIOR_INTER_CARRIER_NUM	CHAR(5)	Prior intermediary carrier number
OVRD_1	CHAR(1)	Beds override for NH
ROFINALREVDT	DATE	RO final review data
FOSSIND	NUMBER(1)	FOSS indicator
ISCHGSTAT	CHAR(1)	Is it a change of status?
NAME	VARCHAR2(30)	Name
LEGALNAME	VARCHAR2(80)	Legal name
ADDRESS	VARCHAR2(50)	Facility Address
FAC_CITY	VARCHAR2(20)	Facility city
FAC_ST	VARCHAR2(2)	Facility state
FAC_ZIP	VARCHAR2(11)	facility zip
MAIL_ADR	VARCHAR2(35)	Mail address

Table Column Name	Table Column Datatype	Table Column Comment
MAIL_CITY	VARCHAR2(18)	Mail city
MAIL_ZIP	VARCHAR2(5)	Mail zip
COUNTY	CHAR(3)	County
MCAID_ID	VARCHAR2(15)	medicaid ID number
MCARE_ID	VARCHAR2(12)	Medicare ID number
TELEPHONE	VARCHAR2(13)	Telephone number
CATEGORY	VARCHAR2(2)	Facility category
FACTYPE	CHAR(3)	Facility type
SUREBOND	CHAR(1)	Surebond
STATE_RGN_CD	VARCHAR2(3)	State region code
CHGSTATUS_SPONSER	CHAR(4)	Change of status sponsor
ISPRE670CERT	NUMBER(1)	Is this a pre-670 certification (1/0)
ADMSIGNOFF	DATE	Admin Signoff date.
SA_ANALYST	VARCHAR2(40)	State agency analyst
RO_ANALYST	VARCHAR2(40)	Regional office analyst.
DENIAL	DATE	Denial date.
APPAPPROVED	DATE	App approval date.
APPDENIED	DATE	App denied date
CHOWPROCESS	NUMBER(1)	Change of ownership code
TRACKSTATUS	CHAR(2)	Track status indicator.
RELEASEDATE	DATE	Release date
KITACCEPTDATE	DATE	Date kit was accepted.
CERTID	NUMBER(10)	Certification ID
APPRECEIVED	DATE	App received date.
APPFINALAPP	DATE	Final approval date.
CURRENT_EVER_SWINGBED	CHAR(1)	INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL ANYTIME DURING THE CURRENT SURVEY.
DT_VALID_SURVEY	DATE	DATE A VALIDATION SURVEY IS PERFORMED BY THE STATE AGENCY IN A JCAH OR AOA ACCREDITED HOSPITAL.
FAXPHONE	VARCHAR2(13)	THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF THE LABORATORY OR HOSPITAL
OVRD_3	CHAR(1)	REGIONAL OVERRIDE #3 (NURSE - BED). THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN.
PSY_UNIT_BED_SZ	NUMBER(3)	THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF A HOSPITAL.
PSY_UNIT_EFF_DT	DATE	THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM (PPS).
PSY_UNIT_IND	CHAR(1)	INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC UNIT.
PSY_UNIT_TERM_CD	CHAR(1)	INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM PPS.
PSY_UNIT_TERM_DT	DATE	THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM.
REHAB_UNIT_BED_SZ	NUMBER(3)	THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT OF A HOSPITAL.
REHAB_UNIT_EFF_DT	DATE	THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM.
REHAB_UNIT_IND	CHAR(1)	INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION UNIT.
REHAB_UNIT_TERM_CD	CHAR(1)	THIS ELEMENT INDICATES THE REASON FOR A HOSPITAL REHABILITATION UNIT'S TERMINATION OF ITS EXCLUSION STATUS UNDER PROSPECTIVE PAYMENT SYSTEM.
REHAB_UNIT_TERM_DT	DATE	THIS ELEMENT IS THE DATE THE HOSPITAL'S REHABILITATION UNIT IS NO LONGER EXCLUDED FROM PROSPECTIVE PAYMENT SYSTEM.
SWINGBED_IND	CHAR(1)	INDICATES IF A HOSPITAL PROVIDES SWING BED SERVICES - BEDS CAN BE USED FOR EITHER HOSPITAL OR LONG TERM CARE SERVICES.

Table Column Name	Table Column Datatype	Table Column Comment
SWINGBED_SIZE_CD	CHAR(1)	INDICATES THE SIZE OF A HOSPITAL PROVIDING SWING BED SERVICES.
PROVINCE	CHAR(2)	THE CANADIAN PROVINCE WHERE AN EMERGENCY HOSPITAL IS LOCATED.
TRANS_DT_OK_SW	VARCHAR2(1)	Indicates that the transaction date has been locked.
CRTFCT_CHG_DUE_TO_SRVY_SW	CHAR(1)	Certificate change due to survey
CMPLNC_CRTFCT_EFCTV_DT	DATE	Compliance certificate effective date.
SRVY_ADD_SW	INTEGER	Indicate that a Survey has been added since the last successful upload of the kit.
STATE_ID	VARCHAR2(12)	State ID.
CRNT_CRTFCT_EFCTV_DT	DATE	Current certification effective date.
RO_RSPNS_CD	VARCHAR2(2)	Request for RO Approval response
RO_APRVL_SW	CHAR(1)	Request for RO Approval
RO_APRVL_DT	DATE	Request for RO Approval date
RO_RPRSNTV_NAME	VARCHAR2(80)	RO representative name.
RO_RGN_TXT	VARCHAR2(60)	RO Region Information
RO_SGNTR_DT	DATE	RO Signature date
RO_CMT_TXT	VARCHAR2(80)	RO Comments
TRMNTN_RQRD_SW	CHAR(1)	Termination Required Indicator

Table Name CITEBUILDING

Table Comment List of buildings related to the same Citations for a given LSC survey

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
BUILDID	CHAR(2)	Building ID
REGSETID	CHAR(4)	Regulation Set ID
TAG	CHAR(4)	tag number

Table Name CLIA_ACRDTN_SRVY

Table Comment CLIA Accreditation Survey

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	Provider number
ACRDTN_AGENCY_CD	VARCHAR2(5)	Accreditation Agency Code. Values AABB, AOA, ASHI, CAP, COLA, JCAHO
SRVY_DT	DATE	AO survey date.

Table Name CLIA_CMLPNC_PMT

Table Comment CLIA compliance payment master record.

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	MDA system: Facility unique identifier
CRTFCT_EFCTV_DT	DATE	Certificate effective date
PMT_STUS_DT	DATE	Payment status date.

Table Name CLIA_CMLPNC_PMT

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	Facility Internal ID
CRTFCT_EFCTV_DT	DATE	Certificate Effective Date
PMT_STUS_DT	DATE	Payment Status Date.

Table Name CLIA_CRTFCT

Table Comment CLIA Certification.

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	Provider Number
CRTFCT_EFCTV_DT	DATE	Certificate effective date.
APLCTN_PHASE_CD	CHAR(1)	Status of the record: H = History; E = Effective; P = Pending.
CRTFCT_TYPE_CD	CHAR(1)	Type of CLIA certificate. Values 1, 2, 3, 4, 9
APLCTN_TYPE_CD	CHAR(1)	Type of CLIA certificate applied for. Values 1, 2, 3, 4

Table Column Name	Table Column Datatype	Table Column Comment
LAB_CLSFCTN_CD	VARCHAR2(2)	Lab classification code. Values 00 = standard; 05 = VA; 10 = Exempt
CRTFCT_EXPRTN_DT	DATE	Certificate expiration date
CLIA_TRMNTN_CD	VARCHAR2(2)	Certificate termination code.

Table Name CLIA_FAC

Table Comment CLIA facility director information.

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	MDA system: Facility unique identifier
DRCTR_1ST_NAME	VARCHAR2(21)	Director's first name.
DRCTR_LAST_NAME	VARCHAR2(25)	Director's last name.
DRCTR_MDL_INITL_NAME	CHAR(1)	Director's middle initial.
FORM_116_CRTFCT_SCHDL_CD	CHAR(1)	Form 116 certificate schedule code.
FORM_1557_CRTFCT_SCHDL_CD	CHAR(1)	Form 1557 certificate schedule code.
CLIA_TRMNTN_CD	VARCHAR2(2)	CLIA termination code

Table Name CLIA_PRVDR_ACRDTN

Table Comment CLIA Provider Accreditation.

Table Column Name	Table Column Datatype	Table Column Comment
FAC_INTRNL_ID	NUMBER(10)	Provider number
ACRDTN_AGENCY_CD	VARCHAR2(5)	Accreditation Agency Code. Values AABB, AOA, ASHI, CAP, COLA, JCAHO.
ACRDTN_CNFRMD_SW	CHAR(1)	Switch to indicate if AO has confirmed participation of laboratory.
ACRDTN_CNFRMD_DT	DATE	Date the AO confirmed participation.
ACRDTN_RMRK_CD	VARCHAR2(2)	Accreditation remarks code entered by AO.
ACRDTN_RMRK_DT	DATE	Date the remarks code was entered by the AO.

Table Name CONGRESS

Table Comment Congressional information

Table Column Name	Table Column Datatype	Table Column Comment
REPID	VARCHAR2(3)	Representative ID
HOUSE	CHAR(2)	House type code (Congress, Senate). PL
HOUSEDESC	VARCHAR2(15)	House description
REPNAME	VARCHAR2(30)	Current representative's name
REPADDR	VARCHAR2(35)	Current representative's address
REPCITY	VARCHAR2(20)	Current representative's city
REPZIP	CHAR(5)	Current representative's zip PL
REPPHONE	VARCHAR2(13)	Current representative's phone number
REPFAX	VARCHAR2(13)	Current representative's fax
REPEMAIL	VARCHAR2(60)	Current representative's email address

Table Name CONTENTLIBRARY

Table Comment Surveyor pre-defined text library used for citation process support

Table Column Name	Table Column Datatype	Table Column Comment
ID	NUMBER(10)	ID - Primary Key
TAG	VARCHAR2(4)	tag number
REGSETID	CHAR(4)	Regulation set unique tracking ID
STAFFNAME	VARCHAR2(18)	Name of staff creating paragraph
TITLE	VARCHAR2(50)	Tag descriptive title
STAFFID	CHAR(5)	Staff ID
PARAGDESC	VARCHAR2(50)	Short paragraph description
MODIFIED	VARCHAR2(18)	Date text created/modified
PARAGTEXT	CLOB	Paragraph text block

Table Name COUNTY

Table Comment County information

Table Column Name	Table Column Datatype	Table Column Comment
ST	CHAR(2)	State
COUNTY	CHAR(3)	County ID (Federal code list)
CNTYNAME	VARCHAR2(25)	County name
STATECOUNTYCODE	CHAR(3)	State's internal code for county

Table Name DATABASELOCATIONS**Table Comment** This table not included in model implemented by IFMC in version 5.0 release: added via dbLoad utility

Table Column Name	Table Column Datatype	Table Column Comment
STAFFID	CHAR(5)	Staff ID
DESCRIPTION	VARCHAR2(25)	Description
DATABASE	VARCHAR2(255)	Database
ICON	VARCHAR2(50)	Icon
IS_DEFAULT	NUMBER(1)	Default?
TYPE	NUMBER(1)	Type

Table Name DBPATCH**Table Comment** Master list of database patches.

Table Column Name	Table Column Datatype	Table Column Comment
PATCH_ITM_ID	NUMBER(10)	Patch item ID number. Primary key.
APP_VRSN_NUM	VARCHAR2(10)	Application version number.
DB_VRSN_NUM	VARCHAR2(10)	Database version number.
DESC_TXT	VARCHAR2(250)	Description of the patch
CHG_TYPE_CD	CHAR(2)	Change type code
PATCH_SCRPT_TXT	CLOB	Text of patch script
JAR_FILE_NAME	VARCHAR2(50)	Jar file name.
JAR_FIL_OBJ	BLOB	Contents jar file.
OPRTN_SRT_CD	NUMBER(5)	Sort code
CHG_DT	DATE	Record change date.

Table Name FACAUDIT**Table Comment** Master audit trail tracking specific add/update/delete transactions against ASPEN tables.

Table Column Name	Table Column Datatype	Table Column Comment
TABlename	VARCHAR2(25)	Table name
ID	VARCHAR2(20)	Instance key ID value within TABLE
COLUMNNAME	VARCHAR2(30)	Column name
COLTYPE	VARCHAR(18)	Column type: Oracle domain property
IDTYPE	VARCHAR2(20)	Data type
CHANGEDATE	DATE	Effective date of change
PRIORVALUE	VARCHAR2(50)	Column value before change
NEWVALUE	VARCHAR2(50)	Column value after change
EMPLOYEEID	VARCHAR(16)	Staff ID of person making change
CHGREAS	CHAR(2)	Reason for change code
CHGREASDES	VARCHAR2(15)	Reason for change description
FACID	VARCHAR2(16)	Facility ID

Table Name FACILITY**Table Comment** Facility Master

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	MDA system: Facility unique identifier
FACID	VARCHAR2(16)	State assigned identifier that is both unique and persistent
LOGIN_ID	VARCHAR2(16)	Facility Login ID to the state MDS communication system.
NAME	VARCHAR2(50)	Current facility operating name. This value used on screen, views, reports , HX.
ADDRESS	VARCHAR2(50)	Current facility physical address. This will be a block input allowing for multiple lines to be stored in a single field reference. Thus current Varchar in MDS definition will be expanded. HX: via address alternatives table (facmail)

Table Column Name	Table Column Datatype	Table Column Comment
FAC_CITY	VARCHAR2(20)	Current facility city HX: via addresses alternatives table (FacMail) PL: Assigned from Zip lookup
FAC_ST	VARCHAR2(2)	Current facility state HX: address history table PL
FAC_ZIP	VARCHAR2(11)	Current facility zip code HX: Address history table PL: Assigned from Zip lookup
FAC_CNTCT	VARCHAR2(50)	Facility contact
TELEPHONE	VARCHAR2(13)	Current facility telephone number.
FAC_ADDR_2	VARCHAR2(50)	Obsolete. Replaced by block stored in ADDRESS field.
MCAID_ID	VARCHAR2(15)	Current facility Medicaid ID HX
MCARE_ID	VARCHAR2(12)	Current facility Medicare ID (alias = OSCAR ID) HX
FAC_EXTENSION	VARCHAR2(5)	Current fax number
ADMSAL	VARCHAR2(3)	Primary administrator salutation: Detail: HX: via detail (FacAdmin) PL
ADMFIRST	VARCHAR2(12)	Primary administrator first name Detail: HX: via detail (FacAdmin) PL
ADMLAST	VARCHAR2(15)	Primary administrator last name Detail: HX: via detail (FacAdmin) PL
ADMTITLE	VARCHAR2(12)	Primary administrator title Detail: HX: via detail (FacAdmin) PL
STATEID	VARCHAR2(10)	Alternative State assigned ID. Provided as crosswalk to allow states to link from other data systems
CATEGORY	VARCHAR2(2)	Federal provider category. Obsolete: Replaced by FacType structure
MAIL_ADR	VARCHAR2(35)	Obsolete: Replaced by FacMail table structure of alternate mailing addresses
MAIL_CITY	VARCHAR2(18)	Obsolete: Replaced by FacMail table structure of alternate mailing addresses
MAIL_ZIP	VARCHAR2(5)	Obsolete: Replaced by FacMail table structure of alternate mailing addresses
COUNTY_ST	VARCHAR2(3)	Facility County code
REGION	VARCHAR2(3)	Federal region number. Obsolete
JCAHO	VARCHAR2(1)	Obsolete: Is facility JCAHO accredited? Replaced by Accredit column and related detail table.
CURRENT_SFW_ID	VARCHAR2(9)	Current MDS software vendor ID (usually Tax ID #)
CURRENT_AGENT_ID	VARCHAR2(9)	Current MDS agent (usually Tax ID #)
MDS_INDICATOR	CHAR(1)	MDS Indicator
HHA_INDICATOR	CHAR(1)	HHA Indicator
LEGALNAME	VARCHAR2(80)	facility legal name
FAXPHONE	VARCHAR2(13)	Current facility fax number as (999)999-9999
FAXPHONEEXT	VARCHAR2(4)	Fax phone # extension
EMERPHONE	VARCHAR2(13)	Emergency contact phone number
EMERPHONEEXT	VARCHAR2(4)	Emergency contact phone number extension
EMERCONT	VARCHAR2(25)	Emergency contact name
FACEMAIL	VARCHAR2(60)	Facility email address
FACTYPE	CHAR(3)	Facility type
ABBREV	VARCHAR2(8)	Facility type abbreviation
ADDDATE	DATE	Date facility master record added to system.
STAFFID	CHAR(5)	Record added by staff ID
OPERSTAT	CHAR(2)	Operating status
OPERSTDESC	VARCHAR2(15)	Operating status description
OPERCATEG	CHAR(18)	Obsolete operational category: Open, Closed, Pending.
OPERSTATDT	DATE	Current operating status effective date HX
OPENDATE	DATE	Anchor date of facility beginning operation
CLOSEDDATE	DATE	Anchor date of facility closing operations.
TEAMID	CHAR(4)	Survey team ID to which facility is assigned
TEAMABBR	VARCHAR2(6)	Survey team name abbreviation
MGMTID	CHAR(4)	Management Unit/District Office ID

Table Column Name	Table Column Datatype	Table Column Comment
MGMTABBR	VARCHAR2(8)	SA Management unit name abbreviation
LIC	NUMBER(1)	Is facility a licensable entity?
TITLE18	NUMBER(1)	Is the facility certifiable under title 18?
TITLE19	NUMBER(1)	Is facility certifiable under Title 19?
ACCREDIT	VARCHAR2(12)	Array of up to 5 accreditation codes. PL
OWNCOMP	VARCHAR2(50)	Name of current ownership company
OWNERCAT	CHAR(2)	Ownership category code PL
OWNCATDES	VARCHAR2(18)	Owner category description
COUNTY	CHAR(3)	Facility county code (from OSCAR) unique within state PL: From Zip lookup.
CNTYNAME	VARCHAR2(20)	County name PL: Assigned with County from Zip lookup.
FMREGION	CHAR(2)	Region
FYEND	CHAR(2)	Fiscal year ending month
OPHOUR	NUMBER(1)	Hours of operation flag. Indicates that special operating hours are logged for this facility in the notepad areas.
TLA	DATE	TLA: Obsolete for most provider categories. Still in user for ICF-MR.
INSREQD	NUMBER(1)	Insurance required for this facility
INSEXP	DATE	Insurance expiration date
BEDEFFECT	DATE	Effective date of current bed count summaries.
BEDCNT	NUMBER(4)	Total bed count (including held beds).
BEDNETCNT	NUMBER(4)	Current bed net count (total beds minus held beds and non-summables).
CLICNT	NUMBER(4)	Current client summary count (census).
CLIEFFECT	DATE	Date of current client count.
SRVCNT	NUMBER(4)	Current services count.
SRVEFFECT	DATE	Service count effective date
BUILDINGS	NUMBER(4)	Current total buildings
HOUSEID	CHAR(3)	ReplID from Congressional table of House district.
SENATEID	CHAR(3)	ReplID from Congressional table of Senate district.
CONFLICT	NUMBER(1)	Conflict of interest flag. Set if one or more staff logged as having an effective Col with facility. (From conflict table).
AUTOCANCEL	DATE	Automatic cancellation date (ICF-MR only).
LOCKEXP	DATE	Nurse aid training lockout expiration (if any).
LOCKSTAT	CHAR(2)	Lockout status code PL
LOCKSTDESC	VARCHAR2(15)	Lockout status description.
ISPARENT	NUMBER(1)	Is this facility the parent (main) to one or more other facilities?
PARENTID	NUMBER(10)	Facility ID of parent facility linked recursively. Req'd: Allow links between related facilities. Track facilities covered under one certification and/or license.
PARTYPE	CHAR(2)	Parent/child type description.
PARTYPEDES	VARCHAR2(15)	Parent /child type description.
PARDATE	DATE	Effective date of parent relationship.
REPID	VARCHAR2(3)	Rep ID
LSCTEAMID	VARCHAR2(4)	LSC team ID
T1819	NUMBER(1)	Title 18/19?
BEDCERTTOT	NUMBER(4)	Total certified beds
BEDLICTOT	NUMBER(4)	Total licensed beds
BEDT18	NUMBER(4)	Title 18 beds
BEDT19	NUMBER(4)	Title 19 beds
BEDT1819	NUMBER(4)	Title 18/19 beds
BEDICF	NUMBER(4)	Total ICF beds
BEDIMR	NUMBER(4)	Total IMR beds
SUREBOND	CHAR(1)	Surebond?
STATE_RGN_CD	VARCHAR2(3)	State region code
CERTSTATUS	CHAR(1)	Certification status
PARTCI_DT	DATE	Participation date
CARRIER_NO	CHAR(5)	Carrier number
ODIE_ACCEPTED	NUMBER(1)	Accepted by ODIE?

Table Column Name	Table Column Datatype	Table Column Comment
DEEMED	NUMBER(1)	Deemed?
PROV_EIN	VARCHAR2(10)	Employer Identification Number
BANKRUPT	NUMBER(1)	Bankruptcy Y/N?
BANKRUPT_BEGIN	DATE	Bankruptcy begin date
BANKRUPT_END	DATE	Bankruptcy end date
SPECIAL_FOCUS	NUMBER(1)	Special Focus Y/N?
SPEC_FOCUS_BEGIN	DATE	Special Focus begin date
SPEC_FOCUS_END	DATE	Special Focus end date
MEDIACONTACT_ID	VARCHAR2(3)	Media contact ID
MEDIACONTACT_NAME	VARCHAR2(80)	Media contact name
DOJCONTACT_ID	VARCHAR2(3)	Department of Justice contact ID
DOJCONTACT_NAME	VARCHAR2(80)	Department of Justice contact name.
CHAINID	CHAR(2)	CHAINID
CHAINDESC	VARCHAR2(100)	Chain description.
NATCEPLOSS	NUMBER(1)	Natcep loss Y/N ?
NATCEPLOSSENDDATE	DATE	Natcep loss end date
NATCEPWAIVER	NUMBER(1)	Natcep Waiver Y/N?
NATCEPWAIVERENDDATE	DATE	Natcep Waiver end date
LICTYPECODE	CHAR(2)	License Type Code from LookUpValues. 01 - PERMANENT 02 - ANNUAL 03 - BI-ANNUAL
LICEFFECTIVE	DATE	License Effective Date
LICEXPIRE	DATE	License Expiration Date
LICCONTIN	NUMBER(1)	License is continuing (no renewal type).
LICTYPEDESC	VARCHAR2(30)	Description of license type
LICISSUED	DATE	Date license was issued.
CERTRACKSTATUS	CHAR(2)	Certification Tracking Status
NPI_PRVDR_NUM	VARCHAR2(10)	National Provider Indicator.
PROVINCE	CHAR(2)	THE CANADIAN PROVINCE WHERE AN EMERGENCY HOSPITAL IS LOCATED.
NATCEPCHOW	DATE	NATCEP CHOW DATE.
STATEKEY	VARCHAR2(16)	Optional entry of an alternate state identification number
LABCLASS	VARCHAR2(2)	Lab Class: 00 - Regular 05 - Exempt 10 - VA
LABGNRLFACTYPE	VARCHAR2(2)	CLIA General Facility Type.
LABSRVY_DT	DATE	Lab Survey Date.
UPDT_TS	DATE	Update time and date stamp.
CLIA_MDCR_NUM	VARCHAR2(12)	CLIA Medicare number.
GEOLONG	VARCHAR2(12)	Geo code longitude
GEOLAT	VARCHAR2(12)	Geo code latitude
OPTN_CD	VARCHAR2(4)	OPTN code.

Table Name FACILITY_EX

Table Comment Extended facility attributes 1-to-1 cardinality with FACILITY table

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	MDA system: Facility unique identifier
ICON	VARCHAR2(25)	Icon
RECYCLE	NUMBER(1)	Obsolete
HASRECYCLEDSURVEYS	NUMBER(1)	Does the facility have recycled surveys
NOTES	VARCHAR2(1024)	Notes
EXTENDZIP	CHAR(4)	Extended zip
LONGNOTES	CLOB	Long Notes

Table Name FACMAIL

Table Comment Mailing information for a facility

Table Column Name	Table Column Datatype	Table Column Comment
FACMAILID	NUMBER(10)	Facmail ID - Primary Key
FACILITY_INTERNAL_ID	NUMBER(10)	MDA system: Facility unique identifier

Table Column Name	Table Column Datatype	Table Column Comment
CAREOF	VARCHAR2(50)	"Care of " name
ADDRESS	VARCHAR2(50)	Alternative address
CITY	VARCHAR2(20)	Alternative city
ADDRESS2	VARCHAR2(50)	Alternative address 2
ZIP	VARCHAR2(5)	Alternate zip
EXT_ZIP	VARCHAR2(4)	Extended zip
ISPRIMARY	NUMBER(1)	Primary address?
ADDDATE	DATE	Add date
EMPLOYEEID	VARCHAR2(16)	Employee ID of person making changes.
ST	CHAR(2)	State
ADDRTYPE	CHAR(2)	Address type
ADDRTYPEDESC	VARCHAR2(25)	Address type description

Table Name FACSRV

Table Comment Facility Service: Maintains list of services provided by facilities. Current and Historical.
Records: 3000-6000 with 10% growth rate per year

Table Column Name	Table Column Datatype	Table Column Comment
FACILITY_INTERNAL_ID	NUMBER(10)	Facility internal ID
SRVTYPE	CHAR(2)	Service type coder (PL)
SRVEFFECT	DATE	Service effective date
SRVDESC	VARCHAR2(20)	Service description
SRVABBREV	VARCHAR2(6)	Service abbreviation
SRVCNT	NUMBER	Service count
SRVPROV	CHAR(2)	Service provider by code. In-house, Off-site, Contract, etc. PL
SRVPROVDES	VARCHAR2(15)	Service provider description.
SERVICEID	NUMBER(10)	Service ID
SRVENDDT	DATE	Survey end date.

Table Name FACTYPE

Table Comment Facility type information

Table Column Name	Table Column Datatype	Table Column Comment
FACTYPE	CHAR(3)	Facility Type Code This code is a composite of CatCode and sub_code. Each facility is described specifically by a factype value.
CATCODE	CHAR(2)	Category Code
TYPE_CODE	CHAR(2)	Facility Type Code
TYPE	VARCHAR2(50)	Facility type
CATDESC	VARCHAR2(40)	General facility type category description corresponding to the type_code value
SUB_CODE	CHAR(1)	Facility sub-type code: provides breakout of provider definitions within the overall provider category described by the type field. This is often used to describe variations in certification types within a provider category such as Medicare, Medicaid Licensure only.
SUBTYPE	VARCHAR2(40)	Facility sub-type description
ABBREV	VARCHAR2(8)	Facility type (FacType) abbreviation
LIC	NUMBER(1)	Is this category licensable?
CERT	NUMBER(1)	Is this category certifiable?
TITLE18	NUMBER(1)	Is this category Title 18?
TITLE19	NUMBER(1)	Is this category Title 19?
INSREQD	NUMBER(1)	Can insurance be required for facilities in this category?
SUREBOND	NUMBER(1)	Can a surety or other bond be required for facilities in this category?
ICON	VARCHAR2(30)	ICON
T1819	NUMBER(1)	T18/19
IDR	NUMBER(1)	IDR Indicator (1= Y, 0 = N).
PG_LOWER	NUMBER(5,2)	Performance score standard deviation lower bound. Used to store values for overall facility type against which individual facilities will be normed.

Table Column Name	Table Column Datatype	Table Column Comment
PG_UPPER	NUMBER(5,2)	Performance score standard deviation upper bound. Used to store values for overall facility type against which individual facilities will be normed.
PG_CALCDAYS	NUMBER(3)	Performance score internal calculation field.
PG_OVERALLAVG	NUMBER(6,2)	Performance score overall all per group average. Used to store values for overall facility type against which individual facilities will be normed.
PG_OVERALLSTD	NUMBER(5,2)	Performance score overall all per group standard deviation. Used to store values for overall facility type (peer group) against which individual facilities will be normed.
PG_CERTAVG	NUMBER(6,2)	Performance score overall all per group certification score average (NH only). Used to store values for overall facility type (peer group) against which individual facilities will be normed.
PG_COMPAVG	NUMBER(6,2)	Performance score overall all per group complaint score average (NH only). Used to store values for overall facility type (peer group) against which individual facilities will be normed.
PG_NONCOMPAVG	NUMBER(6,2)	Performance score overall all per group non-compliance score average (NH only). Used to store values for overall facility type (peer group) against which individual facilities will be normed.
PG_SAMPLESIZE	NUMBER(4)	Performance score overall all per group sample size (NH only). Used to store values for overall facility type (peer group) against which individual facilities will be normed.
TARGETMETHOD	CHAR(1)	Method of ranking applied to facility type.

Table Name FACTYPESECURITY

Table Comment Facility type-specific security

Table Column Name	Table Column Datatype	Table Column Comment
EMPLOYEEID	VARCHAR2(16)	Employee ID
TYPE_CODE	CHAR(2)	Facility type code
SECURITYLEVEL	NUMBER(1)	Security level

Table Name FEDCATEG

Table Comment Federal categories

Table Column Name	Table Column Datatype	Table Column Comment
CATCODE	CHAR(2)	Provider category code
CATDESC	VARCHAR2(40)	Provider category code descriptor.
ORDERBY	CHAR(2)	Order by

Table Name FIREMARS

Table Comment Fire marshal attributes

Table Column Name	Table Column Datatype	Table Column Comment
FMREGION	CHAR(2)	Fire marshal region code. State assigned
FIREDESC	VARCHAR2(50)	Fire marshal office name
ADDRESS	VARCHAR2(50)	Fire marshal address
CITY	VARCHAR2(17)	Fire marshal city
ZIP	VARCHAR2(10)	Fire marshal zip
PHONE	VARCHAR2(13)	Fire marshal phone
CONTACT	VARCHAR2(30)	Agency contact name

Table Name FISC_INTER

Table Comment Fiscal intermediary information

Table Column Name	Table Column Datatype	Table Column Comment
CARRIER_NO	CHAR(5)	Fiscal Intermediary carrier number
NAME	VARCHAR2(50)	Fiscal intermediary name
ADDRESS	VARCHAR2(50)	FI address

Table Column Name	Table Column Datatype	Table Column Comment
ADDRESS2	VARCHAR2(50)	Second address line.
CITY	VARCHAR2(20)	FI City
ST	VARCHAR2(2)	FI state
ZIP	VARCHAR2(11)	Zip Code
EXT_ZIP	CHAR(4)	Extended zip
ALLOWEDTYPES	VARCHAR2(80)	Allowed provider types.

Table Name GRPMEM

Table Comment Security group members

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID
LOGINID	VARCHAR2(30)	Login ID
GRPID	CHAR(3)	Group ID
STAFFNM	VARCHAR2(25)	Staff name
EMPLOYEEID	VARCHAR2(16)	Employee ID

Table Name ICONLIST

Table Comment ICON C++ constants

Table Column Name	Table Column Datatype	Table Column Comment
ICON	VARCHAR2(25)	Visual Studio icon name
DESCRIPTION	VARCHAR2(45)	Description of ICON

Table Name LABSPEC

Table Comment CLIA Specialty codes

Table Column Name	Table Column Datatype	Table Column Comment
TAG	VARCHAR2(4)	Specialty code
SPEC	VARCHAR2(40)	Specialty description
CTGRY_CD	VARCHAR2(2)	Facility category code.
SPCLTY_LVL_NUM	NUMBER(1)	Specialty level

Table Name LETTBATCH

Table Column Name	Table Column Datatype	Table Column Comment
LETTID	NUMBER(10)	Letter ID
LOGINID	VARCHAR2(30)	Login ID
HEADER	VARCHAR2(255)	Header text
FOOTER	VARCHAR2(255)	Footer text
TEXT	CLOB	Letter text
POSTTEXT	CLOB	Post text
SIGNATURE	BLOB	Signature
LETDESC	VARCHAR2(110)	Letter description
LETTERID	CHAR(4)	Letter ID
LETTID	NUMBER(10)	Letter history ID. Links to the LettHist table
STAFFNM	VARCHAR2(40)	Staff name of person creating batch.
TEAMDESC	VARCHAR2(40)	Team description.
APPID	VARCHAR2(20)	Application ID
TEAMID	CHAR(4)	Team ID number
STAFFID	CHAR(5)	Staff ID number
SARouser	CHAR(1)	State Agency or Regional Office user.

Table Name LETTERS

Table Comment Letter information

Table Column Name	Table Column Datatype	Table Column Comment
LETTERID	CHAR(4)	Letter ID - Primary Key
LETTDESC	VARCHAR2(40)	Letter description
TOPMARGIN	NUMBER(3)	Top margin
CREATED	DATE	Creation date
STAFFID	CHAR(5)	Created by Staff ID
BOTTOMMARGIN	NUMBER(3)	Bottom margin

Table Column Name	Table Column Datatype	Table Column Comment
ISVIEW	NUMBER(1)	Is viewable
HEADER	VARCHAR2(255)	Text of header
FOOTER	VARCHAR2(255)	Text of footer
HDRPAGENO	NUMBER(1)	Header page no
HDRPAG	NUMBER(1)	Header page
FTRPAGENO	NUMBER(1)	Footer page no
HDRSTPG	NUMBER(1)	Header start page
LETTERRTF	LONG	Letter text (including macros) in RTF format.
FEDONLY	NUMBER(1)	Federal only?
LETTTYPE	CHAR(2)	Letter type
LOGO	BLOB	Logo
NOTIFLET	VARCHAR2(1)	Notification letter?
ENF_SPECIFIC_VISIT	NUMBER(1)	Indicates if the visit is enforcement specific.
ENF_LETCLASS	CHAR(2)	Enforcement Letter Class.
ENF_LETDEFAULT	CHAR(2)	Enforcement Letter Default.
ORIG_LETTERRTF	CLOB	Letter text
WP_VER	NUMBER(1)	Word processor version
ALLOWEDTYPES	VARCHAR2(320)	Facility types assigned to each letter in Letter Manager
NOTIFYTYPE	VARCHAR2(2)	Notify type code.

Table Name LETTHIST

Table Comment Letter History

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Also used as ENF_INT_ID
LETDATE	DATE	Letter Generation Date
LETTERID	CHAR(4)	Letter ID
LETDESC	VARCHAR2(50)	Letter description
FACID	VARCHAR2(16)	Facility ID
LETTERORIGIN	CHAR(2)	Letter origin
CODE562	VARCHAR2(1)	Recipient code from 562 form (1=facility,2-complainant,3-representative,4-other)
DISTID	VARCHAR2(3)	Distribution ID
INTAKEID	VARCHAR2(10)	Intake ID
LETTHISTID	NUMBER(10)	Letter history ID
DATESENT	DATE	Date Sent
SENDMETH	CHAR(2)	Notice sent via - Code (01 - 07): 01-Certified Mail 02-US Postal Standard 03-Overnight UPS 04-Overnight FedEx 05-Overnight-Airbourne 06-Overnight-Other 07-Other
SENDMETHDESC	VARCHAR2(30)	Notice sent via - Description: 01-Certified Mail 02-US Postal Standard 03-Overnight UPS 04-Overnight FedEx 05-Overnight-Airbourne 06-Overnight-Other 07-Other
ASSOCEVENTID	CHAR(6)	EventId of the associated Survey - used to get Survey specific information for the letter
ENF_REQUEST_PUB_NOT_DATE	DATE	Moved to ENF_CASE table - Request for Public Notice of Termination (Enforcement)
ENF_PUB_NOT_APPEAR_DATE	DATE	Moved to ENF_CASE table - Date Public Notice Appeared (Enforcement)
ENF_APPEAL_RIGHTS	NUMBER(1)	Appeal Rights Based on this notice (Enforcement)
ENF_APPEAL_DUE_DATE	DATE	Due Date for Appeal Rights Based on this notice
ENF_ALLEG_ON_NOTICE	NUMBER(1)	Allegation Due Based on this notice
ENF_ALLEG_DUE_DATE	DATE	Due Date for Allegation Due Based on this notice
ENF_LTR_SENT_BY_STATE	NUMBER(1)	CMS-Level Letter sent by State Agency
ENF_NOTICETYPEBMP	VARCHAR2(25)	Type of Notice Bitmap □□character 1 = No RO Letter This Date □□ □□character 2 = Impose Non-CMP Remedies

Table Column Name	Table Column Datatype	Table Column Comment
		□□character 3 = NATCEP Loss □□ □□character 4 = Allegation Acceptable □□character 5 = Authorize Revisit □□ □□character 6 = Jeopardy Abated □□character 7 = Set Date Certain □□ □□character 8 = Resc/Discon Remedies □□character 9 = Rescind NATCEP Loss □□ □□character 10 = Intend to Impose CMP □□character 11 = Impose CMP □□ □□character 12 = Change CMP Amount □□character 13 = Request CMP Payment □□ □□character 14 = CMP Overdue □□character 15 = Noncompliance Contin. □□ □□character 16 = Ackn. Hearing Request □□character 17 = Ackn. Hearing Waiver □□ □□character 18 = Actual Termination □□character 19 = Extend Termination Date □□ □□character 20 = Other
DELIVERYTRACKID	VARCHAR2(25)	Tracking #
ENF_NOCITE_DEC_DATE	DATE	Notice to Facility or No Notice Decision
ISREMOVED	NUMBER(1)	Has the Notice been removed from the case
REMREASON	CHAR(2)	Reason Code for removing the notice from the enforcement case
REMREASDESC	VARCHAR2(30)	Reason Description for removing the notice from the enforcement case
LETTFAXED	NUMBER(1)	Was this letter faxed 0 - Not Faxed 1 = Faxed
FAXSENT	DATE	Date Letter was Faxed
DELIVEREDDT	DATE	Date the Facility received the letter
DRAFT	NUMBER(1)	Draft Letter Indicator
WP_VER	NUMBER(1)	Word Processor version.
ISLOCKED	NUMBER(1)	Letter locked indicator
LETSTATUS	NUMBER(1)	Letter status.
LETRTF	BLOB	Letter text in RTF format.
UNIV_ID	VARCHAR2(36)	Universal ID number.

Table Name LOOKUPVALUES
Table Comment Master lookup values

Table Column Name	Table Column Datatype	Table Column Comment
ID	VARCHAR2(6)	Lookup value ID
VALUE	CHAR(2)	Lookup Value
TABlename	VARCHAR2(25)	Table name
COLUMNNAME	VARCHAR2(30)	Column name
VALDESC	VARCHAR2(50)	Description of lookup value
ALLOWEDTYPES	VARCHAR2(256)	Allowed types
SORTBYVALUE	NUMBER(1)	Value used for sorting
EXTRA	VARCHAR2(255)	Extra
ABBREV	VARCHAR2(8)	Used for lookup values which relate an abbreviation to a description: Hospital Beds=HospBed
FEDONLY	NUMBER(1)	Fed only?
STATEVALUE	CHAR(2)	State value
OSCARVALUE	CHAR(2)	Oscar value
STATEDESC	VARCHAR2(50)	State description

Table Name MDS_ITM_MSTR

Table Column Name	Table Column Datatype	Table Column Comment
ITM_MSTR_KEY	VARCHAR2(20)	
ITM_ID	VARCHAR2(30)	
ITM_DB_ID	VARCHAR2(30)	
ITM_SHRT_LABEL	VARCHAR2(50)	
ITM_SECT_SRT_ID	VARCHAR2(2)	

Table Column Name	Table Column Datatype	Table Column Comment
ISC_ACTV	VARCHAR2(80)	
ISC_INACTV	VARCHAR2(80)	
ISC_STATE_OPT	VARCHAR2(80)	
APLCTN_SECT_VW	VARCHAR2(10)	
VISABLE_SW	CHAR(1)	
CPTN_CLMN	VARCHAR2(20)	
CLMN_FXD_SW	CHAR(1)	

Table Name MENUSECURITY

Table Comment Menu security attributes

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID - part of PK
MENUID	NUMBER(6)	Menu ID - part of PK
DEFAULTSECURITYLEVEL	NUMBER(1)	Default Security Level
MENUCAPTION	VARCHAR2(50)	Menu caption

Table Name MENUSECURITYDETAIL

Table Comment Details of menu security items

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID - part of PK
GRPID	CHAR(3)	Group ID - part of PK
MENUID	NUMBER(6)	Menu ID - part of PK
COMMANDID	NUMBER(10)	Command ID - part of PK
SUBCOMMANDID	NUMBER(10)	Sub command ID
SECURITYLEVEL	NUMBER(1)	Security level
COMMANDCAPTION	VARCHAR2(50)	Command caption

Table Name MESSAGES

Table Comment Message alerts

Table Column Name	Table Column Datatype	Table Column Comment
MSGID	NUMBER(10)	Message ID
MSG	VARCHAR2(80)	message
MSGTYPE	CHAR(2)	Message type
EMPLOYEEID	VARCHAR2(16)	Employee ID of person making changes
APPID	VARCHAR2(20)	App ID
TARGETDATE	DATE	Target Date
STATUS	CHAR(2)	Status
MSGDLG	CHAR(2)	Message dialog
SENT_TO_SP	CHAR(1)	Sent to SP?
MSG_DETAIL	LONG	Message detail
ROMSGID	NUMBER(10)	RO Message ID. Allow multiple members to receive alerts for an intake.
EMAILSTAT	CHAR(1)	Email status: S = Success, F = Failure, N = Not Applicable, P = Pending
STAFFNM	VARCHAR2(40)	Staff name
COMMENTS	VARCHAR2(50)	Comments
STATEID	CHAR(2)	State ID
REGION	CHAR(2)	Region

Table Name MESSAGES_ATTRIB

Table Comment Message alert attributes

Table Column Name	Table Column Datatype	Table Column Comment
MSGID	NUMBER(10)	Message ID
NAME	VARCHAR2(15)	Name
VALUE	VARCHAR2(50)	Value

Table Name MGMTUNIT**Table Comment** Management units (State defined)

Table Column Name	Table Column Datatype	Table Column Comment
MGMTID	CHAR(4)	Management unit ID - PK
MGMTDESC	VARCHAR2(40)	Management unit description
MGMTABBR	VARCHAR2(6)	Management unit abbreviation
STAFFID	CHAR(5)	Staff ID
LEADERNAME	VARCHAR2(40)	Management unit leader's name
MGMTPHONE	VARCHAR2(13)	Management unit contact phone number
MGMTFAX	VARCHAR2(13)	Management unit fax
EMPLOYEEID	VARCHAR2(16)	Employee ID

Table Name MRG_SYNCH_PRVDRS**Table Comment** Intermediate table for CLIA merge/synch process.

Table Column Name	Table Column Datatype	Table Column Comment
PRVDR_NUM	VARCHAR2(10)	Provider number
TRANS_NUM	NUMBER(12)	Transaction number
FAC_INTRNL_ID	NUMBER(10)	Facility Internal ID.

Table Name OFFICER**Table Comment** Officers of companies owning providers (master directory)

Table Column Name	Table Column Datatype	Table Column Comment
OFCRID	NUMBER(10)	Officer ID unique ID (Sequence via I-trigger)
OFCRTAXID	VARCHAR2(12)	Officer's tax ID: HX
OFCRSAL	CHAR(3)	Officer salutation
OFCRFNAME	VARCHAR2(15)	Officer first name
OFCRMI	CHAR(1)	Officer middle initial
OFCRLNAME	VARCHAR2(18)	Officer last name
OFCRTITLE	VARCHAR2(12)	Officer title
OFCRADDR	VARCHAR2(50)	Officer address
OFCRCITY	VARCHAR2(20)	Officer city
OFCRST	CHAR(2)	Officer state
OFCRZIP	VARCHAR2(10)	Officer zip
OFCRPHONE	VARCHAR2(13)	Officer phone
OFCRFAX	VARCHAR2(13)	Officer fax
OFCREMAIL	VARCHAR2(60)	Officer email
OFCRADD	DATE	Officer record creation date
EMPLOYEEID	VARCHAR2(16)	Officer record created by staff ID

Table Name OPERSTATHX**Table Comment** Operating Status History

Table Column Name	Table Column Datatype	Table Column Comment
OpStatHx	NUMBER(10)	Operating Status History - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
OPERSTAT	VARCHAR2(20)	Operating Status
OPERCATEG	VARCHAR2(20)	Operating Category
OPERSTATDT	DATE	Operating Status Date

Table Name OPERSTATUS**Table Comment** Operating status codes

Table Column Name	Table Column Datatype	Table Column Comment
OPERSTAT	CHAR(2)	Operating Status - PK
OPERSTATDESC	VARCHAR2(16)	Operating status description
OPERCATEG	CHAR(2)	Operating category code: one of - 1 Open, 2 Closed, 3 Pending Allows fixed definition of operating status to determine inclusion/exclusion from reports. Allows States to add numerous additional statuses to this list while still defining an absolute category for each status item.

Table Column Name	Table Column Datatype	Table Column Comment
OPERCATDESC	VARCHAR2(15)	Operating category description

Table Name OWNERCOMPANY

Table Comment Ownership company master directory

Table Column Name	Table Column Datatype	Table Column Comment
COMPID	NUMBER(10)	Company ID (Should be Tax ID, but system will provide alternative upon user request).
OFCRID	NUMBER(10)	Officer ID unique ID (Sequence via I-trigger)
COMPTAXID	VARCHAR2(11)	Current company tax ID HX
OWNCOMP	VARCHAR2(50)	Current ownership company name HX
OWNDBA	VARCHAR2(50)	Ownership company alternation name of "doing-business-as" name.
OWNADDR	VARCHAR2(50)	Ownership company address
OWNCITY	VARCHAR2(20)	Ownership company city
OWNST	CHAR(2)	Ownership company state
OWNZIP	CHAR(5)	Ownership company zip code. PL
OWNPHONE	VARCHAR2(13)	Ownership company phone number
OWNFAX	VARCHAR2(13)	Ownership company fax number
OWNEMAIL	VARCHAR2(60)	Ownership company email
OWNURL	VARCHAR2(30)	Owner Web site address.
ISPARENT	NUMBER(1)	Indicates if this company is a parent organization (e.g., holding company) or has other relationship type established with other companies within the OwnComp directory (as determined by recursive relationship of Own Comp to itself). TRUE=linked as parent to one or more other entity instances FALSE= Not linked to any other entity
PARENTID	NUMBER(10)	Parent company CompID (recursively related)
PARENTTYPE	CHAR(2)	Parent company relationship type
PARENTDESC	VARCHAR2(20)	Parent company relationship type description
CREATED	DATE	Date instance created
EMPLOYEEID	VARCHAR2(16)	Employee ID
COMPNOTES	CLOB	Company notes

Table Name OWNERFACILITY

Table Comment Facility ownership history

Table Column Name	Table Column Datatype	Table Column Comment
OWNERFACID	NUMBER(10)	Owner Facility ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
COMPID	NUMBER(10)	Company ID (Should be Tax ID, but system will provide alternative upon user request).
COMPCAT	CHAR(2)	Company financial category. Code describing financial status of ownership; Profit, Non-profit, Other
COMPCATDES	VARCHAR2(20)	Company category description(Cascaded from OwnComp). Description of company category code.
OWNCATEG	CHAR(2)	Ownership type code: Corporation, Individual, partnership, church, state, county, etc.)
OWNCATDESC	VARCHAR2(20)	Ownership type description
OWNSTART	DATE	Start date of ownership for this company of this facility.
OWNEND	DATE	End date of ownership for this company
TRANFROMID	NUMBER(10)	ID of company FROM which ownership of facility was transferred (i.e., seller's ID)
OWNEROFCODE	CHAR(2)	Owner of type: Building, Health Care Ops
TRANFROMDATE	DATE	Date ownership transferred FROM prior owner
OWNEROFDESC	VARCHAR2(15)	Owner facility description.
TRANFROMCAT	CHAR(2)	Coded value describing transfer type
TRANFROMDES	VARCHAR2(15)	Transfer from description (e.g., sale, merge, etc.)

Table Column Name	Table Column Datatype	Table Column Comment
TRANTOID	NUMBER(10)	ID of company to which ownership is being transferred (buyer's ID)
TRANTODATE	DATE	Date ownership transferred from current owner to new owner
TRANTOCAT	CHAR(2)	Transfer TO code (e.g., sale, merge, etc)
TRANTODES	VARCHAR2(15)	Transfer TO code description (e.g., sale, merge, etc)
EMPLOYEEID	VARCHAR2(16)	Created by StaffID (From Personnel)
CREATED	DATE	Date Created
ISMGMTCOMP	CHAR(1)	Management comp
PRIMARYOWN	NUMBER(1)	Primary owner

Table Name OWNEROFFICER

Table Comment Officer history for companies

Table Column Name	Table Column Datatype	Table Column Comment
COMPID	NUMBER(10)	Company ID
OFCRID	NUMBER(10)	Officer ID unique ID
TENUREFROM	DATE	Officer start date
TENURETO	DATE	Officer end date
POSCODE	CHAR(2)	Officer position code (1 President, 2 VP, etc)
PODESC	VARCHAR2(20)	Officer position description PL
ISPRIMARY	NUMBER(1)	Is current primary contact officer of company. (at most one company office instance may be flagged as IsPrimary at any given time).
PERCENTOWN	NUMBER(6,2)	Percent ownership interest, if any defined

Table Name PERSONNEL

Table Comment Master staff list

Table Column Name	Table Column Datatype	Table Column Comment
EMPLOYEEID	VARCHAR2(16)	Employee ID
STAFFID	CHAR(5)	Staff ID
TEAMID	CHAR(4)	Team ID
MGMTID	CHAR(4)	Management ID from MgmtUnit
POSITID	VARCHAR2(15)	SA personnel system position ID
STAFFNM	VARCHAR2(40)	Printable name composite of FNAME and LNAME. Need for historical conversion support in ASPEN.
LNAME	VARCHAR2(20)	Last name
FNAME	VARCHAR2(14)	First name
MNAME	VARCHAR2(1)	Middle name
TITLECODE	CHAR(2)	Title code (re Federal surveyor categories: see ASPEN.
STAFFTIT	VARCHAR2(20)	Staff title description (re: ASPEN)
TRACKID	VARCHAR2(10)	Survey event tracking ID: Tracks most recent survey worked on (re:ASPEN) by staff member.
LOGINID	VARCHAR2(30)	Staff system (Windows) login id (re:ASPEN). Allows applications to locate user information without requiring separate login.
ORALOGIN	VARCHAR2(15)	User's oracle login (allows application login to Oracle without manual entry). Encrypted.
ORAPASSWORD	VARCHAR2(20)	User's oracle password (allows application login to Oracle without manual entry). Encrypted.
SSN	VARCHAR2(13)	Staff Tax ID
HIREDATE	DATE	Date hired
ANNIDATE	DATE	Anniversary date
TERMDATE	DATE	Termination date
BIRTH	DATE	Birth date
PHONE	VARCHAR2(13)	Staff phone
PHONEEXT	VARCHAR2(4)	Staff phone extension
EMAIL	VARCHAR2(100)	Email address
LOCATION	VARCHAR2(50)	Physical location of staff in agency

Table Column Name	Table Column Datatype	Table Column Comment
STSTFCODE	VARCHAR2(6)	Staff code
STSTFTITLE	VARCHAR2(30)	Staff title
GENCATEG	CHAR(2)	General Category
GENCATDESC	VARCHAR2(30)	General Category description
STAFFTYPE	CHAR(2)	Staff type 01-SA 10-CMS RO 12-CMS CO
STAFFDESC	VARCHAR2(20)	Staff type description: STATE, CMS R, etc.
TITLECODE_2ND	VARCHAR2(20)	Second title code
SURVEYOR_TYPE	CHAR(1)	Surveyor type
SPECIALSTAFF	CHAR(1)	Special staff?
CO_SURVEYOR_TYPE	CHAR(1)	Central office surveyor type
REGION	CHAR(2)	CMS region
EMAILBROAD	NUMBER(1)	Broadcast emails
EMAILTARGET	NUMBER(1)	Targeted emails
ALLOWED_FACTYPES	VARCHAR2(250)	Allowed facility types for the staff member.
VIEWFUTURESURV	NUMBER(1)	Indicates if the surveyor is allowed to view future surveys: 0 = no; 1 = yes.
VIEWFUTURESURV_DAYS	NUMBER(3)	Number of days in the future that a surveyor can view future surveys
NON_TEAM_ACCESS_LEVEL	INTEGER	Non-team member access level. 0=Full access; 1=Readonly access; 2=No access.
ODIE_ACPTD_CD	VARCHAR2(2)	ODIE accepted status 00 - Pending 10 - Successful 15 - Failed 20 - Purge
SURVEYOR_STATUS	CHAR(1)	Surveyor Status. A = Active T = Terminated
AGNCY_ID	VARCHAR2(12)	Agency ID
WB_ACS_LVL_CD	VARCHAR2(2)	Web access level code.
USER_ID	VARCHAR2(20)	User ID number.
ASE_USER_LOGIN_TXT	VARCHAR2(40)	ASE User's Windows login (ASE account)
VW_ASMT_SW	VARCHAR2(1)	Allow assessment view switch
VW_QIS_SW	VARCHAR2(1)	Allow QIS view switch
VW_CMPLNT_SW	VARCHAR2(1)	Allow complaint view switch
ASE_ADMIN_SW	VARCHAR2(1)	Allow ASE administration switch
ASE_PRMT_ACS_SW	VARCHAR2(1)	Allow ASE access without EAR or Oracle validation.

Table Name PERSTEAM

Table Comment Work units (defined by State)

Table Column Name	Table Column Datatype	Table Column Comment
TEAMID	CHAR(4)	Team ID
TEAMDESC	VARCHAR2(40)	Team description
MGMTID	CHAR(4)	Management ID
STAFFID	CHAR(5)	Staff ID
LEADNAME	VARCHAR2(40)	Team leader name
ABBREV	VARCHAR2(3)	Team abbreviation
PHONE	VARCHAR2(13)	Team main contact phone number
LEADPHONE	VARCHAR2(13)	Team leader's phone
SECPHONE	VARCHAR2(13)	Team secretary phone
LOCATION	VARCHAR2(40)	Team's physical location
EMPLOYEEID	VARCHAR2(16)	Employee ID number.
UNITTYPE	CHAR(2)	Unit type
UNITTYPEDES	VARCHAR2(30)	Unit type description
LOCCODE	CHAR(2)	Location code
LOCCODEDES	VARCHAR2(30)	Location code description

Table Name PRIMARYTYPE**Table Comment** Facility primary type codes and descriptors

Table Column Name	Table Column Datatype	Table Column Comment
TYPE_CODE	CHAR(2)	Facility type code - PK
TYPE	VARCHAR2(35)	Type description
HCFAIDCODE	VARCHAR2(10)	CMS ID Code
ICON	VARCHAR2(30)	Visual Developer Icon name
HCFA	NUMBER(1)	HCFA?

Table Name REGS**Table Comment** Master regulation list

Table Column Name	Table Column Datatype	Table Column Comment
REGSETID	CHAR(4)	Regulation set unique tracking ID
REG_ID	CHAR(1)	Federal regulation ID letter
REGCLASS	CHAR(1)	Regulation class: F=Federal S=State
REG_TITLE	VARCHAR2(30)	Title of regulation set
REG_VERS	VARCHAR2(5)	Version number of regulation set
REG_DATE	DATE	Effective date of regulation set
ABBREV	VARCHAR2(4)	Abbreviation of regulation set
INFO2	VARCHAR2(6)	Info 2
GROUPLD	NUMBER(8)	Group ID
REGSEEK	CHAR(2)	Default seek value for padding searches
SSTYPE	CHAR(1)	Scope/Severity prompt type: 0=none, 1= numeric 1-4, 2= alpha A-L
CREATEDBY	VARCHAR2(30)	Regulation created by
CREATEDDT	DATE	Date regulation created
ISCURRENT	NUMBER(1)	Regulation set is the most current for regulation category

Table Name RESIDENTNEW**Table Comment** List of residents in a facility.

Table Column Name	Table Column Datatype	Table Column Comment
RESIDENT_INTERNAL_ID	NUMBER(10)	Resident Internal ID
CURRENT_FAC_INTERNAL_ID	NUMBER(10)	Current Facility Internal ID
SSN	VARCHAR2(9)	Social Security Number
LAST_NAME	VARCHAR2(18)	Last Name
FIRST_NAME	VARCHAR2(12)	First Name
MIDDLE_NAME	VARCHAR2(1)	Middle Name
DOB	DATE	Date of Birth
GENDER	NUMBER(1)	Gender
RES_MEDICARE_NBR	VARCHAR2(12)	Medicare Number
RES_MEDICAID_NBR	VARCHAR2(14)	Medicaid Number
RES_CHG_TIMESTAMP	DATE	Change timestamp
MDS_INDICATOR	CHAR(1)	MDS indicator
HHA_INDICATOR	CHAR(1)	HHA indicator
RACE	VARCHAR2(2)	Race
DEATH_DATE	DATE	Date of Death
FACESHEET_INDICATOR	CHAR(1)	facesheet indicator
EFFECTIVE_DATE	DATE	effective date
RSAL	VARCHAR2(7)	Salutation

Table Name SECGROUP**Table Comment** Security group master list

Table Column Name	Table Column Datatype	Table Column Comment
APPID	VARCHAR2(20)	Application ID
GRPID	CHAR(3)	Group ID
GRPDESC	VARCHAR2(40)	Group Description
SURVEY_VIEW_ONLY	NUMBER(1)	This field is a flag that indicates whether or not members of this security group have full access or readonly access to surveys of which they are not team members. 0 = full access. 1 = readonly access.

Table Name SEMAPHORE**Table Comment** Locking semaphores (Internal)

Table Column Name	Table Column Datatype	Table Column Comment
LOCKID	NUMBER(20)	Lock ID
FACID	VARCHAR2(30)	Facility ID
EVENTID	VARCHAR2(6)	Event ID
TAGID	VARCHAR2(21)	tag ID
STAFFID	VARCHAR2(5)	Staff ID
OTHERID	VARCHAR2(50)	Other ID
EXCLUSIV	NUMBER(1)	IS the lock exclusive
LOCKTIME	VARCHAR2(30)	Lock time
APPID	VARCHAR2(20)	App ID
INTAKEID	VARCHAR2(30)	Intake ID

Table Name SRVTYPEALLOWED**Table Comment** Type of services allowed (obsolete)

Table Column Name	Table Column Datatype	Table Column Comment
SRVTYPESALLOWEDID	NUMBER(10)	Sequence generated internal PK
FACTYPE	CHAR(3)	Facility type
SRVTYPE	CHAR(2)	From LookupValues table
SRVDESC	VARCHAR2(25)	Description
SRVABBREV	VARCHAR2(8)	Abbreviation

Table Name STATEREGIONS**Table Comment** State region codes

Table Column Name	Table Column Datatype	Table Column Comment
STATE	CHAR(2)	State
STREGIONCODE	CHAR(3)	State Region Code
STREGIONDESC	VARCHAR2(30)	State region description

Table Name STATES**Table Comment** State list

Table Column Name	Table Column Datatype	Table Column Comment
ST	CHAR(2)	State - PK
NAME	VARCHAR2(20)	State name
CODE	VARCHAR2(8)	State code
ABBREVIATION	CHAR(2)	Two-letter abbreviation for state
SSA	CHAR(2)	Unique 2-digit number for each state
HCFAREG	CHAR(2)	CMS region
ORCL_CONNECT	VARCHAR2(20)	Oracle connection
STREGIONCODE	NUMBER(1)	Indicates if State has unique region codes defined within OSCAR. If they do (as indicated by a 1 in this column), then this field must be completed on the facility properties area (Other page). If they don't OSCAR upload transaction is set to default of 001

Table Name STFCODE**Table Comment** Staff codes

Table Column Name	Table Column Datatype	Table Column Comment
TITLECODE	VARCHAR2(2)	Title code
TITLEDESC	VARCHAR2(20)	Title description

Table Name STSTFTITLES**Table Comment** Staff titles

Table Column Name	Table Column Datatype	Table Column Comment
STSTFCODE	VARCHAR2(6)	Staff code
STSTFTITLE	VARCHAR2(30)	Staff title
OVERTIME	NUMBER(1)	Overtime

Table Name SURV1539

Table Comment HCFA 1539 information.

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
L8	VARCHAR2(1)	Type of Action
L9	DATE	Effective Date: Change of Ownership
L10	VARCHAR2(1)	Accreditation (1 digit)
L35	VARCHAR2(5)	Fiscal Year Ending Date
L12A	VARCHAR2(1)	INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.
L12B	VARCHAR2(6)	INDICATES IF A PROVIDER OR SUPPLIER IS NOT IN COMPLIANCE WITH PROGRAM REQUIREMENTS.
LTCFROM	DATE	LTC from date
LTCTO	DATE	LTC to date
L18	FLOAT	Total Facility Beds
L17	FLOAT	Total Certified Beds
L37	FLOAT	Title 18 SNF beds
L38	FLOAT	Title 18/19 SNF/NF beds
L39	FLOAT	Title 19 NF beds
L42	FLOAT	ICF beds
L43	FLOAT	IMR Beds
L40	FLOAT	L40 data
L15_1861	VARCHAR2(1)	Facility meets. Item 15 on CMS-1539
CREMARKS	VARCHAR2(50)	Remarks
ELIGIBLE	VARCHAR2(1)	Eligible?
CIVIL_RT	VARCHAR2(1)	Civil right?
FINANC_21	VARCHAR2(1)	Finance 21?
ORIGINAL	DATE	Original date
LTC_BEGIN	DATE	LTC begin date
LTC_END	DATE	LTC end date
LTC_EXT	DATE	LTC extension date
TERMINAT	VARCHAR2(2)	Termination code
SUSPENS	DATE	Suspension date
RESCIND_SU	DATE	Rescind SU date
TERMINATDT	DATE	Date facility terminated
CARRIER_NO	VARCHAR2(5)	Carrier no
DET_APPROV	DATE	Determination approval date
SURV_DATE	DATE	Survey date
FACILITY_INTERNAL_ID	VARCHAR2(10)	Facility Internal ID
FAC_SEQ	NUMBER(10)	Facility seq
FACID	VARCHAR2(16)	Fac ID
L19	DATE	Surveyor Sign Date
L20	DATE	State Agency Approval Date
L29	DATE	L29 data
RO_RCPT_DT	DATE	RO receipt date
CROSSREFID	VARCHAR2(10)	Cross reference ID
SFA_ROANAL	VARCHAR2(3)	Identifies the regional office analyst who reviewed the certification of a particular provider.
L32_RORECV	DATE	Ro receive date
APRVL_DT_ENTRD	DATE	Approval date entered
REMARKS	VARCHAR2(2000)	Remarks
VALIDATED	NUMBER(1)	Cert page is validated
REMARKSM	CLOB	Remarks
DEEMED	VARCHAR2(1)	Deemed Status Indicator (Y/N).
PRIOR_ADMIN_SUSP_DT	DATE	Prior Admin Suspend Date.
PRIOR_RESC_SUSP_DT	DATE	Prior Resc Suspend Date
PRIOR_LTC_END_DT	DATE	Prior LTC End Date.
PRIOR_LTC_EXT_DT	DATE	Prior LTC Extension Date

Table Column Name	Table Column Datatype	Table Column Comment
CURRENT_EVER_ACCRED	CHAR(1)	INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY.
CURRENT_EVER_NON_ACCRED	CHAR(1)	INDICATES IF THIS PROVIDER WAS A NON ACCREDITED HOSPITAL ANYTIME DURING THE CURRENT SURVEY.

Table Name SURV1557

Table Comment HCFA 1557 information

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
STATUS	VARCHAR2(20)	Status
LICNUMBER	VARCHAR2(20)	License number
DIRMOD1	NUMBER	Surv1557 data
DIRMOD2	NUMBER	Surv1557 data
DIRMOD3	NUMBER	Surv1557 data
DIRMOD4	NUMBER	Surv1557 data
DIRMOD5	NUMBER	Surv1557 data
DIRMOD6	NUMBER	Surv1557 data
DIRMOD7	NUMBER	Surv1557 data
DIRMOD8	NUMBER	Surv1557 data
DIRMOD9	NUMBER	Surv1557 data
DIRMOD10	NUMBER	Surv1557 data
CCMOD1	NUMBER	Surv1557 data
CCMOD2	NUMBER	Surv1557 data
CCMOD3	NUMBER	Surv1557 data
CCMOD4	NUMBER	Surv1557 data
TCMOD1	NUMBER	Surv1557 data
TCMOD2	NUMBER	Surv1557 data
TCMOD3	NUMBER	Surv1557 data
TCMOD4	NUMBER	Surv1557 data
TCMOD5	NUMBER	Surv1557 data
TCMOD6	NUMBER	Surv1557 data
DIRH1	NUMBER	Surv1557 data
DIRH2	NUMBER	Surv1557 data
DIRH3	NUMBER	Surv1557 data
DIRH4	NUMBER	Surv1557 data
DIRH5	NUMBER	Surv1557 data
DIRH6	NUMBER	Surv1557 data
DIRH7	NUMBER	Surv1557 data
CCHI1	NUMBER	Surv1557 data
CCHI2	NUMBER	Surv1557 data
CCHI3	NUMBER	Surv1557 data
CCHI4	NUMBER	Surv1557 data
TSHI1	NUMBER	Surv1557 data
TSHI2	NUMBER	Surv1557 data
TSHI3	NUMBER	Surv1557 data
TSHI4	NUMBER	Surv1557 data
TSHI5	NUMBER	Surv1557 data
TSHI6	NUMBER	Surv1557 data
TSHI7	NUMBER	Surv1557 data
TSHI8	NUMBER	Surv1557 data
TSHI9	NUMBER	Surv1557 data
TSHI10	NUMBER	Surv1557 data
TSHI11	NUMBER	Surv1557 data
TSHI12	NUMBER	Surv1557 data
TSHI13	NUMBER	Surv1557 data
TSHI14	NUMBER	Surv1557 data
TSHI15	NUMBER	Surv1557 data
TSHI16	NUMBER	Surv1557 data
TSHI17	NUMBER	Surv1557 data
TSHI18	NUMBER	Surv1557 data
GENHI1	NUMBER	Surv1557 data

Table Column Name	Table Column Datatype	Table Column Comment
GENHI2	NUMBER	Surv1557 data
GENHI3	NUMBER	Surv1557 data
GENHI4	NUMBER	Surv1557 data
GENHI5	NUMBER	Surv1557 data
GENHI6	NUMBER	Surv1557 data
GENHI7	NUMBER	Surv1557 data
GENHI8	NUMBER	Surv1557 data
GENHI9	NUMBER	Surv1557 data
GENHI10	NUMBER	Surv1557 data
CYTO1	NUMBER	Surv1557 data
CYTO2	NUMBER	Surv1557 data
CYTO3	NUMBER	Surv1557 data
CYTO4	NUMBER	Surv1557 data
CYTO5	NUMBER	Surv1557 data
CYTO6	NUMBER	Surv1557 data
TSCYTO1	NUMBER	Surv1557 data
TSCYTO2	NUMBER	Surv1557 data
TSCYTO3	NUMBER	Surv1557 data
TSCYTO4	NUMBER	Surv1557 data
GSCYTO1	NUMBER	Surv1557 data
GSCYTO2	NUMBER	Surv1557 data
GSCYTO3	NUMBER	Surv1557 data
GSCYTO4	NUMBER	Surv1557 data
LABSPECM	VARCHAR2(1024)	Specialties
LIMITM	VARCHAR2(1024)	Limit
GENHI11	NUMBER(3)	General Supervisor High complexity field (c)(4)
GENHI12	NUMBER(3)	General Supervisor High complexity field (c)(5)
SPCABO	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ABO GRP & RH TYPE SERVICES.
SPCANTIID	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ANTIBODY ID SERVICES.
SPCANTINONX	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ANTIBODY NON-XFUSION SERVICES.
SPCANTXFUS	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ANTIBODY XFUSION SERVICES.
SPCBACTERIO	VARCHAR2(254)	INDICATES IF FACILITY OFFERS BACTERIOLOGY SERVICES.
SPCCHEMISTRY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS CHEMISTRY SERVICES.
SPCCIMPATTEST	VARCHAR2(254)	INDICATES IF FACILITY OFFERS COMPATIBILITY TEST SERVICES.
SPCCLINICAL	VARCHAR2(254)	INDICATES IF FACILITY OFFERS CLINICAL CYTOGENETIC SERVICES.
SPCCYTOLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS CYTOLOGY SERVICES.
SPCDIAG	VARCHAR2(254)	INDICATES IF FACILITY OFFERS DIAG IMMUNOLOGY SERVICES.
SPCENDOCRIN	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ENDOCRINOLOGY SERVICES.
SPCGENIMMUN	VARCHAR2(20)	INDICATES IF FACILITY OFFERS GENERAL IMMUNOLOGY.
SPCHEMOTOLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS HEMATOLOGY SERVICES.
SPCHISTOCOMP	VARCHAR2(254)	INDICATES IF FACILITY OFFERS HISTOCOMPATIBILITY SERVICES.
SPCHISTOPATH	VARCHAR2(254)	INDICATES IF FACILITY OFFERS HISTOPATHOLOGY SERVICES.
SPCIH	VARCHAR2(254)	INDICATES IF FACILITY OFFERS IH - OTHER SERVICES.
SPCIMMUNOHEM	VARCHAR2(254)	INDICATES IF FACILITY OFFERS IMMUNOHEMATOLOGY.
SPCMICROBIO	VARCHAR2(254)	INDICATES IF FACILITY OFFERS MICROBIOLOGY SERVICES.
SPCMYCOBAC	VARCHAR2(254)	INDICATES IF FACILITY OFFERS MYCOBACTERIAL SERVICES.

Table Column Name	Table Column Datatype	Table Column Comment
SPCMYCOLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS MYCOLOGY SERVICES.
SPCORALPATH	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ORAL PATHOLOGY SERVICES
SPCOTHERCHEM	VARCHAR2(254)	INDICATES IF FACILITY OFFERS OTHER - CHEMISTRY SERVICES.
SPCOTHERMICRO	VARCHAR2(254)	INDICATES IF FACILITY OFFERS OTHER - MICRO SERVICES.
SPCPARASIT	VARCHAR2(254)	INDICATES IF FACILITY OFFERS PARASITOLOGY SERVICES.
SPCPATHOLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS PATHOLOGY SERVICES.
SPCPERVASIVE	VARCHAR2(254)	INDICATES IF FACILITY OFFERS PERVASIVE SERVICES.
SPCRADIOBIO	VARCHAR2(254)	INDICATES IF FACILITY OFFERS RADIOBIOASSAY SERVICES.
SPCROUTCHEM	VARCHAR2(254)	INDICATES IF FACILITY OFFERS ROUTINE CHEMISTRY SERVICES.
SPCSYPH	VARCHAR2(254)	INDICATES IF FACILITY OFFERS SYPHILIS SEROLOGY SERVICES.
SPCTOXICOLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS TOXICOLOGY SERVICES.
SPCURINALYSIS	VARCHAR2(254)	INDICATES IF FACILITY OFFERS URINALYSIS SERVICES.
SPCVIROLOGY	VARCHAR2(254)	INDICATES IF FACILITY OFFERS VIROLOGY SERVICES.
PRVDR_1_NUM	VARCHAR2(10)	First provider number.
PRVDR_2_NUM	VARCHAR2(10)	Second provider number.
PRVDR_3_NUM	VARCHAR2(10)	Third provider number.
PRVDR_4_NUM	VARCHAR2(10)	Fourth provider number.
PRVDR_5_NUM	VARCHAR2(10)	Fifth provider number.
PRVDR_6_NUM	VARCHAR2(10)	Sixth provider number.
SMLTNS_SRVY_SW	CHAR(1)	Simultaneous survey indicator.
SRVY_STUS_ACRDTD_SW	CHAR(1)	Survey status accredited indicator.
SRVY_STUS_ADD_SPCLTY_SW	CHAR(1)	Survey status add specialty indicator.
SRVY_STUS_OTHR_SW	VARCHAR2(1)	Survey status other indicator.
SRVY_STUS_STATE_EXMPT_SW	CHAR(1)	Survey status state except indicator.
BLOOD_PROD_CLCT_SW	CHAR(1)	Blood product collection indicator.
IMNLGY_TEST_PRFMD_SW	CHAR(1)	Immunology test performed indicator.
SPCLTY_MDFYD_SW	INTEGER	Specialty modified indicator.
FAC_INTRNL_ID	NUMBER(10)	Facility internal ID.
SPCLTY_DSCRPNY_CD	INTEGER	Specialty discrepancy code.
SRV1557_VLDTD_SW	VARCHAR2(1)	Surv1557 form validated indicator.
SPCLTY_VLDTD_SW	VARCHAR2(1)	Specialty form validated indicator.

Table Name SURV1572

Table Comment HCFA 1572 information

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
EXT_SURVEY_INIT	VARCHAR2(1)	INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.
EXT_SURVEY_RECERT	VARCHAR2(1)	INDICATES THE TYPE OF SURVEY DONE FOR A RECERTIFICATION
MCARE_ID	VARCHAR2(10)	Medicare ID number
SURV_FREQ_CD	VARCHAR2(1)	INDICATES THE FREQUENCY OF THE STANDARD SURVEY FOR HHA'S.
SURV_FREQ_CD_1	VARCHAR2(1)	INDICATES THE FREQUENCY OF THE STANDARD SURVEY FOR HHA'S.
SURV_FREQ_CD_2	VARCHAR2(2)	INDICATES THE FREQUENCY OF THE STANDARD SURVEY FOR HHA'S.
SURV_FREQ_CD_3	VARCHAR2(1)	INDICATES THE FREQUENCY OF THE STANDARD SURVEY FOR HHA'S.

Table Column Name	Table Column Datatype	Table Column Comment
SURV_FREQ_CD_4	VARCHAR2(1)	INDICATES THE FREQUENCY OF THE STANDARD SURVEY FOR HHA'S.
PROG_PARTCI	CHAR(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE MEDICAID OR BOTH PROGRAMS.
ADMINFACROWID	NUMBER(10)	Link to AdminFac table.
DISCPL_OF_ADMIN	VARCHAR2(2)	INDICATES THE DISCIPLINE OF THE ADMINISTRATOR.
CHOW_IND	VARCHAR2(1)	INDICATES IF A HOME HEALTH AGENCY HAS UNDERGONE A CHANGE OF OWNERSHIP SINCE THE LAST SURVEY.
MEDICARE_CERT_HOSPICE	VARCHAR2(1)	INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE.
HOSPICE_PROV_NUM	VARCHAR2(10)	IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM AS A HOSPICE THE HOSPICE PROVIDER NUMBER.
OPERS_SUBUNITS	VARCHAR2(1)	INDICATES IF THE AGENCY OPERATES ANY SUBUNITS.
NUM_SUBUNITS	NUMBER(3)	THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.
SUBUNIT_IND	VARCHAR2(1)	INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE.
OPERS_BRANCHES	CHAR(1)	INDICATES IF THE AGENCY OPERATES ANY BRANCHES.
NUM_BRANCHES	NUMBER(3)	THE NUMBER OF BRANCHES OPERATED BY THE AGENCY.
TYPE_FACILITY	VARCHAR2(2)	INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.
TYPE_FACILITY_DESC	VARCHAR2(30)	Description of the facility type.
MEDICAID_CARE_VEND_NUM	VARCHAR2(10)	INDICATES IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID FACILITY THE PROVIDER NUMBER OF THAT FACILITY.
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
SP_OCCUP_THERAPY	VARCHAR2(2)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
NUM_REG_NURS	VARCHAR2(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
NUM_LPN_LVN	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.
NUM_PHYS_THERAPIST	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR A HOME HEALTH AGENCY PROVIDER.
NUM_OCCUP_THERAPIST	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER.
NUM_SPEECH_PATH_AUDIA	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.
NUM_SOCIAL_WRKS	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY.
NUM_HOME_HEALTH_AIDES	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
NUM_PHARMACIST_REG	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER.
NUM_DIETICIANS	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_OTHER_PERSNL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.
HHA_PROVIDES_DIRECT	CHAR(1)	INDICATES HOW THE AGENCY PROVIDES HOME HEALTH AIDE TRAINING AND COMPETENCY EVALUATION PROGRAMS.
NUM_REC_REV_VISITS	NUMBER(2)	THE NUMBER OF RECORDS REVIEWED OF PATIENTS WHO RECEIVED A HOME VISIT BY THE SURVEYOR.
NUM_REC_REV_NO_VISITS	NUMBER(2)	THE NUMBER OF RECORDS REVIEWED FOR PATIENTS WHO DID NOT RECEIVE A HOME VISIT BY THE SURVEYOR.
NUM_VISITS_NO_REC_REV	NUMBER(2)	THE NUMBER OF HOME VISITS MADE BY THE SURVEYOR WITHOUT A REVIEW OF THE PATIENT'S RECORD.
TOT_REC_REV	NUMBER(3)	THE NUMBER OF HOME VISITS MADE BY THE SURVEYOR WITHOUT A REVIEW OF THE PATIENT'S RECORD.
TOT_VISITS	NUMBER(3)	THE TOTAL NUMBER OF HOME VISITS BY THE SURVEYORS.
NUM_UNDUPL_ADMISS	NUMBER(5)	THE NUMBER OF UNDUPLICATED ADMISSIONS BY THE HHA SINCE THE LAST STANDARD SURVEY.
NUM_READMISS	NUMBER(5)	THE NUMBER OF READMISSION ADMISSIONS BY THE HHA SINCE THE LAST STANDARD SURVEY.
NUM_HOSP_DISCH	NUMBER(5)	THE NUMBER OF HOSPITAL DISCHARGES BY THE HHA SINCE THE LAST STANDARD SURVEY.
NUM_NURSE_HOME_DISCH	NUMBER(5)	THE NUMBER OF NURSING HOME DISCHARGES BY THE HHA SINCE THE LAST STANDARD SURVEY.
NUM_GOALS_MET_DISCH	NUMBER(5)	THE NUMBER OF GOALS MET DISCHARGES BY THE HHA SINCE THE LAST STANDARD SURVEY.
NUM_DEATH_DISCH	NUMBER(5)	THE NUMBER OF DEATH DISCHARGES BY THE HHA SINCE THE LAST STANDARD SURVEY.
TOT_DISCH	NUMBER(6)	THE TOTAL NUMBER OF DISCHARGES BY THE HHA SINCE THE LAST STANDARD SURVEY.
SURVEYOR_SUMMARY	CHAR(1)	INDICATES THE SURVEYORS' DETERMINATION OF THE APPROPRIATE ACTION TO BE TAKEN FOLLOWING A STANDARD SURVEY.
APRVL_DT_ENTRD	DATE	Approval date entered
PR_INT_CARR_NUM	VARCHAR2(5)	Int carrier num
HHA_QUAL_FOR_OPT	VARCHAR2(1)	INDICATES IF A HOME HEALTH AGENCY IS QUALIFIED TO PROVIDE OUTPATIENT PHYSICAL THERAPY/SPEECH SERVICES.
SP_NRSNG	VARCHAR2(1)	INDICATES HOW NURSING SERVICES ARE PROVIDED.
SP_PT	VARCHAR2(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
SP_OT	VARCHAR2(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
SP_SPCH_TX	VARCHAR2(1)	INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED.
SP_MDCL_SOCIAL	VARCHAR2(1)	INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED
SP_HH_AIDE_HMMKR	VARCHAR2(1)	INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY.
SP_INTRNS_RSDNTS	VARCHAR2(1)	INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY.
SP_NTRTN_GDNC	VARCHAR2(1)	INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE PROVIDED.
SP_PHARM	VARCHAR2(1)	INDICATES HOW PHARMACY SERVICES ARE PROVIDED.
SP_APLNC_EQUIP	VARCHAR2(1)	INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE PROVIDED BY A HOME HEALTH AGENCY.

Table Column Name	Table Column Datatype	Table Column Comment
SP_VCTL_GDNC	VARCHAR2(1)	INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED
SP_LAB	VARCHAR2(1)	INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED
SP_OTHR	VARCHAR2(1)	INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED.
VALIDATED	NUMBER(1)	Has the form been validated

Table Name SURV1856_1893E

Table Comment CMS-1856/1893 INFORMATION

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility internal ID - Links to facility table
NUM_PHY_THER_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY. □□V #3 on CMS-1856
NUM_PHYS_THERAPIST	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR A HOME HEALTH AGENCY PROVIDER. □□V #1 on CMS-1856
NUM_PHYS_THERAPY	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. □□V #1 on CMS-1856
NUM_SPEECH_PATH	NUMBER(7,2)	THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY. □□VI #1 on CMS-1856
NUM_SPEECH_PATH_AUDIA	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT AUDIOLOGISTS EMPLOYED BY A PROVIDER. VI #2 on CMS-1856
NUM_SPEECH_PATH_AR	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL THERAPY FACILITY. □□VI. #3 on CMS-1856
TYPE_FACILITY	VARCHAR2(2)	INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY.
NUM_OCCUP_THERAPIST	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER.
PROG_PARTCI	VARCHAR2(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NUMBER
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
VALIDATED	NUMBER(1)	Has the form been validated
NUM_OCC_THER_FULL_TIME	NUMBER(7,2)	Number of full-time occupational therapists.
NUM_OCC_THER_CONTRACT	NUMBER(7,2)	Number of contract occupational therapists.
SP_OCCUP_THERAPY	VARCHAR2(1)	Indicates if the the facility offers occupational therapy services.
SP_PHYSICAL_THERAPY	VARCHAR2(1)	Indicates if the the facility offers physical therapy services.
SP_SPEECH_PATH	VARCHAR2(1)	Indicates if the the facility offers speech pathology services.

Table Name SURV1880**Table Comment** CMS-1880 INFORMATION

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	TRACKID
FACILITY_INTERNAL_ID	NUMBER(10)	FACILITY INTERNAL ID
NUM_2YR_RADIO_TECH	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.
NUM_AS_RADIO_TECH	NUMBER(7,2)	THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN RADIOLOGIC TECHNOLOGY.
NUM_BS_BA_RAD_TECH	NUMBER(7,2)	NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.
NUM_OTHER_PERSNL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.
QUAL_OF_DIRECTOR	VARCHAR2(1)	INDICATES THE QUALIFICATIONS OF THE DIRECTOR OF A SUPPLIER OF PORTABLE X-RAY SERVICES.
PROG_PARTCI	VARCHAR2(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
TYPE_CNTRL_OTHER_PRVT	VARCHAR2(20)	TEXT ENTRY IF TYPE OF OWNERSHIP OR CONTROL IS 4 (OTHER THAN PRIVATE). SECTION III ON CMS-1880.
VALIDATED	NUMBER(1)	HAS THE FORM BEEN VALIDATED

Table Name SURV197**Table Comment** HCFA 197 information

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
COMPORNON	CHAR(1)	Indicates if specialties are in compliance or not.
TAG	VARCHAR2(4)	Tag number
LIMIT_REASON	VARCHAR2(40)	Limit reason

Table Name SURV29_30E**Table Comment** CMS-29/30 information

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID - Links to facility table.
FED_PROG_SUPPORT	VARCHAR2(1)	INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A SHORTAGE OF PRIMARY CARE HEALTH MANPOWER.
NUM_NURSE_PRACT	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS IN A RURAL HEALTH CLINIC.
NUM_PHYS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.
NUM_PHYS_ASSIST	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC
PARENT_PROV_NUM	VARCHAR2(10)	THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A RURAL HEALTH CLINIC IS PART OF AN EXISTING MEDICARE PROVIDER
TITL_FED_PROGR	VARCHAR2(26)	THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A MEDICALLY UNDERSERVED AREA OR AN AREA WITH A

Table Column Name	Table Column Datatype	Table Column Comment
		SHORTAGE OF PRIMARY CARE HEALTH MANPOWER
NUM_NURSE_PRACT_1	NUMBER(2)	THE NUMBER OF NURSE PRACTITIONERS CURRENTLY CERTIFIED AS A PRIMARY CARE NURSE PRACTITIONER.
NUM_NURSE_PRACT_2	NUMBER(2)	THE NUMBER OF NURSE PRACTITIONERS WHO HAVE COMPLETED A FORMAL 1 YEAR TRAINING PROGRAM.
NUM_NURSE_PRACT_3	NUMBER(2)	THE NUMBER OF NURSE PRACTITIONERS WITH AT LEAST 12 MONTHS EXPERIENCE IN EXPANDED ROLE IN THE DELIVERY OF PRIMARY CARE.
NUM_PHYS_ASSIST_1	NUMBER(2)	THE NUMBER OF PHYSICIAN ASSISTANTS CURRENTLY CERTIFIED BY THE NATIONAL ASSOCIATION ON CERTIFICATION OF PHYSICIAN ASSISTANTS.
NUM_PHYS_ASSIST_2	NUMBER(2)	THE NUMBER OF PHYSICIAN ASSISTANTS WITH 1 YEAR OF TRAINING AND SUPERVISED CLINICAL EXPERIENCE.
NUM_PHYS_ASSIST_3	NUMBER(2)	THE NUMBER OF PHYSICIAN ASSISTANTS WITH TRAINING AND AT LEAST 12 MONTHS EXPERIENCE ASSISTING PRIMARY CARE PHYSICIANS.
MED_DIR_NAME_1	VARCHAR2(50)	NAME OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
MED_DIR_NAME_2	VARCHAR2(50)	NAME OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
MED_DIR_NAME_3	VARCHAR2(50)	NAME OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
MED_DIR_ADDRESS_1	VARCHAR2(80)	ADDRESS OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
MED_DIR_ADDRESS_2	VARCHAR2(80)	ADDRESS OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
MED_DIR_ADDRESS_3	VARCHAR2(80)	ADDRESS OF THE PHYSICIAN RESPONSIBLE FOR PROVIDING MEDICAL DIRECTION FOR THE HEALTH CLINIC SITE.
PHY_EXT_EXP	VARCHAR2(1)	IS THIS CLINIC PARTICIPATING IN THE PHYSICIAN EXTENDER EXPERIMENT
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
NOTEPAD	CLOB	CMS_30E Remarks
VALIDATED	NUMBER(1)	Has the form been validated

Table Name SURV3070G

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
CEN_ABUSE_INVEST	NUMBER(4)	NUMBER OF ALLEGATIONS OF ABUSE INVESTIGATED
CEN_ATND_DAY_PGM	NUMBER(4)	NUMBER OF CLIENTS WHO ATTEND OFF-CAMPUS DAY PROGRAMS
CEN_AUTISTIC	NUMBER(4)	NUMBER OF AUTISTIC CLIENTS
CEN_BEHAV_DRUG	NUMBER(4)	NUMBER OF CLIENTS WHO NEED DRUGS TO CONTROL THEIR BEHAVIOR
CEN_BLIND	NUMBER(4)	NUMBER OF BLIND CLIENTS
CEN_CERE_PALSY	NUMBER(4)	NUMBER OF CLIENTS WITH CEREBRAL PALSY
CEN_CRT_ORD_ADMS	NUMBER(4)	NUMBER OF COURT ORDERED ADMISSIONS
CEN_DEAF	NUMBER(4)	NUMBER OF DEAF CLIENTS
CEN_DEATHS_OTHER	NUMBER(4)	NUMBER OF DEATHS FOR ANY OTHER REASON
CEN_DEATHS_RESTRAINTS	NUMBER(4)	NUMBER OF DEATHS RELATED TO RESTRAINTS

Table Column Name	Table Column Datatype	Table Column Comment
CEN_DEATHS_UNUSUAL	NUMBER(4)	NUMBER OF DEATHS RELATED TO UNUSUAL INCIDENTS
CEN_EPL_CNTRLD	NUMBER(4)	NUMBER OF CLIENTS WITH CONTROLLED EPILEPSY
CEN_EPL_UNCNTRLD	NUMBER(4)	NUMBER OF CLIENTS WITH UNCONTROLLED EPILEPSY
CEN_HARD_HEAR	NUMBER(4)	NUMBER OF CLIENTS WHO ARE HARD OF HEARING
CEN_LEGAL_GUARD_GT_18	NUMBER(4)	NUMBER OF CLIENTS OVER AGE 18 WITH A LEGAL GUARDIAN ASSIGNED BY THE COURT
CEN_MED_CARE_PLAN	NUMBER(4)	NUMBER OF CLIENTS WITH MEDICAL CARE PLANS
CEN_MILD_MR	NUMBER(4)	NUMBER OF CLIENTS WITH MILD MENTAL RETARDATION
CEN_MOD_MR	NUMBER(4)	NUMBER OF CLIENTS WITH MODERATE MENTAL RETARDATION
CEN_NONAMB_MOBIL	NUMBER(4)	NUMBER OF CLIENTS WHO ARE MOBILE NONAMBULATORY
CEN_NONAMB_NONMO	NUMBER(4)	NUMBER OF CLIENTS WHO ARE NON-MOBILE NONAMBULATORY
CEN_NUM_DISC_LIV_UNI	NUMBER(2)	THE NUMBER OF DISCRETE LIVING UNITS IN AN ICF/MR
CEN_NUM_IN_DAY_PGM	NUMBER(4)	THE NUMBER OF CLIENTS IN THE SAMPLE WHO ATTEND OFF-CAMPUS DAY PROGRAMS
CEN_NUM_OBS_DAY_SITE	NUMBER(2)	THE NUMBER OF OFF-CAMPUS DAY PROGRAM SITES OBSERVED BY SURVEYORS
CEN_OLDEST_CLIENT	NUMBER(2)	AGE OF THE OLDEST CLIENT SERVED IN AN ICF/MR
CEN_OTHER_1_TOTAL	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
CEN_OTHER_2_TOTAL	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
CEN_OTHER_3_TOTAL	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
CEN_PAINFUL_STIM	NUMBER(4)	NUMBER OF CLIENTS WHO REQUIRE APPLICATION OF PAINFUL OR NOXIOUS STIMULI
CEN_PHYS_RESTRAIN	NUMBER(4)	NUMBER OF CLIENTS/RESIDENTS PHYSICALLY RESTRAINED (BELT, VEST, CUFFS)
CEN_PROF_MR	NUMBER(4)	NUMBER OF CLIENTS WITH PROFOUND MENTAL RETARDATION
CEN_SEV_MR	NUMBER(4)	NUMBER OF CLIENTS WITH SEVERE MENTAL RETARDATION
CEN_SPCH_IMPAIR	NUMBER(4)	NUMBER OF CLIENTS WITH SPEECH OR LANGUAGE IMPAIRMENT
CEN_TIMEOUT_ROOMS	NUMBER(4)	NUMBER OF CLIENTS WITH USE OF TIME-OUT ROOMS FOR BEHAVIOR MODIFICATION INCLUDED IN THEIR ACTIVE TREATMENT PLAN
CEN_TOT_ABUSE_NEGLECT	NUMBER(4)	TOTAL NUMBER OF ALLEGATIONS OF ABUSE AND NEGLECT INVESTIGATED
CEN_TOT_DEATHS	NUMBER(4)	TOTAL NUMBER OF DEATHS
CEN_TOT_EPILEPSY	NUMBER(5)	THE TOTAL NUMBER OF CLIENTS WITH EPILEPSY
CEN_TOT_FEMALES	NUMBER(5)	TOTAL NUMBER OF FEMALE CLIENTS
CEN_TOT_HEAR_IMP	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH HEARING IMPAIRMENT
CEN_TOT_MALES	NUMBER(5)	TOTAL NUMBER OF MALE CLIENTS
CEN_TOT_MR	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH MENTAL RETARDATION
CEN_TOT_NONAMBUL	NUMBER(5)	TOTAL NUMBER OF NONAMBULATORY CLIENTS
CEN_TOT_RES_22_45	NUMBER(5)	TOTAL NUMBER OF CLIENTS BETWEEN THE AGES OF 22 AND 45
CEN_TOT_RES_46_65	NUMBER(5)	TOTAL NUMBER OF CLIENTS BETWEEN THE AGES OF 46 AND 65
CEN_TOT_RES_GT_65	NUMBER(5)	TOTAL NUMBER OF CLIENTS OVER AGE 65
CEN_TOT_RES_LESS_22	NUMBER(5)	TOTAL NUMBER OF CLIENTS UNDER AGE 22
CEN_TOT_VISUAL_IMPAIR	NUMBER(5)	TOTAL NUMBER OF CLIENTS WITH VISUAL IMPAIRMENTS

Table Column Name	Table Column Datatype	Table Column Comment
CEN_VISU_IMPAIR	NUMBER(4)	NUMBER OF CLIENTS WITH IMPAIRED VISION
CEN_YOUNG_CLIENT	NUMBER(2)	THE AGE OF THE YOUNGEST CLIENT SERVED IN AN ICF/MR
COMMUNITY_BASED_IND	VARCHAR2(1)	INDICATES IF THE ICF/MR IS COMMUNITY BASED
LGR_ORGANIZ_IND	CHAR(1)	IDENTIFIES IF AN ICF/MR IS A RESIDENTIAL UNIT WITHIN A LARGER ORGANIZATION IN THE STATE THAT PROVIDES RESIDENTIAL SERVICES TO PERSONS WITH MENTAL RETARDATION
NUM_BEDS_LGR_ORGNZ	NUMBER(4)	THE TOTAL NUMBER OF BEDS WITHIN A LARGER ORGANIZATION PROVIDING RESIDENTIAL SERVICES TO PERSONS WITH MENTAL RETARDATION, OF WHICH THE ICF/MR IS A PART
NUM_CLIENTS_LGR_ORGNZ	NUMBER(4)	THE TOTAL NUMBER OF CLIENTS INCLUDING ICF/MR CLIENTS SERVED WITHIN A LARGER ORGANIZATION PROVIDING RESIDENTIAL SERVICES TO PERSONS W/ MENTAL RETARDATION, OF WHICH THE ICF/MR IS A PART.
NUM_DAY_PGM_SITE	NUMBER(2)	THE TOTAL NUMBER OF OFF-CAMPUS DAY PROGRAM SITES USED BY INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED CLIENTS
NUM_DCARE_PERSNL	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT DIRECT CARE PERSONNEL EMPLOYED BY AN INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED.
NUM_ICFMR_CLIENT_LGR	NUMBER(5)	THE TOTAL NUMBER OF ICF/MR CLIENTS IN A CERTIFIED FACILITY.
PRIOR_RESC_SUSP_DT	DATE	THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY.
QMRP_ADMIN	NUMBER(1)	THE NUMBER OF ADMINISTRATORS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS.
QMRP_DIETITIAN	NUMBER(1)	THE NUMBER OF DIETITIANS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_LABORATORIAN	NUMBER(1)	THE NUMBER OF ADMINISTRATORS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS.
QMRP_LSC_SPECIALIST	NUMBER(1)	THE NUMBER OF LIFE SAFETY CODE SPECIALISTS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_NURSE	NUMBER(1)	THE NUMBER OF NURSES ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_OTHER	NUMBER(1)	THE NUMBER OF OTHERS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_PHARMACIST	NUMBER(1)	THE NUMBER OF PHARMACISTS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_PHYSICIAN	NUMBER(1)	THE NUMBER OF PHYSICIANS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS.
QMRP_PSYCHOLOGIST	NUMBER(1)	THE NUMBER OF PSYCHOLOGISTS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_REC_ADMIN	NUMBER(1)	THE NUMBER OF MEDICAL RECORDS ADMINISTRATORS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_SANITARIAN	NUMBER(1)	THE NUMBER OF SANITARIANS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
QMRP_SOC_WKR	NUMBER(1)	THE NUMBER OF SOCIAL WORKERS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS

Table Column Name	Table Column Datatype	Table Column Comment
QMRP_THERAPIST	NUMBER(1)	THE NUMBER OF THERAPISTS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
SURVEY_CD	CHAR(1)	TYPE OF SURVEY 1: FUNDAMENTAL 2: FUNDAMENTAL TO EXTENDED 3: EXTENDED TO FULL 4: FULL (PRE-DETERMINED)
TOT_EMPLOYEES	NUMBER(9,2)	THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY
TYPE_CONTROL	VARCHAR2(2)	"INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
VALIDATED	NUMBER(1)	Indicates is the form has been validated.
SURVEY_DT_BEGIN	DATE	THE BEGINNING DATE OF A SURVEY FOR A SPECIFIC FACILITY
SURVEY_DT_END	DATE	THE ENDING DATE OF A SURVEY FOR A SPECIFIC FACILITY
TYPE_CONTROL_OTHER	VARCHAR2(20)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
LGR_ORGNZ_NAME	VARCHAR2(30)	Larger Organization Name
LGR_ORGNZ_ADDRESS	VARCHAR2(50)	Larger Organization Address
LGR_ORGNZ_CITY	VARCHAR2(35)	Larger Organization City
LGR_ORGNZ_STATE	VARCHAR2(2)	Larger Organization State
LGR_ORGNZ_ZIP	VARCHAR2(10)	Larger Organization zip code
LGR_ORGNZ_CEO	VARCHAR2(30)	Larger Organization CEO
TOT_QMRPS_ONSITE	NUMBER(2)	THE TOTAL NUMBER OF SURVEYORS ON THE SURVEY TEAM WHO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
PROV_BASED_FACILITY	VARCHAR2(1)	INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED.
RELATED_PROV_NUM	VARCHAR2(10)	Related Provider Number
CEN_NEGLECT_INVEST	NUMBER(4)	NUMBER OF ALLEGATIONS OF NEGLECT INVESTIGATED
CEN_TOT_RES	NUMBER(5)	TOTAL NUMBER OF RESIDENTS/CLIENTS
QMRP_OTHER_SPECIFY	VARCHAR2(20)	THE NUMBER OF OTHERS ON THE SURVEY TEAM WHO ALSO QUALIFY AS MENTAL RETARDATION PROFESSIONALS
CEN_OTHER_SPECIFY1	VARCHAR2(50)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
CEN_OTHER_SPECIFY2	VARCHAR2(50)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
CEN_OTHER_SPECIFY3	VARCHAR2(50)	TOTAL NUMBER OF CLIENTS WITH SPECIFIED CHARACTERISTICS
TOT_SURV_ONSITE	NUMBER(3)	Total Surveyors onsite
ISDISTINCTPART	NUMBER(1)	Distinct part indicator
NUM_REG_NURS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
NUM_LPN_LVN	NUMBER(7,2)	NNUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.

Table Name SURV3427

Table Comment CMS-3247 INFORMATION

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
GERM_FORMALIN_IND	VARCHAR2(1)	GERMICIDE - FORMALIN INDICATOR
GERM_GLUTERAL_IND	VARCHAR2(1)	GERMICIDE - GLUTERALDEHYDE INDIC.
GERM_HEAT_IND	VARCHAR2(1)	GERMICIDE - HEAT INDICATOR
GERM_OTHER_IND	VARCHAR2(1)	GERMICIDE - OTHER INDICATOR
GERM_PERACETIC_IND	VARCHAR2(1)	GERMICIDE - PERACETIC ACID INDICAT.
GERM_OTHER_SPEC	VARCHAR2(20)	TEXT DESCRIPTION IF GERMICIDE IS 5 (OTHER).
HOSP_BASED_IND	VARCHAR2(1)	HOSPITAL BASED INDICATOR
ISO_STATIONS_IND	VARCHAR2(1)	ISOLATION STATIONS INDICATOR

Table Column Name	Table Column Datatype	Table Column Comment
MULT_FACL_ORG	VARCHAR2(1)	INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.
NAME_MULT_FACL_ORG	VARCHAR2(38)	THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.
NETWORK_NUM	VARCHAR2(2)	THE NUMBER OF THE NETWORK TO WHICH THE END STAGE RENAL DIALYSIS FACILITY IS ASSIGNED.
NUM_DIAL_PATIENT_HEMO	NUMBER(3)	NUMBER OF DIALYSIS PATIENTS HEMO.
NUM_DIAL_PATIENT_PERT	NUMBER(3)	NUMBER OF DIALYSIS PATIENTS PERT.
NUM_DIETICIANS	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY.
NUM_LPN_LVN	NUMBER(7,2)	NUMBER OF LICENSE PRACTICAL NURSES
NUM_PATIENT_AT_HOME	NUMBER(3)	NUMBER OF PATIENTS AT HOME
NUM_PATIENT_FRI_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS FRI. 1ST SHIFT
NUM_PATIENT_FRI_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS FRI. 2ND SHIFT
NUM_PATIENT_FRI_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS FRI. 3RD SHIFT
NUM_PATIENT_FRI_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS FRI. 4TH SHIFT
NUM_PATIENT_MON_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS MON. 1ST SHIFT
NUM_PATIENT_MON_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS MON. 2ND SHIFT
NUM_PATIENT_MON_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS MON. 3RD SHIFT
NUM_PATIENT_MON_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS MON. 4TH SHIFT
NUM_PATIENT_SAT_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS SAT. 1ST SHIFT
NUM_PATIENT_SAT_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS SAT. 2ND SHIFT
NUM_PATIENT_SAT_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS SAT. 3RD SHIFT
NUM_PATIENT_SAT_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS SAT. 4TH SHIFT
NUM_PATIENT_SUN_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS SUN. 1ST SHIFT
NUM_PATIENT_SUN_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS SUN. 2ND SHIFT
NUM_PATIENT_SUN_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS SUN. 3RD SHIFT
NUM_PATIENT_SUN_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS SUN. 4TH SHIFT
NUM_PATIENT_THR_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS THR. 1ST SHIFT
NUM_PATIENT_THR_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS THR. 2ND SHIFT
NUM_PATIENT_THR_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS THR. 3RD SHIFT
NUM_PATIENT_THR_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS THR. 4TH SHIFT
NUM_PATIENT_TUE_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS TUE. 1ST SHIFT
NUM_PATIENT_TUE_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS TUE. 2ND SHIFT
NUM_PATIENT_TUE_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS TUE. 3RD SHIFT
NUM_PATIENT_TUE_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS TUE. 4TH SHIFT
NUM_PATIENT_WED_SHIFT_1	NUMBER(3)	NUMBER OF PATIENTS WED. 1ST SHIFT
NUM_PATIENT_WED_SHIFT_2	NUMBER(3)	NUMBER OF PATIENTS WED. 2ND SHIFT
NUM_PATIENT_WED_SHIFT_3	NUMBER(3)	NUMBER OF PATIENTS WED. 3RD SHIFT
NUM_PATIENT_WED_SHIFT_4	NUMBER(3)	NUMBER OF PATIENTS WED. 4TH SHIFT
NUM_REG_NURS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
NUM_SOCIAL_WRKS	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY.
NUM_STATIONS_HEMO	NUMBER(3)	THE TOTAL NUMBER OF HEMODIALYSIS STATIONS IN AN END STAGE RENAL DISEASE (ESRD) FACILITY.
NUM_STATIONS_HEMO_TRAIN	NUMBER(3)	NUMBER OF STATIONS HEMO TRAINING
NUM_TECHNICIANS	NUMBER(7,2)	NUMBER OF TECHNICIANS
NUM_OTHER_PERSNL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.
REUSE_AUTO_IND	VARCHAR2(1)	REUSE SYSTEM AUTOMATED INDICATOR
REUSE_MANUAL_IND	VARCHAR2(1)	REUSE SYSTEM MANUAL INDICATOR
REUSE_PRACTICED_IND	VARCHAR2(1)	REUSE SYSTEM PRACTICED INDICATOR
REUSE_SEMI_AUTO_IND	VARCHAR2(1)	REUSE SYSTEM SEMI-AUTOMATIC IND.
SNF_BASED_IND	VARCHAR2(1)	SNF BASED INDICATOR
SP_HEMODIALYSIS	VARCHAR2(1)	SRV - HEMODIALYSIS
SP_HOME_SUPPORT_HEMO	VARCHAR2(1)	SRV - HOME SUPPORT HEMODIALYSIS
SP_HOME_SUPPORT_PERT	VARCHAR2(1)	SRV - HOME SUPPORT PERITONEAL DIAL
SP_HOME_TRAIN_HEMO	VARCHAR2(1)	SRV - HOME TRAINING HEMODIALYSIS

Table Column Name	Table Column Datatype	Table Column Comment
SP_HOME_TRAIN_PERT	VARCHAR2(1)	SRV - HOME TRAINING PERITONEAL DIAL
SP_PERT_DIALYSIS	VARCHAR2(1)	SRV - PERITONEAL DIALYSIS
SP_TRANSPLANTATION	VARCHAR2(1)	SRV - TRANSPLANTATION
SURV_PROTO_BASIC_IND	VARCHAR2(1)	SURVEY PROTOCOL BASIC INDICATOR
SURV_PROTO_COMBIN_IND	VARCHAR2(1)	SURVEY PROTOCOL COMBINATION IND.
SURV_PROTO_INITIAL_IND	VARCHAR2(1)	SURVEY PROTOCOL INITIAL INDICATOR
SURV_PROTO_SUPPL_IND	VARCHAR2(1)	SURVEY PROTOCOL SUPPLEMENTAL IND.
SURV_TYPE_COMPLAINT_IND	VARCHAR2(1)	SURVEY TYPE COMPLAINT INDICATOR
SURV_TYPE_INITIAL_IND	VARCHAR2(1)	SURVEY TYPE INITIAL INDICATOR
SURV_TYPE_OTHER_IND	VARCHAR2(1)	SURVEY TYPE OTHER INDICATOR
SURV_TYPE_RECERT_IND	VARCHAR2(1)	SURVEY TYPE RECERTIFICATION IND.
TOT_DIAL_PATIENT	NUMBER(4)	TOTAL DIALYSIS PATIENTS
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NUMBER
AUTH_OFFCL_NAME	VARCHAR2(40)	NAME OF AUTHORIZED OFFICIAL
AUTH_OFFCL_ADDRESS	VARCHAR2(80)	ADDRESS OF AUTHORIZED OFFICIAL
AUTH_OFFCL_PHONE	VARCHAR2(10)	PHONE NUMBER OF AUTHORIZING OFFICIAL.
APP_NOT_INIT	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 1. INITIAL
APP_NOT_NEW_LOC	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 2. EXPANSION TO NEW LOCATION
APP_NOT_CHOW	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 3. CHANGE OF OWNERSHIP
APP_NOT_CHNG_LOC	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 4. CHANGE OF LOCATION
APP_NOT_CURR_LOC	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 5. EXPANSION OF CURRENT LOCATION
APP_NOT_CHG_SRVCS	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 6. CHANGE OF SERVICES/OPERATIONS
APP_NOT_OTHER	VARCHAR2(1)	TYPE OF APPLICATION/NOTIFICATION IS 7. OTHER
APP_NOT_OTHER_SPEC	VARCHAR2(50)	SPECIFICATION TEXT IF TYPE OF APPLICATION/NOTIFICATION IS OTHER (7)
NOTEPAD	CLOB	SURV3427 remarks
VALIDATED	NUMBER(1)	HAS THE PAGE BEEN VALIDATED
TOT_STATIONS	NUMBER(3)	THE TOTAL NUMBER OF APPROVED DIALYSIS STATIONS IN AN END STAGE RENAL DIALYSIS FACILITY.

Table Name SURV359

Table Comment CMS-359 INFORMATION

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - PK
FACILITY_INTERNAL_ID	NUMBER(10)	Facility_Internal_ID
PARTIC_OPT_SP	VARCHAR2(1)	INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY.
SP_OCCUP_THERAPY	VARCHAR2(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
SP_OCCUP_THERAPY_2	VARCHAR2(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
SP_OCCUP_THERAPY_3	VARCHAR2(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
SP_ORTHOTIC_PROSTHET	VARCHAR2(1)	INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.
SP_ORTHOTIC_PROSTHET_2	VARCHAR2(1)	INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
SP_ORTHOTIC_PROSTHET_3	VARCHAR2(1)	INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY.
SP_PHYSICAL_THERAPY	VARCHAR2(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
SP_PHYSICAL_THERAPY_2	VARCHAR2(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
SP_PHYSICAL_THERAPY_3	VARCHAR2(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED.
SP_PHYSICIAN	VARCHAR2(1)	INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.
SP_PHYSICIAN_2	VARCHAR2(1)	INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.
SP_PHYSICIAN_3	VARCHAR2(1)	INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.
SP_PSYCHOLOGICAL	VARCHAR2(1)	INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.
SP_PSYCHOLOGICAL_2	VARCHAR2(1)	INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.
SP_PSYCHOLOGICAL_3	VARCHAR2(1)	INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.
SP_RESP_CARE	VARCHAR2(1)	INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
SP_RESP_CARE_2	VARCHAR2(1)	INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
SP_RESP_CARE_3	VARCHAR2(1)	INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.
SP_SOCIAL	VARCHAR2(1)	INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
SP_SOCIAL_2	VARCHAR2(1)	INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
SP_SOCIAL_3	VARCHAR2(1)	INDICATES HOW SOCIAL SERVICES ARE PROVIDED.
SP_SPEECH_PATH	VARCHAR2(1)	INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
SP_SPEECH_PATH_2	VARCHAR2(1)	INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
SP_SPEECH_PATH_3	VARCHAR2(1)	INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.
CROSS_REF_PROV_NUMBER	VARCHAR2(10)	ON FORM 359 IF CORF SUPPLIES OPT EDIT #RF1017 on 1539 c SCREEN
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NUMBER
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
PROG_PARTCI	VARCHAR2(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.
VALIDATED	NUMBER(1)	Has the form been validated
SP_NURSING	VARCHAR2(1)	INDICATES HOW NURSING SERVICES ARE PROVIDED.
SP_NURSING_2	VARCHAR2(1)	INDICATES HOW NURSING SERVICES ARE PROVIDED.
SP_NURSING_3	VARCHAR2(1)	INDICATES HOW NURSING SERVICES ARE PROVIDED.

Table Name SURV377_378EE

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
DT_SERVICE_BEGAN	DATE	THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN PROVIDING HEALTH CARE SERVICES.

Table Column Name	Table Column Datatype	Table Column Comment
EQ_CALL_SYSTEM	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES AN EMERGENCY CALL SYSTEM
EQ_CRDL_DFBRLTR	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES CARDIAC DEFIBRILLATOR EQUIPMENT
EQ_CRDL_MONIT	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES CARDIAC MONITORING EQUIPMENT
EQ_DRUGS_SUPPL	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES EMERGENCY DRUGS AND SUPPLIES SPECIFIED BY THE MEDICAL STAFF
EQ_LARGN_ENDOTH	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES LARYNGOSCOPES AND ENDOTRACHEAL TUBES
EQ_MECH_VENT	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES MECHANICAL VENTILATION EQUIPMENT INCLUDING AIRWAYS, MANUAL BREATHING BAGS, AND VENTILATORS
EQ_OXYGEN	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES OXYGEN EQUIPMENT
EQ_SUCT_EQUIP	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES SUCTION EQUIPMENT
EQ_THORACTOMY	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES A THORACOTOMY SET
EQ_TRACHEOSTOMY	CHAR(1)	INDICATES IF AN AMBULATORY SURGICAL CENTER PROVIDES A TRACHEOSTOMY SET
FREE_STAND_IND	CHAR(1)	INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE STANDING. THIS INDICATOR IS USED BY SOME STANDARD REPORTS TO GET CERTAIN PROVIDER RANGES.
HOSP_BASED_IND	VARCHAR2(1)	HOSPITAL BASED INDICATOR
NUM_OPERATING_ROOMS	NUMBER(2)	THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL CENTER.
REC_ANESTHESIA_ENTR	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN ANESTHESIA ENTRIES
REC_DISCH_DIAG	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN DISCHARGE DIAGNOSES
REC_DRUG_REACT	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN INFORMATION ABOUT DRUG REACTIONS
REC_MED_HIST	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN MEDICAL HISTORIES
REC_OPER_FNDG	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN OPERATION FINDINGS
REC_PATIENT_CONSENT	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN INFORMED PATIENT CONSENTS
REC_PATIENT_ID	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN PATIENT IDENTIFICATION
REC_PRE_OPT_DIAG	CHAR(1)	INDICATES IF THE MEDICAL RECORDS IN AN AMBULATORY SURGICAL CENTER CONTAIN PRE-OPERATIVE DIAGNOSES
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
SP_CARDIOVASCULAR	VARCHAR2(1)	INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.

Table Column Name	Table Column Datatype	Table Column Comment
SP_EKG	VARCHAR2(1)	INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY SURGICAL CENTER.
SP_FOOT	VARCHAR2(1)	INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.
SP_GENERAL	VARCHAR2(1)	INDICATES IF GENERAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.
SP_LABORATORY	VARCHAR2(1)	INDICATES HOW LABORATORY SERVICES ARE PROVIDED.
SP_NEUROLOGICAL	VARCHAR2(1)	INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.
SP_OBSTETR_GYNECOL	VARCHAR2(1)	INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.
SP_OPTHAMOMOLOGY_SURG	VARCHAR2(1)	INDICATES IF OPTHAMOMOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER.
SP_ORAL	VARCHAR2(1)	INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
SP_ORTHOPEDIC	VARCHAR2(1)	INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
SP_OTHER	VARCHAR2(1)	INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED
SP_OTOLARYRGOLOGY	VARCHAR2(1)	INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
SP_PHARMACY	VARCHAR2(1)	INDICATES HOW PHARMACY SERVICES ARE PROVIDED.
SP_PLASTIC	VARCHAR2(1)	INDICATES IF PLASTIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
SP_RADIOLOGY	VARCHAR2(1)	INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED
SP_THORACIC	VARCHAR2(1)	INDICATES IF THORACIC SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
SP_UROLOGY	VARCHAR2(1)	INDICATES IF UROLOGY SURGERY IS OFFERED BY AN AMBULATORY SURGICAL CENTER
VALIDATED	NUMBER(1)	Indicates if the form has been validated.
OTHER_SPECIFY	VARCHAR2(50)	INDICATES HOW OTHER SPECIFIED SERVICES ARE PROVIDED
TYPE_CONTROL	VARCHAR2(2)	Type of Control

Table Name SURV417_643

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	TRACK ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
ACUTE_RESPITE	CHAR(1)	INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE SHORT TERM INPATIENT CARE.
NUM_HOME_HEALTH_AIDES	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
NUM_HOMEMAKERS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS EMPLOYED BY A HOSPICE.
NUM_LPN_LVN	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.
NUM_MED_SOCIAL_WRKS	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE.
NUM_OTHER_VOLS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER VOLUNTEERS IN A HOSPICE.
NUM_OTHER_PERSNL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_PHYS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER.
NUM_REG_NURS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER.
NUM_STAFF_COUNSL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED BY A HOSPICE
NUM_VOL_COUNSL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS IN A HOSPICE.
NUM_VOL_HHA	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME HEALTH AIDES IN A HOSPICE.
NUM_VOL_HOMEMKR	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A HOSPICE.
NUM_VOL_LPN_LVN	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER LICENSED PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.
NUM_VOL_PHYS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS IN A HOSPICE.
NUM_VOL_REG_NURS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED NURSES IN A HOSPICE.
NUM_VOL_SOC_WORK	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL SOCIAL WORKERS IN A HOSPICE.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER,SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.
SP_COUNSELING	VARCHAR2(1)	INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A HOSPICE.
SP_HOME_HEALTH_AIDE	VARCHAR2(1)	INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY A HOSPICE.
SP_HOMEMAKER	VARCHAR2(1)	INDICATES HOW HOMEMAKER SERVICES ARE PROVIDED BY A HOSPICE.
SP_MEDICAL_SOCIAL	VARCHAR2(1)	INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED
SP_MEDICAL_SUPPLIES	VARCHAR2(1)	INDICATES HOW MEDICAL SUPPLIES SERVICES ARE PROVIDED BY A HOSPICE.
SP_NURSING	VARCHAR2(1)	INDICATES HOW NURSING SERVICES ARE PROVIDED.
SP_OCCUP_THERAPY	VARCHAR2(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED.
SP_OTHER	VARCHAR2(1)	INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED
SP_PHYSICIAN	VARCHAR2(1)	INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED
SP_PHYSICAL_THERAPY	VARCHAR2(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED
SP_SHORT_TERM_IN CARE	VARCHAR2(1)	INDICATES HOW SHORT TERM INPATIENT CARE SERVICES ARE ROVIDED BY A HOSPICE
SP_SPEECH_PATH	VARCHAR2(1)	INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED
TOT_EMPLOYEES	NUMBER(9,2)	THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY
TOT_VOLS	NUMBER(9,2)	THE NUMBER OF FULL-TIME VOLUNTEERS IN A HOSPICE
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
TYPE_FACILITY	VARCHAR2(2)	INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY
HOSP_FORM_IND	CHAR(1)	INDICATES IF THE HOSPICE IS FREESTANDING AND PROVIDES INPATIENT CARE DIRECTLY

Table Column Name	Table Column Datatype	Table Column Comment
INP_CARE_ON_PREM	CHAR(1)	INDICATES IF A FREESTANDING HOSPICE PROVIDING INPATIENT CARE ON THE PREMISES HAS BEEN SURVEYED UNDER THE LIFE SAFETY CODE
MORE_1_LOC_PROV_IND	CHAR(1)	INDICATES IF A FREESTANDING HOSPICE PROVIDING INPATIENT CARE ON THE PREMISES HAS BEEN SURVEYED UNDER THE LIFE SAFETY CODE
NF_HOME_CARE_IND	CHAR(1)	INDICATES IF THE HOSPICE PROVIDES ROUTINE HOME CARE AT A NURSING FACILITY
NUM_HOME_VISIT_PRIV_RES	NUMBER(2)	NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
NUM_HOME_VISIT_RES_FAC	NUMBER(2)	THE NUMBER OF HOME VISITS CONDUCTED TO PATIENTS IN RESIDENTIAL FACILITIES DURING A SURVEY
NUM_LOCATIONS	NUMBER(2)	THE NUMBER OF LOCATIONS AT WHICH THE HOSPICE OPERATES UNDER THE SAME PROVIDER NUMBER
NUM_PATIENT_ADMIT_12	NUMBER(4)	THE NUMBER OF PATIENTS ADMITTED TO A HOSPICE DURING A RECENT 12 MONTH PERIOD
NUM_PATIENT_RES_FAC	NUMBER(3)	THE NUMBER OF HOSPICE PATIENTS IN A RESIDENTIAL FACILITY WHO RECEIVE ROUTINE HOME CARE
NUM_RECORDS_REVIEWED	NUMBER(2)	THE NUMBER OF RECORDS REVIEWED BY SURVEYORS DURING A HOSPICE SURVEY
NURSING_SVS_WAIVER_DT	DATE	THE DATE (MONTH/YEAR) A WAIVER OF THE REQUIREMENT TO PROVIDE CORE NURSING SERVICES WAS GRANTED TO A HOSPICE
NURSING_SVS_WAIVER_IND	CHAR(1)	INDICATES IF A HOSPICE HAS BEEN GRANTED A WAIVER OF CORE NURSING SERVICES
OTHER_HOME_CARE_IND	CHAR(1)	INDICATES IF A HOSPICE PROVIDES ROUTINE HOME CARE IN OTHER SETTING
PART_OF_OTH_ENTITY_IND	CHAR(1)	INDICATES IF THE HOSPICE IS PART OF ANOTHER ENTITY THAT PARTICIPATES IN THE MEDICARE PROGRAM
PRIV_RES_HOME_CARE_IND	CHAR(1)	INDICATES IF THE HOSPICE PROVIDES ROUTINE HOME CARE IN A PRIVATE RESIDENCE
NAME_PHYS_THER	VARCHAR2(50)	Name of contact for physical therapy
NAME_OCCU_THER	VARCHAR2(50)	name of contace for occupational therapy
NAME_SPEECH_PATH	VARCHAR2(50)	Name of contact for speech pathology
NAME_HHA	VARCHAR2(50)	Name of cotact for home health aid
NAME_HOMEMAKER	VARCHAR2(50)	Name of contact for homemaker
NAME_MED_SUPP	VARCHAR2(50)	Name of contact for medical supplies
NAME_SHORT_TERM	VARCHAR2(50)	Name of contact name for short term inpatient care
NAME_OTHER	VARCHAR2(50)	Name of contact for other services.
ADDR_PHYS_THER	VARCHAR2(80)	Address of contact for physical therapy
ADDR_OCCU_THER	VARCHAR2(80)	Address of contact for occupational therapy
ADDR_SPEECH_PATH	VARCHAR2(80)	Address of contact for speech pathology
ADDR_HHA	VARCHAR2(80)	Address of cotact for home health aid
ADDR_HOMEMAKER	VARCHAR2(80)	Address of contact for homemaker
ADDR_MED_SUPP	VARCHAR2(80)	Name of contact for medical supplies
ADDR_SHORT_TERM	VARCHAR2(80)	Address of contact name for short term inpatient care
ADDR_OTHER	VARCHAR2(80)	Name of contact for other services.
PROV_NUM_PHYS_THER	VARCHAR2(10)	Physical therapy medicare number
PROV_NUM_OCCU_THER	VARCHAR2(10)	Occupational therapy medicare number
PROV_NUM_SPEECH_PATH	VARCHAR2(10)	speech pathology medicare number.
PROV_NUM_HHA	VARCHAR2(10)	home health aid medicare number.
PROV_NUM_HOMEMAKER	VARCHAR2(10)	homemaker medicare number.
PROV_NUM_MED_SUPP	VARCHAR2(10)	medical supplies medicare number.
PROV_NUM_SHORT_TERM	VARCHAR2(10)	short term inpatient care medicare number.
PROV_NUM_OTHER	VARCHAR2(10)	other services medicare number
VALIDATED_417	NUMBER(1)	Indicates if the surv417 has been validated
VALIDATED_643	NUMBER(1)	Indicates if the surv643 has been validated
OTHER_SETTING_SPECIFY	VARCHAR2(50)	Specific information for other setting,

Table Column Name	Table Column Datatype	Table Column Comment
OTHER_SERVICE_SPECIFY	VARCHAR2(50)	Specific information for other service.
SNF_HOME_CARE_IND	CHAR(1)	SNF Home care indicator
MCARE_PROV_NUM	VARCHAR2(10)	Medicare Provider Number
ACCRED	CHAR(1)	FOR HOSPITALS ONLY

Table Name SURV671APP

Table Comment CMS form 671 table

Table Column Name	Table Column Datatype	Table Column Comment
FACID	VARCHAR2(16)	Facility ID number
FACILITY_INTERNAL_ID	NUMBER	Facility Internal ID
TRACKID	CHAR(4)	Track ID
SURVEY_DT_BEGIN	DATE	THE BEGINNING DATE OF A SURVEY FOR A SPECIFIC FACILITY.
SURVEY_DT_END	DATE	THE ENDING DATE OF A SURVEY FOR A SPECIFIC FACILITY.
EXT_BEGIN_SURVEY_DT	DATE	BEGINNING DATE OF AN EXTENDED SURVEY.
EXT_END_SURVEY_DT	DATE	THE END DATE OF AN EXTENDED SURVEY
PHONE_NUM	VARCHAR2(10)	Phone number
SSA_COUNTY	VARCHAR2(3)	County
STATE_REGION_CD	VARCHAR2(3)	State Region Code
PROG_PARTCI	VARCHAR2(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.
PROV_BASED_FACILITY	VARCHAR2(2)	INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER BASED.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE.
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
MULT_FACL_ORG	VARCHAR2(1)	INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES.
NAME_MULT_FACL_ORG	VARCHAR2(38)	THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY.
NUM_AIDS_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.
NUM_ALZHEIMERS_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.
NUM_DIAL_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.
NUM_DIS_CHILD_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR DISABLED CHILDREN.
NUM_HEAD_TRAUMA_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HEAD TRAUMA.
NUM_HOSPICE_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.
NUM_HUNTING_DIS_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE
NUM_VENT_RESP_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/ RESPIRATORY CARE NEEDS.
NUM_SPEC_REHAB_BEDS	VARCHAR2(3)	THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY TGE FACILITY BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB NEEDS.
ORG_RESID_GRP	VARCHAR2(1)	INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP.

Table Column Name	Table Column Datatype	Table Column Comment
ORG_FAMILY_GRP	VARCHAR2(1)	INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.
EXPER_RESEARCH	VARCHAR2(1)	INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND TEST CLINICAL TREATMENTS.
CCRC_FACIL	VARCHAR2(1)	INDICATES IF THE FACILITY IS PART OF A CONTINUING CARE RETIREMENT COMMUNITY (CCRC).
WAIVED_7DAY_RN_DT	DATE	DATE OF 7 DAY RN WAIVER
WAIVED_7DAY_RN_HRS	VARCHAR2(20)	RN HOURS WAIVED PER WEEK
WAIVED_24HR_LN_DT	DATE	DATE OF 24 HOUR LN WAIVER
WAIVED_24HR_LN_HRS	VARCHAR2(3)	LN HOURS WAIVED PER WEEK
APPROVED_AID_TRNG_PGM	VARCHAR2(1)	INDICATES IF A FACILITY CURRENTLY HAS AN APPROVED NURSE AIDE TRAINING PROGRAM.
STAGGERED_SURVEY	VARCHAR2(1)	TYPE OF STAGGERED SURVEY, MORNING, EVENING, WEEKEND OR BLANK
SPECIAL_FOCUS_FACILITY	VARCHAR2(1)	SPECIAL FOCUS FACILITY
IDR_REQUEST_DT	DATE	IDR request date
IDR_COMPLETION_DT	DATE	IDR completion date
NUM_ADMN_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY.
NUM_ADMN_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY.
NUM_ADMN_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY.
SP_PHYS_ON_RES	VARCHAR2(1)	INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_PHYS_ON_NON_RES	VARCHAR2(1)	INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_PHYS_OFF_RES	VARCHAR2(1)	INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO RESIDENTS
NUM_MED_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_MED_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_MED_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.
NUM_OTH_PHY_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_OTH_PHY_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_OTH_PHY_CONTRACT	VARCHAR2(7)	NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
SP_PHYS_EXT_ON_RES	VARCHAR2()	INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_PHYS_EXT_ON_NON_RES	VARCHAR2(1)	INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_PHYS_EXT_OFF_RES	VARCHAR2(1)	INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_PHYS_EXT_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
NUM_PHYS_EXT_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
NUM_PHYS_EXT_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
SP_NURSING_ON_RES	VARCHAR2(1)	INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_NURSING_ON_NON_RES	VARCHAR2(1)	INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_NURSING_OFF_RES	VARCHAR2(1)	INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_RN_DON_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_RN_DON_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_RN_DON_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY.
NUM_NURSE_ADM_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_NURSE_ADM_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_NURSE_ADM_CONTRACT	VARCHAR2()	THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.
NUM_REG_NURSE_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_REG_NURSE_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_REG_NURSE_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY.
NUM_VOC_NURSE_FULL_TIME	VARCHAR2()	THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_VOC_NURSE_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_VOC_NURSE_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.
NUM_NURSE_AID_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_NURSE_AID_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_NURSE_AID_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES UNDER CONTRACT TO A FACILITY.
NUM_AID_TRNG_FULL_TIME	VARCHAR2()	THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_AID_TRNG_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_AID_TRNG_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT NURSE AIDES IN TRAINING UNDER CONTRACT TO A FACILITY.
NUM_MED_AID_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/TECHNICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_MED_AID_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/TECHNICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_MED_AID_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS UNDER CONTRACT TO A FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
SP_PHARMACY_ON_RES	VARCHAR2(1)	INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_PHARMACY_ON_NON_RES	VARCHAR2(1)	INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_PHARMACY_OFF_RES	VARCHAR2(1)	INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_PHAR_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_PHAR_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_PHAR_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY.
SP_DIETARY_ON_RES	VARCHAR2(1)	INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_DIETARY_ON_NON_RES	VARCHAR2(1)	INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_DIETARY_OFF_RES	VARCHAR2(20)	INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_DIET_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_DIET_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_DIET_CONTRACT	VARCHAR2(7)	THE NUMBER OF DIETICIANS UNDER CONTRACT
NUM_FOOD_SRV_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
SP_PODIATRY_ON_RES	VARCHAR2(1)	INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
NUM_FOOD_SRV_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_FOOD_SRV_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL UNDER CONTRACT TO A FACILITY.
SP_OCC_THER_ON_RES	VARCHAR2(1)	INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_OCC_THER_ON_NON_RES	VARCHAR2(1)	INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_OCC_THER_OFF_RES	VARCHAR2(1)	INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_OCC_THER_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_OCC_THER_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_OCC_THER_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.
NUM_OCC_ASST_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_OCC_ASST_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_OCC_ASST_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS UNDER CONTRACT TO A FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_OCC_AID_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_OCC_AID_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_OCC_AID_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY ASSISTANTS UNDER CONTRCAT TO A FACILITY.
SP_PHYS_THER_ON_RES	VARCHAR2(1)	INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_PHYS_THER_ON_NON_RES	VARCHAR2()	INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_PHYS_THER_OFF_RES	VARCHAR2(1)	INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_THER_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_THER_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_THER_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY.
NUM_THER_ASST_FULL_TIME	VARCHAR2(7)	NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.
NUM_THER_ASST_PART_TIME	VARCHAR2(7)	NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.
NUM_THER_ASST_CONTRACT	VARCHAR2(7)	NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASSISTANTS.
NUM_THER_AID_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_THER_AID_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_THER_AID_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY.
SP_SPEECH_PH_ON_RES	VARCHAR2(1)	INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_SPEECH_PH_ON_NON_RES	VARCHAR2(1)	INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_SPEECH_PH_OFF_RES	VARCHAR2(1)	INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_SPCH_PATH_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SPPECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_SPCH_PATH_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_SPCH_PATH_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS UNDER CONTRACT TO A FACILITY.
SP_THER_REC_ON_RES	VARCHAR2(1)	INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_THER_REC_ON_NON_RES	VARCHAR2(1)	INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
SP_THER_REC_OFF_RES	VARCHAR2(1)	INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_THER_REC_FULL_TIME	VARCHAR2(7)	NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.
NUM_THER_REC_PART_TIME	VARCHAR2(7)	NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.
NUM_THER_REC_CONTRACT	VARCHAR2(7)	NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC RECREATION SPECIALIST.
SP_ACT_THER_ON_RES	VARCHAR2(1)	INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
SP_ACT_THER_ON_NON_RES	VARCHAR2(1)	INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
SP_ACT_THER_OFF_RES	VARCHAR2(1)	INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_ACT_THER_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.
NUM_ACT_THER_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES PROFESSIONALS EMPLOYED PART TIME BY A FACILITY.
NUM_ACT_THER_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES PROFESSIONALS UNDER CONTRACT TO A FACILITY.
SP_OTH_ACT_ON_RES	VARCHAR2(1)	FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO RESIDENTS.
SP_OTH_ACT_ON_NON_RES	VARCHAR2(1)	FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF ONSITE TO NONRESIDENTS.
SP_OTH_ACT_OFF_RES	VARCHAR2(1)	FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY STAFF OFFSITE TO RESIDENTS.
NUM_OTH_ACT_FULL_TIME	VARCHAR2(7)	NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.
NUM_OTH_ACT_PART_TIME	VARCHAR2(7)	NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIVITIES STAFF.
NUM_OTH_ACT_CONTRACT	VARCHAR2(7)	NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.
SP_MED_SOC_ON_RES	VARCHAR2(1)	INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_MED_SOC_ON_NON_RES	VARCHAR2(1)	INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_MED_SOC_OFF_RES	VARCHAR2(1)	INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_SOCIAL_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_SOCIAL_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_SOCIAL_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY.
SP_OTH_SOC_ON_RES	VARCHAR2(1)	FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICES STAFF ONSITE TO RESIDENTS.
SP_OTH_SOC_ON_NON_RES	VARCHAR2(1)	INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
SP_OTH_SOC_OFF_RES	VARCHAR2(1)	FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL SERVICES STAFF OFFSITE TO RESIDENTS.
NUM_OTH_SOC_FULL_TIME	VARCHAR2(7)	NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
NUM_OTH_SOC_PART_TIME	VARCHAR2(7)	NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
NUM_OTH_SOC_CONTRACT	VARCHAR2(7)	NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.
SP_DENTAL_ON_RES	VARCHAR2(1)	INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_DENTAL_ON_NON_RES	VARCHAR2(1)	INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.

Table Column Name	Table Column Datatype	Table Column Comment
SP_DENTAL_OFF_RES	VARCHAR2(1)	INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_DENTIST_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_DENTIST_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_DENTIST_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT
SP_PODIATRY_ON_NON_RES	VARCHAR2(1)	INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_PODIATRY_OFF_RES	VARCHAR2(1)	INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_POD_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_POD_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_POD_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY.
SP_MEN_HLTH_ON_RES	VARCHAR2(1)	INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_MEN_HLTH_ON_NON_RES	VARCHAR2(1)	INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_MEN_HLTH_OFF_RES	VARCHAR2(1)	INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_MEN_HLTH_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_MEN_HLTH_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_MEN_HLTH_CONTRACT	VARCHAR2(20)	THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY.
SP_VOC_GUID_ON_RES	VARCHAR2(1)	INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_VOC_GUID_ON_NON_RES	VARCHAR2(1)	INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_VOC_GUID_OFF_RES	VARCHAR2(20)	INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
SP_CLIN_LAB_ON_RES	VARCHAR2(1)	INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_CLIN_LAB_ON_NON_RES	VARCHAR2(1)	INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_CLIN_LAB_OFF_RES	VARCHAR2(1)	INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
SP_DIAG_XRAY_ON_RES	VARCHAR2(1)	INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_DIAG_XRAY_ON_NON_RES	VARCHAR2(1)	INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_DIAG_XRAY_OFF_RES	VARCHAR2(1)	INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
SP_ADM_BLOOD_ON_RES	VARCHAR2(1)	INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_ADM_BLOOD_ON_NON_RES	VARCHAR2(1)	INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.
SP_ADM_BLOOD_OFF_RES	VARCHAR2(1)	INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

Table Column Name	Table Column Datatype	Table Column Comment
SP_HOUSE_KP_ON_RES	VARCHAR2(1)	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO RESIDENTS.
SP_HOUSE_KP_ON_NON_RES	VARCHAR2(20)	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS.
SP_HOUSE_KP_OFF_RES	VARCHAR2(1)	INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.
NUM_HOUSE_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.
NUM_HOUSE_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.
NUM_HOUSE_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY.
NUM_OTH_FULL_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.
NUM_OTH_PART_TIME	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.
NUM_OTH_CONTRACT	VARCHAR2(7)	THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.
VALIDATED	NUMBER(1)	Validated?
FEEDING_ASSIST_PROG_IND	VARCHAR2(1)	Feeding Assistance Program Indicator

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Table Comment HCFA 672 information

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
FACID	VARCHAR2(16)	Fac ID
CEN_MEDICARE	NUMBER(4)	NUMBER OF RESIDENTS WHO ARE MEDICARE BENEFICIARIES.
CEN_MEDICAID	NUMBER(4)	NUMBER OF RESIDENTS WHO ARE MEDICAID RECIPIENTS.
CEN_OTHER	NUMBER(4)	NUMBER OF RESIDENTS NOT MEDICARE OR MEDICAID BENEFICIARIES.
CEN_TOT_RES	NUMBER(5)	Total number of residents
CEN_CONT_PART_TOT_BOW	NUMBER(3)	CONTINENCE - NUMBER OF RESIDENTS OCCASIONALLY OR FREQUENTLY INCONTINENT OF BOWEL.
CEN_BTHNG_INDEP	NUMBER(3)	BATHING - NUMBER OF INDEPENDENT RESIDENTS.
CEN_CONT_IND_BLD_TR_PRG	NUMBER(3)	CONTINENCE - NUMBER OF RESIDENTS ON INDIVIDUALLY WRITTEN BLADDER TRAINING PROGRAM.
CEN_BTHING_SUPER	NUMBER(3)	BATHING - NUMBER OF RESIDENTS ASSISTED BY STAFF.
CEN_BTHING_TOT_DEP	NUMBER(3)	BATHING - NUMBER OF RESIDENTS DEPENDENT ON STAFF.
CEN_TRN_INDEP	NUMBER(3)	TRANSFERRING - NUMBER OF INDEPENDENT RESIDENTS.
CEN_TRN_SUPER	NUMBER(3)	TOILET USE - NUMBER OF RESIDENTS ASSISTED BY STAFF.
CEN_TRN_TOT_DEP	NUMBER(3)	TOILET USE - NUMBER OF RESIDENTS DEPENDENT ON STAFF.
CEN_TOILET_INDEP	NUMBER(3)	TOILET USE - NUMBER OF INDEPENDENT RESIDENTS.
CEN_TOILET_SUPER	NUMBER(3)	TOILET USE - NUMBER OF RESIDENTS ASSISTED BY STAFF.

Table Column Name	Table Column Datatype	Table Column Comment
CEN_TOILET_TOT_DEP	NUMBER(3)	TOILET USE - NUMBER OF RESIDENTS DEPENDENT ON STAFF.
CEN_EAT_INDEP	NUMBER(3)	EATING - NUMBER OF INDEPENDENT RESIDENTS.
CEN_EAT_SUPER	NUMBER(3)	EATING - NUMBER OF RESIDENTS ASSISTED BY STAFF.
CEN_EAT_TOT_DEP	NUMBER(3)	EATING - NUMBER OF RESIDENTS ASSISTED BY STAFF.
CEN_CONT_INDWELL_CATH	NUMBER(3)	CONTINENCE - NUMBER OF RESIDENTS WITH INDWELLING OR EXTERNAL CATHETER.
CEN_CONT_CATH_ADMIT	NUMBER(3)	NUMBER OF RESIDENTS WITH CATHETERS PRESENT ON ADMISSION
CEN_CONT_PART_TOT_BLD	NUMBER(3)	CONTINENCE - NUMBER OF RESIDENTS OCCASIONALLY OR FREQUENTLY INCONTINENT OF BLADDER.
CEN_CONT_IND_BOW_TR_PRG	NUMBER(3)	CONTINENCE - NUMBER OF RESIDENTS ON INDIVIDUALLY WRITTEN BOWEL TRAINING PROGRAM.
CEN_MOBIL_BEDFAST	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS WHO ARE BEDFAST MOST OR ALL OF THE TIME.
CEN_MOBIL_CHAIRBOUND	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS IN CHAIRS MOST OR ALL OF THE TIME.
CEN_MOBIL_AMBULATORY	NUMBER(3)	MOBILITY - NUMBER OF INDEPENDENTLY AMBULATORY RESIDENTS
CEN_MOBIL_AMBUL_ASST	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS NEEDING ASSISTANCE OR ASSISTIVE DEVICE FOR AMBULATION.
CEN_MOBIL_RESTRAINED	NUMBER(3)	MOBILITY - NUMBER OF PHYSICALLY RESTRAINED RESIDENTS.
CEN_MOBIL_RESTRAIN_ORDR	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS ADMITTED WITH ORDERS FOR RESTRAINTS.
CEN_MOBIL_CONTRACTURES	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS WITH CONTRACTURES
CEN_MOBIL_CONT_ADMIT	NUMBER(3)	MOBILITY - NUMBER OF RESIDENTS WITH CONTRACTURES AT TIME OF ADMISSION.
CEN_MEN_RETARD	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH MENTAL RETARDATION.
CEN_MEN_DEPRESSION	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH DOCUMENTED SIGNS AND SYMPTOMS OF DEPRESSION.
CEN_MEN_PSY_DIAG_NONORG	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH DOCUMENTED PSYCHIATRIC DIAGNOSIS (EXCLUDING DEMENTIAS AND DEPRESSION.)
CEN_MEN_PSY_DIAG	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH DEMENTIA, MULTI-INFARCT, SENILE, ALZHEIMER'S TYPE, OR OTHER THAN ALZHEIMER'S TYPE
CEN_MEN_BEHAVIOR	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH BEHAVIORAL SYMPTOMS.
CEN_MEN_BEHAVIOR_MGNT	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH BEHAVIORAL SYMPTOMS RECEIVING A BEHAVIOR MANAGEMENT PROGRAM.
CEN_MEN_BEHAVIOR_MGMT	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS WITH BEHAVIORAL SYMPTOMS RECEIVING A BEHAVIOR MANAGEMENT PROGRAM.
CEN_MEN_NEED_NURS_SRV	NUMBER(3)	MENTAL STATUS - NUMBER OF RESIDENTS RECEIVING HEALTH REHABILITATIVE SERVICES FOR MI/MR.
CEN_SKIN_PRES_SORE	NUMBER(3)	SKIN INTEGRITY - NUMBER OF RESIDENTS WITH PRESSURE SORES, EXCLUDING STAGE 1.
CEN_SKIN_SORES_ADMIT	NUMBER(3)	SKIN INTEGRITY - NUMBER OF RESIDENTS WITH PRESSURE SORES ON ADMISSION.
CEN_SKIN_SPEC_CARE	NUMBER(3)	SKIN INTEGRITY - NUMBER OF RESIDENTS RECEIVING PREVENTIVE SKIN CARE.
CEN_SKIN_RASH	NUMBER(3)	SKIN INTEGRITY - NUMBER OF RESIDENTS WITH SKIN RASHES.

Table Column Name	Table Column Datatype	Table Column Comment
CEN_SPEC_HOSPICE_BENE	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING HOSPICE CARE BENEFIT.
CEN_SPEC_RADIATION	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING RADIATION THERAPY.
CEN_SPEC_CHEMO	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING CHEMOTHERAPY.
CEN_SPEC_DIALYSIS	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING DIALYSIS.
CEN_SPEC_THER_BLOOD_TRN	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING INTRAVENOUS THERAPY, PARENTERAL NUTRITION, AND/OR BLOOD TRANSFUSIONS.
CEN_SPEC_RESP_CARE	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING RESPIRATORY TREATMENT.
CEN_SPEC_TRACH_CARE	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING TRACHEOSTOMY CARE.
CEN_SPEC_OSTOMY_CARE	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING OSTOMY CARE
CEN_SPEC_SUCTION	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING SUCTIONING
CEN_SPEC_INJECT	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING INJECTIONS
CEN_SPEC_REC_TUBE_FEED	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING TUBE FEEDINGS.
CEN_SPEC_MECH_DIET	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING MECHANICALLY ALTERED DIETS INCLUDING PUREED AND ALL CHOPPED FOOD.
CEN_SPEC_REHAB_SRV	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS RECEIVING SPECIALIZED REHABILITATIVE SERVICES.
CEN_SPEC_EATING_DEVICE	NUMBER(3)	SPECIAL CARE - NUMBER OF RESIDENTS USING ASSISTIVE DEVICES WHILE EATING.
CEN_MED_PSY_ACT_DRUGS	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING PSYCHOACTIVE DRUGS.
CEN_MED_PSYCHOTIC	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING ANTIPSYCHOTIC MEDICATIONS.
CEN_MED_ANXIETY	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING ANTIANXIETY MEDICATIONS.
CEN_MED_DEPRESSANT	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING ANTIDEPRESSANT MEDICATIONS.
CEN_MED_HYPNOTIC	NUMBER	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING HYPNOTIC MEDICATIONS.
CEN_MED_ANTIBIOTIC	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS RECEIVING ANTIBIOTICS.
CEN_MED_PAIN_MANAGE	NUMBER(3)	MEDICATIONS - NUMBER OF RESIDENTS ON PAIN MANAGEMENT PROGRAM.
CEN_OTHER_WEIGHT_CHANGE	NUMBER(3)	OTHER - NUMBER OF RESIDENTS WITH UNPLANNED SIGNIFICANT WEIGHT LOSS/GAIN.
CEN_OTHER_ENGL_NON_PRIM	NUMBER(3)	OTHER - NUMBER OF RESIDENTS WHO DO NOT COMMUNICATE IN DOMINANT LANGUAGE OF FACILITY, INCLUDING THOSE WHO USE SIGN LANGUAGE.
CEN_OTHER_NON_ORAL_DEVC	NUMBER(3)	OTHER - NUMBER OF RESIDENTS WHO USE NON-ORAL COMMUNICATION DEVICES.
CEN_OTHER_RESCUE_ORDERS	NUMBER(3)	OTHER - NUMBER OF RESIDENTS WITH ADVANCE DIRECTIVES.
CEN_INFLUNZA_IMMNZTH	NUMBER(3)	THE NUMBER OF RESIDENTS WHO RECEIVED INFLUENZA IMMUNIZATIONS.
CEN_PNMCCCL_VACCINE	NUMBER(3)	THE NUMBER OF RESIDENTS WHO RECEIVED PNEUMOCOCCAL VACCINE
CEN_DRESS_INDEP	NUMBER(3)	DRESSING - NUMBER OF INDEPENDENT RESIDENTS.
CEN_DRESS_SUPER	NUMBER(3)	DRESSING - NUMBER OF RESIDENTS ASSISTED BY STAFF.
CEN_DRESS_TOT_DEP	NUMBER(3)	DRESSING - NUMBER OF RESIDENTS DEPENDENT ON STAFF.

Table Column Name	Table Column Datatype	Table Column Comment
OMBUDSMAN_NOTIFIED	CHAR(1)	INDICATES IF THE OMBUDSMAN WAS NOTIFIED PRIOR TO THE SURVEY OF THE FACILITY.
OMBUDSMAN_PRESENT	CHAR(1)	INDICATES IF AN OMBUDSMAN WAS PRESENT AT ANY TIME DURING THE SURVEY.
DRUG_ERROR_RATE	NUMBER	THE NUMBER OF MEDICATION ERRORS OBSERVED DIVIDED BY THE OPPORTUNITIES FOR ERRORS (DOSES ADMINISTERED + DOSES ORDERED BUT NOT ADMINISTERED) X 100.
VALIDATED	NUMBER(1)	Has the form been validated?

Table Name SURVBUILDING

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
BUILDID	CHAR(2)	Building ID
FACID	VARCHAR2(16)	Fac ID
ODIE_BUILDNO	CHAR(2)	ODIE Building Number
COMPL_ACCEPT_PLAN_COR	CHAR(1)	APPROVED WAIVER OF POC
COMPL_ALL_PROVISIONS	CHAR(1)	APPROVED WAIVER OF ALL PROVISIONS
COMPL_FSSES	CHAR(1)	APPROVED WAIVER OF FSSES
COMPL_WAIVER	CHAR(1)	Approved waiver
STATUS_COMPL	CHAR(1)	INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.
SHORTLSC	NUMBER(1)	Short LSC form
PERFBASEDESIGN	CHAR(1)	Performance Based Design

Table Name SURVCAT**Table Comment** Survey categories

Table Column Name	Table Column Datatype	Table Column Comment
SURVCATEG	VARCHAR2(1)	Survey category code
DESCRIP	VARCHAR2(22)	Survey category description
ABBREV	VARCHAR2(6)	Survey category abbreviation
ICONID	VARCHAR2(30)	Icon ID
LISTORDER	VARCHAR2(2)	List order

Table Name SURVCITE**Table Comment** Survey citation master list

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
BUILDID	CHAR(2)	Building ID
REGSETID	CHAR(4)	Regulation set unique tracking ID
TAG	CHAR(4)	Tag ID
TAGVERS	VARCHAR2(2)	Tag version
FACID	VARCHAR2(16)	Facility ID
REGCLASS	VARCHAR2(1)	Regulation class
REG_ID	VARCHAR2(1)	Regulation ID
SURV_DATE	DATE	Survey date: cascaded from Survey table
CITETYPES	VARCHAR2(5)	List of citation types: Federal tag, state tag, complaint tag, revisit tag (up to 5 types can be selected).
SCOPE	NUMBER(1)	Assigned scope level
SEVERITY	NUMBER(1)	Assigned severity level
POCAPPR	DATE	Date POC approved
POCDATE	DATE	Date of POC
CORRECTDT	DATE	Correction date
LABSPECIALTY	VARCHAR2(512)	Lab Specialty
PREVSURV	DATE	Previous survey date
COMPLETEDT	DATE	Survey completion date
FACSIGNATURE	VARCHAR2(50)	Signature
FACPASSWORD	VARCHAR2(50)	Password
FACEXTRA	VARCHAR2(512)	Extra
CITESTATCODE	CHAR(1)	Citation status code corresponding to OSCAR STATUS.CD values

Table Column Name	Table Column Datatype	Table Column Comment
CITESTATDESC	VARCHAR2(30)	Citation status code description corresponding to OSCAR STATUS.CD values
POC	CLOB	Plan of correction (POC) text
TRACKID	CHAR(4)	Track ID
ENF_INT_ID	VARCHAR2(6)	Enforcement Internal ID
ISCERT	NUMBER(1)	Is citation from a certification?
ISCOMP	NUMBER(1)	Is citation from a complaint?
IDRDELETE	NUMBER(1)	IDR deleted indicator
IDRTAGCHGREGSETID	CHAR(4)	The REGSETID of the tag changed to under the 'Tag Change' IDR process.
IDRTAGCHGTAG	CHAR(4)	The TAG ID of the tag changed to under the 'Tag Change' IDR process.
IDRISCHGTAG	NUMBER(1)	Indicates the citation has been changed to a new tag under IDR 'Tag Change'
IDRORIGSS	CHAR(1)	Original SS
IDRREQREASCODE	CHAR(2)	IDR request reason code
IDRREQREASDESC	VARCHAR2(30)	IDR request reason description.
IDRSTAT	CHAR(2)	IDR status code - Lookup Value. 01 - None 02 - Requested 03 - No Change 04 - Tag Change 05 - Tag Removed 06 - S/S Change 07 - Examples Removed/Other Wording Change 08 - S/S Change/Examples Removed/Other Wording Change 09 - New Tag at IDR 10 - Request Withdrawn 11 - Result of Tag Change
IDRSTATDESC	VARCHAR2(30)	IDR status description.
ISSQOC	NUMBER(1)	Is the citation SQOC?
EXIT_DATE	DATE	Survey exit date
IDRRLSS	CHAR(1)	Indicates if Scope/Severity has been raised or lowered by IDR.
IDRREASON	CHAR(2)	Reason for IDR. Lookup Value. 01 - No Change. 02 - Additional information provided after the survey. 03 - Facility found non-culpable for incident. 04 - Insufficient evidence/facts don't support def. 05 - Inaccurate facts 06 - Wording/grammar change. 07 - Other.
SETTLEDELETE	NUMBER(1)	Settlement Delete indicator.
SETTLETAGCHGREGSETID	CHAR(4)	The REGSETID of the tag changed to under the 'Tag Change' settlement process.
SETTLETAGCHGTAG	CHAR(4)	The TAG ID of the tag changed to under the 'Tag Change' settlement process.
SETTLEISCHGTAG	NUMBER(1)	Indicates the citation has been changed to a new tag under settlement 'Tag Change'
SETTLEORIGSS	CHAR(1)	Original SS
SETTLESTATDESC	VARCHAR2(30)	Settlement status description
SETTLERLSS	CHAR(1)	Indicates if Scope/Severity has been raised or lowered by settlement.
SETTLESTAT	CHAR(2)	Settlement status code. 01 - None 02 - Appealed 03 - No Change 04 - Tag Change 05 - Tag Removed 06 - S/S Change 07 - Examples Removed/Other Wording Change 08 - S/S Change/Examples Removed/Other Wording Change 09 - New Tag at hearing 10 - Appeal Withdrawn 11 - Result of Tag Change at hearing

Table Column Name	Table Column Datatype	Table Column Comment
ISPNC	NUMBER(1)	12 - Correction date change. Past Non-Compliance Indicator

Table Name SURVCMHC

Table Comment CMHC (Community Mental Health Centers) Information

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
NUM_M_D_OTHER_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OTHER MDS EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER
NUM_M_D_OTHER_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OTHER MDS EMPLOYED DIRECTLY BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_M_D_PSYCHIATR_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT MD PSYCHIATRISTS EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_M_D_PSYCHIATR_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT MD PSYCHIATRISTS EMPLOYED DIRECTLY BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_NURSE_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT NURSES EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_NURSE_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT NURSES EMPLOYED DIRECTLY BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_OTHER_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OTHER STAFF EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_OTHER_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OTHER STAFF EMPLOYED DIRECTLY BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_PSYCHOL_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT PSYCHOLOGISTS EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_PSYCHOL_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT PSYCHOLOGISTS EMPLOYED DIRECTLY BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_SOC_WRKS_BS_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS (BS) EMPLOYED UNDER ARRANGEMENT BY A COMMUNITY MENTAL HEALTH CENTER.
NUM_SOC_WRKS_BS_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS (BS) EMPLOYED DIRECTLY BY A CMHC.
NUM_SOC_WRKS_MS_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS (MS) EMPLOYED UNDER ARRANGEMENT BY A CMHC.
NUM_SOC_WRKS_MS_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS (MS) EMPLOYED DIRECTLY BY A CMHC.
NUM_THER_GROUP_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT GROUP THERAPISTS EMPLOYED UNDER ARRANGEMENT BY A CMHC.
NUM_THER_GROUP_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT GROUP THERAPISTS EMPLOYED DIRECTLY BY A CMHC.
NUM_THER_OCCUP_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED UNDER ARRANGEMENT BY A CMHC.
NUM_THER_OCCUP_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED DIRECTLY BY A CMHC.
NUM_THER_RECR_ARGNM	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT RECREATIONAL THERAPISTS EMPLOYED UNDER ARRANGEMENT BY A CMHC.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_THER_RECR_DIR	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT RECREATIONAL THERAPISTS EMPLOYED DIRECTLY BY A CMHC.
PART_MEDICARE_MEDICAID	CHAR(1)	INDICATES IF A SUPPLIER IS PART OF ANOTHER PROVIDER OF MEDICARE/MEDICAID SERVICES.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NUMBER OF THE HIGHEST LEVEL OF CARE.
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
VALIDATED	NUMBER(1)	Indicates if the CMHC form has been validated.

Table Name SURVDL

Table Comment Citation evidence table

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
BUILDID	CHAR(2)	Building ID
REGSETID	CHAR(4)	Regulation set ID
TAG	CHAR(4)	Tag number
STAFFID	VARCHAR2(5)	Staff ID
SURV_DATE	DATE	Health survey date. Cascaded from parent table: Survey.
REGCLASS	VARCHAR2(1)	Reg class
REGID	VARCHAR2(1)	Regulation ID letter
MODIFIED	NUMBER(5)	Date citation created/modified
ORDERS	VARCHAR2(1)	Order of citation element on 2567
TEXTM	CLOB	Surveyor evidence
TRACKID	CHAR(4)	TrackID.

Table Name SURVDL2

Table Comment Citation evidence table

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
REGSETID	CHAR(4)	Regulation set ID
TAG	CHAR(4)	Tag number
STAFFID	VARCHAR2(5)	Staff ID Number.
BUILDID	CHAR(2)	Building ID
QANOTES	CLOB	QA Notes

Table Name SURVEXT

Table Comment Survey extent list

Table Column Name	Table Column Datatype	Table Column Comment
SURVEXT	VARCHAR2(1)	Survey extension code
DESCRIP	VARCHAR2(22)	Survey extension description
ABBREV	VARCHAR2(6)	Survey extension abbreviation
ICON	VARCHAR2(15)	ICON

Table Name SURVEY

Table Comment Survey Information

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
TRACKID	CHAR(4)	Track ID number.
FACID	VARCHAR2(16)	Fac ID
CITY	VARCHAR2(25)	Facility city
NAME	VARCHAR2(40)	facility name
EVENTTYPE	VARCHAR2(1)	Survey event type. 1=health, 2 = LSC

Table Column Name	Table Column Datatype	Table Column Comment
EVENTSEQ	VARCHAR2(1)	Event sequence: 1=initial event, 2...=Followup.
SURV_DATE	DATE	Date of survey entrance
EXIT_DATE	DATE	Exit date of survey
SURVCATEG	VARCHAR2(5)	String of secondary survey categories
SURVEXT	VARCHAR2(5)	Survey extent
SSTYPE	VARCHAR2(1)	Type of allowed scope and severity for survey: 0=none, 1=numeric, 2=alpha
PREVSURV	DATE	Prior survey date (if revisit).
STATUS	VARCHAR2(1)	Status of survey event: active, closed, pending
STATUSDATE	DATE	Date of last status change
STATUSBY	VARCHAR2(5)	Staff ID of user making last status change.
LINKEDFROM	VARCHAR2(6)	Tracking ID of event that created this current event (linked list).
ORIGID	VARCHAR2(6)	Orig ID
ORIGDATE	DATE	orig date
LINKEDTO	VARCHAR2(6)	Linked to EventID
HASFORMS	NUMBER(1)	Has forms?
HASLETTERS	NUMBER(1)	Has letters?
HASRESIDENTS	NUMBER(1)	Has Residents?
HASQI	NUMBER(1)	Has QI?
HASPHOTOS	NUMBER(1)	Has photos?
SUPERHRS	NUMBER(8,2)	Supervisor hours
ROSUPER	NUMBER(8,2)	RO supervisor hours
CLERICHRS	NUMBER(8,2)	Clerical hours
ROCLERIC	NUMBER(8,2)	RO clerical hours
DLONSITE	NUMBER(8,2)	Indicates if the Statement of Deficiency was given to the provider on-site at the completion of the survey.
RECYCLE	NUMBER(1)	Indicates if a survey is in the recycler.
CHECKOUT	NUMBER(1)	Check out?
CHECKOUTDATE	DATE	Check out date
CHECKOUTBY	VARCHAR2(5)	Check out by
CHECKINDATE	DATE	Check in date
CHECKINBY	CHAR(5)	Check in by
RELEASE	NUMBER(1)	Release?
RELEASEDATE	DATE	Release date
RELEASEBY	CHAR(5)	Release by
ADMSIGNOFF	DATE	Date facility administrator signs off on POC
POCSENT	DATE	Date SOD sent
POCRECVD	DATE	Date POC received
STAGGERSTAT	CHAR(2)	Stagger status
STAGGERED_AM_PM_CD	CHAR(1)	Staggered AM/PM code
STAGGERED_DAY_WEEK_CD	CHAR(3)	Staggered Day/Week code
STAGGERED_TIME	CHAR(5)	Staggered time
IDRREQDATE	DATE	IDR request date
IDRCOMPDATE	DATE	IDR complete date
REVISREQ	DATE	Revisit required date
REVREQID	VARCHAR2(16)	revisit req ID
POCAPPR	DATE	POC approval date
REVRESP	CHAR(2)	Revisit response
REVRESPDT	DATE	Revisit response date
POCNOTES	CLOB	POC notes
ENF_INT_ID	VARCHAR2(6)	Enforcement Internal ID
HICITELIST	VARCHAR2(58)	Highest cited tags
IDRWITHDRAWN	DATE	Date IDR withdrawn
IDRCONDUCT	DATE	Date IDR conducted
IDREMPLOYEEID	VARCHAR2(16)	IDR Employee ID
SUBCOMPLIANCE	DATE	Substantial compliance date
IJ_ID	CHAR(3)	Immediate Jeopardy ID
IJ_STATUS	CHAR(1)	Immediate Jeopardy status
IDRCONDUCTBYNAME	VARCHAR2(60)	Name of person conducting IDR.
IDRTYPE	CHAR(2)	IDR type.
IDRADDODOCRECD	DATE	IDR Additional Documentation Received Date
REV2567DATE	DATE	Revised 2567 Issued Date
ENFDATECHANGED	NUMBER(1)	Has the enforcement date changed

Table Column Name	Table Column Datatype	Table Column Comment
REQUIRESREVISIT	NUMBER(1)	Indicates if a revisit is required.
READYFORREVISIT	NUMBER(1)	Is the facility ready for a revisit.
IDRSCHEDULED	DATE	IDR schedule data.
IDRREVPOCREQD	NUMBER(1)	Is a POC required for a revisit.
IDRREVPOCRECVDATE	DATE	Date revisit POC date was received
ISLICONLY	CHAR(1)	Is the facility state licensure only
SQOCLIST	VARCHAR2(58)	Highest SQOC tags.
HICITESS	CHAR(1)	Tags with highest Scope/severity.
LATESTX5	DATE	Latest Completed Date from SurvCite.
ISPNC	NUMBER	Indicates if the survey has a past noncompliance
ONSITE_SRVY_NAME	VARCHAR2(5)	Onsite survey name
QIS_ARCHVD_DT	DATE	Archive date.
CMPLT_2567_SW	VARCHAR2(1)	CMS2567 Complete indicator.
SHL_ONLY_SW	NUMBER(1)	Shell Survey Indicator.
FMS_ACPTD_SW	VARCHAR2(1)	FMS accepted indicator.
UPDT_STF_ID	CHAR(5)	Staff ID of person updating the record.
UPDT_STF_NAME	VARCHAR2(40)	Staff name of person updating the record.
UPDT_TS	DATE	Time stamp when record was updated.

Table Name SURVEY_LAST_EDIT

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	VARCHAR2(6)	EVENTID
UPDT_STF_ID	VARCHAR(5)	ID number of staff member updating the record.
UPDT_STF_NAME	VARCHAR2(40)	Name of staff member updating the record.
UPDT_TS	DATE	Date and time record was updated.

Table Name SURVFQHC

Table Comment FQHC (Federally Qualified Health Center) information.

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
APPROVED_MEDICARE_RHC	CHAR(1)	INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL HEALTH CLINIC.
APPROVED_RHC_PROV_NUM	VARCHAR2(6)	APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.
FED_FUNDED_FFHC	CHAR(1)	INDICATED WHETHER THIS FQHC IS FEDERALLY FUNDED.
PART_MEDICARE_MEDICAID	CHAR(1)	INDICATES IF A SUPPLIER IS PART OF ANOTHER PROVIDER OF MEDICARE/MEDICAID SERVICES.
RELATED_PROV_NUM	VARCHAR2(10)	THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NUMBER OF THE HIGHEST LEVEL OF CARE.
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
VALIDATED	NUMBER(1)	Indicates if the FQHC form has been validated.

Table Name SURVOFCHOUR

Table Comment Survey Office Hours

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
SURVCATEG	CHAR(1)	Survey categories.
SUPERHRS	NUMBER(8,2)	Supervisor hours
ROSUPER	NUMBER(8,2)	RO Supervisor Hours
CLERICHRS	NUMBER(8,2)	Cleric hours
ROCLERIC	NUMBER(8,2)	RO Cleric hours.
DLONSITE	NUMBER(1)	DL onsite

Table Name SURVPOCTRACK**Table Comment** Tracks POC's

Table Column Name	Table Column Datatype	Table Column Comment
POCTRACKID	NUMBER(10)	POC Track ID
EVENTID	CHAR(6)	Event ID
POCDUE	DATE	POC Due date
POCRECV	DATE	POC received
POCUNACCEPT	DATE	POC Unacceptable
TARGET	DATE	Target date
POCREVW	DATE	POC review date
POCSTATUS	CHAR(1)	POC status
POCSTATDT	DATE	POC status date

Table Name SURVPRTF**Table Comment** PPRTF (Psychiatric Residential Treatment Facility) Information.

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID
FACILITY_INTERNAL_ID	NUMBER(10)	Facility Internal ID
ACKNOW_COMPL_REQ_IND	CHAR(1)	ACKNOWLEDGMENT THAT NEW ATTESTATION OF COMPLIANCE IS REQUIRED FOR DIRECTOR CHANGE
ACKNOW_RIGHT_ONSITE_IND	CHAR(1)	ACKNOWLEDGMENT OF STATE SURVEY AGENCY'S RIGHT TO CONDUCT ON-SITE SURVEY
DIR_FIRST_NAME	VARCHAR2(20)	DIRECTORS FIRST NAME
DIR_LAST_NAME	VARCHAR2(20)	DIRECTORS LAST NAME
DIR_MIDDLE_INITIAL	CHAR(1)	DIRECTOR'S MIDDLE INITIAL
DT_ATTEST_RECEIVED_SA	DATE	DATE ATTESTATION WAS RECEIVED BY STATE MEDICAID AGENCY
DT_ATTEST_SIGNED_SA	DATE	DATE ATTESTATION SIGNED BY SA
FACIL_MEETS_483_IND	CHAR(1)	FACILITY CERTIFIES THAT IT MEETS PART 483, SUBPART G
NUM_MEDICAID_RES	NUMBER(4)	NUMBER OF MEDICAID RESIDENTS IN THE FACILITY
NUM_RES_PAID_BY_OTHR_SA	NUMBER(4)	NUMBER OF RESIDENTS WHOSE BENEFITS ARE PAID BY ANOTHER STATE
ONSITE_SURVEY_IND	CHAR(1)	WAS THIS AN ON-SITE SURVEY?
PAYMENT_SA_ABBREV_1	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_2	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_3	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_4	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_5	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_6	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_7	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_8	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_9	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.

Table Column Name	Table Column Datatype	Table Column Comment
PAYMENT_SA_ABBREV_10	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_11	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_12	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_13	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_14	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
PAYMENT_SA_ABBREV_15	CHAR(2)	STATES FROM WHICH THE FACILITY HAS RECEIVED PAYMENT FOR THE PSYCH UNDER 21 BENEFIT.
SA_CONTACT_NAME	VARCHAR2(50)	State Agency contact name.
SA_CONTACT_PHONE	VARCHAR2(13)	State Agency contact phone number
SA_REMARKS	VARCHAR2(4000)	State Agency remarks
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
SMA_NAME	VARCHAR2(50)	State Medicaid Agency Contact Name
SMA_PHONE	VARCHAR2(13)	State Medicaid Agency Contact Telephone No.
SSA_REMARKS	VARCHAR2(4000)	State Survey Agency Remarks
VALIDATED	NUMBER(1)	Indicates if the PRTF form has been validated.

Table Name SURVREGS

Table Comment Regulation sets associated with specific survey event

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
REGSETID	CHAR(4)	Regulation set unique tracking ID

Table Name SURVTEAM

Table Comment Survey team composition and 670 detail

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
STAFFID	CHAR(5)	Staff ID - part of PK
SURV_DATE	DATE	Survey date
STAFFNM	VARCHAR2(40)	Staff name
TITLECODE	CHAR(2)	Staff title
DARRIVE	DATE	CMS form 670 Fields
DDEPART	DATE	CMS form 670 Fields
NPREHOURS	NUMBER(8,2)	CMS form 670 Fields
NONSITE12	NUMBER(8,2)	CMS form 670 Fields
NONSITE8	NUMBER(8,2)	CMS form 670 Fields
NONSITE6	NUMBER(8,2)	CMS form 670 Fields
NTRAVELHR	NUMBER(8,2)	CMS form 670 Fields
NOFFSITE	NUMBER(8,2)	CMS form 670 Fields
LLEADER	NUMBER(1)	CMS form 670 Fields
ONTEAM	NUMBER(1)	CMS form 670 Fields
SURVNOTES	CLOB	CMS form 670 Fields
MSGID	NUMBER(10)	MsgID
TRACKID	CHAR(4)	Track ID
STG_1_SMPL_RCNCLTN_SRVYR_SW	VARCHAR2(1)	Surveyor assigned to Stage 1 Sample Reconciliation
SRVY_TOUR_SRVYR_SW	VARCHAR2(1)	Surveyors assigned to survey tour

Table Name SURVTEAM670

Table Comment Tracks surveyors for the 670 form.

Table Column Name	Table Column Datatype	Table Column Comment
EVENTID	CHAR(6)	Event ID
STAFFID	CHAR(5)	Staff ID - part of PK
SURVCATEG	CHAR(1)	Survey Category
TITLECODE	CHAR(2)	Title Code
DARRIVE	DATE	Arrival date
DDEPART	DATE	Departure date
NPREHOURS	NUMBER(8,2)	Pre-survey hours
NONSITE12	NUMBER(8,2)	Onsite hours 12am - 8am
NONSITE8	NUMBER(8,2)	Onsite hours 8am - 6pm
NONSITE6	NUMBER(8,2)	Onsite hours 6pm - 12am
NTRAVELHR	NUMBER(8,2)	Travel hours
NOFFSITE	NUMBER(8,2)	Off site hours
LLEADER	NUMBER(1)	Is the surveyor the team leader?
ONTEAM	NUMBER(1)	Is the surveyor on the team?

Table Name SURVWKST

Table Comment Hospital Worksheet data.

Table Column Name	Table Column Datatype	Table Column Comment
TRACKID	CHAR(4)	Track ID - Primary Key
FACILITY_INTERNAL_ID	NUMBER(10)	Facility internal ID.
ACCRED_EFF_DT	DATE	THE EFFECTIVE DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA).
ACCRED_EXP_DT	DATE	THE EXPIRATION DATE OF THE CURRENT PERIOD OF ACCREDITATION BY THE JOINT COMMITTEE ON ACCREDITATION OF HEALTH CARE ORGANIZATIONS (JCAHO) OR THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA).
CLIA_ID_NUM_A	VARCHAR2(10)	NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA).
CLIA_ID_NUM_B	VARCHAR2(10)	NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)
CLIA_ID_NUM_C	VARCHAR2(10)	NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)
CLIA_ID_NUM_D	VARCHAR2(10)	NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)
CLIA_ID_NUM_E	VARCHAR2(10)	NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT ACT (CLIA)
MED_SCHL_AFF	CHAR(1)	THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH A MEDICAL SCHOOL
NON_PARTICIPATING_TYPE	CHAR(1)	INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS FEDERAL OR OTHER THAN FEDERAL.
NUM_CERT_RN_ANEST	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA) EMPLOYED BY A HOSPITAL
NUM_DIETICIANS	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A FACILITY
NUM_LAB_MED_TECHS	NUMBER(7,2)	NUMBER OF MEDICAL TECHS (LAB)
NUM_LAB_TECHS	NUMBER(7,2)	NUMBER OF LAB TECHS
NUM_LPN_LVN	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY.

Table Column Name	Table Column Datatype	Table Column Comment
NUM_MED_SOCIAL_WRKS	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS EMPLOYED BY A HOSPITAL OR HOSPICE
NUM_NUCL_MED_TECHS	NUMBER(7,2)	NUMBER OF NUCLEAR MEDICINE TECHS.
NUM_NURSE_PRACT	NUMBER(7,2)	NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS.
NUM_OCCUP_THERAPIST	NUMBER(7,2)	THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER
NUM_OTHER_PERSNL	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY.
NUM_PHARMACIST_REG	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER.
NUM_PHYS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED BY A PROVIDER
NUM_PHYS_ASSIST	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.
NUM_PHYS_THERAPY	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER
NUM_PSYCHOL	NUMBER(7,2)	NUMBER OF PSYCHOLOGISTS
NUM_REG_NURS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER
NUM_RESID_PHYS	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS (PHYSICIANS) EMPLOYED BY A HOSPITAL
NUM_SPEECH_PATH_AUDIA	NUMBER(7,2)	THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.
NUM_RADIO_TECHS	NUMBER(7,2)	NUMBER OF RADIO TECHS
NUM_INHAL_THERAPY	NUMBER(7,2)	NUMBER OF FULLTIME EQUIVALENT INHALATION THERAPISTS EMPLOYED BY A HOSPITAL.
CAH_REM_PSY_IND	CHAR(1)	CAH PSYCHIATRIC DPU
CAH_REM_REHAB_IND	CHAR(1)	CAH REHABILITATION DPU
CAH_REM_SWING_BED_IND	CHAR(1)	CAH SWING BEDS
REM_CANCER_IND	CHAR(1)	CANCER HOSPITAL
REM_HOST_IND	CHAR(1)	HOSPITAL IN HOSPITAL HOST
REM_TENANT_IND	CHAR(1)	HOSPITAL IN HOSPITAL TENANT
REM_EXCL_PSY_IND	CHAR(1)	HOSPITAL PPS EXCL. PSY UNIT
REM_EXCL_REHAB_IND	CHAR(1)	HOSPITAL PPS EXCL. REHAB UNIT
REM_SWING_BED_IND	CHAR(1)	HOSPITAL SWING BEDS
REM_MED_DEPEND_IND	CHAR(1)	MEDICARE DEPENDENT HOSPITAL
REM_REGION_REF_IND	CHAR(1)	REGIONAL REFERRAL CENTER
REM_SOLE_COMM_IND	CHAR(1)	SOLE COMMUNITY HOSPITAL
PROG_PARTCI	VARCHAR2(1)	INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS.
RES_PGM_APPR_ADA	CHAR(1)	INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN DENTAL ASSOCIATION
RES_PGM_APPR_AMA	CHAR(1)	INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN MEDICAL ASSOCIATION.
RES_PGM_APPR_AOA	CHAR(1)	INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION.
RES_PGM_APPR_OTHER	CHAR(1)	INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS
SP_ALCOH_DRUG	CHAR(1)	INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED BY A HOSPITAL
SP_ANESTH	CHAR(1)	INDICATES HOW ANESTHESIA SERVICES ARE PROVIDED BY A HOSPITAL

Table Column Name	Table Column Datatype	Table Column Comment
SP_BLOOD_BANK	CHAR(1)	INDICATES HOW BLOOD BANK SERVICES ARE PROVIDED BY A HOSPITAL.
SP_BURN_UNIT	CHAR(1)	INDICATES HOW BURN UNIT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_CHIROPRATIC	CHAR(1)	INDICATES HOW CHIROPRACTIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_CORONARY_CARE	CHAR(1)	INDICATES HOW CORONARY CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_DENTAL	CHAR(1)	INDICATES HOW DENTAL SERVICES ARE PROVIDED BY A HOSPITAL.
SP_DIETARY	CHAR(1)	INDICATES HOW DIETARY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_EMERG_DEPT	CHAR(1)	INDICATES HOW ORGANIZED EMERGENCY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_HOME_CARE_UNIT	CHAR(1)	INDICATES HOW HOME CARE SERVICES ARE PROVIDED BY A HOSPITAL.
SP_HOSPICE	CHAR(1)	INDICATES HOW HOPICE SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ICU	CHAR(1)	INDICATES HOW INTENSIVE CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_INPAT_SURG	CHAR(1)	INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED BY A HOSPITAL.
SP_LABORATORY_ANATOM	CHAR(1)	INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_LABORATORY_CLINIC	CHAR(1)	INDICATES HOW CLINICAL LABORATORY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_LTC_UNIT	CHAR(1)	INDICATES HOW LONG TERM CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_NEONATAL_NURS	CHAR(1)	INDICATES HOW NEONATAL NURSERY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_NUCLEAR_MED	CHAR(1)	INDICATES HOW NUCLEAR MEDICINE SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OBSTETRICS	CHAR(1)	INDICATES HOW OBSTETRICS SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OCCUP_THERAPY	CHAR(1)	INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OPEN_HEART_SURG	CHAR(1)	INDICATES HOW OPEN HEART SURGERY FACILITY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OPTOMETRIC	CHAR(1)	INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OR_ROOMS	CHAR(1)	INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ORGAN_BANK	CHAR(1)	INDICATES HOW ORGAN BANK SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ORGAN_TRANS	CHAR(1)	INDICATES HOW ORGAN TRANSPLANT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OUTPAT	CHAR(1)	INDICATES HOW OUTPATIENT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OUTPAT_SURG	CHAR(1)	INDICATES HOW OUTPATIENT SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PEDIATRIC	CHAR(1)	INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PHARMACY	CHAR(1)	INDICATES HOW PHARMACY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PHYSICAL_THERAPY	CHAR(1)	INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_POSTOP_REC_RM	CHAR(1)	INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSYCHIATRIC	CHAR(1)	INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_RADIOLOGY_DIAG	CHAR(1)	INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_RADIOLOGY_THERAPY	CHAR(1)	INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL.

Table Column Name	Table Column Datatype	Table Column Comment
SP_REHABIL	CHAR(1)	INDICATES HOW REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL.
SP_RESP_CARE	CHAR(1)	INDICATES HOW REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL.
SP_SHOCK_TRAUMA	CHAR(1)	INDICATES HOW SHOCK TRAUMA SERVICES ARE PROVIDED BY A HOSPITAL.
SP_SOCIAL	CHAR(1)	INDICATES HOW SOCIAL SERVICES ARE PROVIDED BY A HOSPITAL.
SP_SPEECH_PATH	CHAR(1)	INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_AMBUL_OWNED	CHAR(1)	INDICATES HOW AMBULANCE SERVICES ARE PROVIDED IN A HOSPITAL.
SP_AUDIO	CHAR(1)	INDICATES HOW AUDIOLOGY SERVICES ARE PROVIDED IN A HOSPITAL.
SP_CARD_CATH_LAB	CHAR(1)	INDICATES HOW CARDIAC CATHETERIZATION LAB SERVICES ARE PROVIDED IN A HOSPITAL.
SP_CHEMOTHER	CHAR(1)	INDICATES HOW CHEMOTHERAPY SERVICES ARE PROVIDED IN A HOSPITAL.
SP_CT_SCAN	CHAR(1)	INDICATES HOW CT SCANNER SERVICES ARE PROVIDED IN A HOSPITAL.
SP_EMERG_DEDICATED	CHAR(1)	INDICATES HOW DEDICATED EMERGENCY DEPARTMENT SERVICES ARE PROVIDED IN A HOSPITAL.
SP_EXTRAC_SHOCK_WAVE	CHAR(1)	INDICATES HOW EXTRACORPOREAL SHOCK WAVE LIT SERVICES ARE PROVIDED BY A HOSPITAL.
SP_GERON_SPEC	CHAR(1)	INDICATES HOW GERONTOLOGICAL SPEC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ICU_NEONATAL	CHAR(1)	INDICATES HOW NEONATAL ICU SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ICU_PEDIATRIC	CHAR(1)	INDICATES HOW PEDIATRIC ICU SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ICU_SURG	CHAR(1)	INDICATES HOW SURGICAL ICU SERVICES ARE PROVIDED BY A HOSPITAL.
SP_MRI	CHAR(1)	INDICATES HOW MRI SERVICES ARE PROVIDED BY A HOSPITAL.
SP_NEURO_SURG	CHAR(1)	INDICATES HOW NEUROSURGICAL SERVICES ARE PROVIDED BY A HOSPITAL.
SP_OPTHALMIC_SURG	CHAR(1)	INDICATES HOW OPTHALMIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ORTHOPEDIC_SURG	CHAR(1)	INDICATES HOW ORTHOPEDIC SURGERY SERVICES ARE PROVIDED BY A HOSPITAL.
SP_POS_EMIS_TOMO_SCAN	CHAR(1)	INDICATES HOW POSITRON EMISSION TOMO SCAN SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSY_EMERG	CHAR(1)	INDICATES HOW EMERGENCY PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSY_CHILD_ADOL	CHAR(1)	INDICATES HOW CHILD/ADOLESCENT PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSY_FORENSIC	CHAR(1)	INDICATES HOW FORENSIC PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSY_GERIATRIC	CHAR(1)	INDICATES HOW GERIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_PSY_OUTPAT	CHAR(1)	INDICATES HOW OUTPATIENT PSYCHIATRIC SERVICES ARE PROVIDED BY A HOSPITAL.
SP_RECON_SURG	CHAR(1)	INDICATES HOW RECONSTRUCTIVE SURGERY SERVICES ARE PROVIDED BY A HOSPITAL..
SP_REHABIL_CARF	CHAR(1)	INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL.
SP_REHABIL_OUTPAT	CHAR(1)	INDICATES HOW OUTPATIENT REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL.
SP_ACUTE_REN_DIAL	CHAR(1)	INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE PROVIDED IN A HOSPITAL.
SP_TRANS_MEDICARE	CHAR(1)	INDICATES HOW MEDICARE TRANSPLANT SERVICES ARE PROVIDED BY A HOSPITAL..

Table Column Name	Table Column Datatype	Table Column Comment
SP_URGENT_CARE	CHAR(1)	INDICATES HOW URGENT CARE CENTER SERVICES ARE PROVIDED BY A HOSPITAL.
SPRINKLER_STATUS_CD	VARCHAR2(2)	SPRINKLER STATUS, PRIMARY LOCATION.
OFFSITE_NUM_LOCATS	NUMBER(3)	OFFSITE NUMBER OF LOCATIONS
AFFIL_NUM_PROVS	NUMBER(2)	NUMBER OF AFFILIATED PROVIDERS.
AFFIL_LOCAT_CD_1	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #1
AFFIL_LOCAT_CD_2	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #2
AFFIL_LOCAT_CD_3	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #3
AFFIL_LOCAT_CD_4	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #4
AFFIL_LOCAT_CD_5	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #5.
AFFIL_LOCAT_CD_6	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #6
AFFIL_LOCAT_CD_7	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #7
AFFIL_LOCAT_CD_8	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #8
AFFIL_LOCAT_CD_9	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #9
AFFIL_LOCAT_CD_10	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #10
AFFIL_LOCAT_CD_11	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #11
AFFIL_LOCAT_CD_12	VARCHAR2(4)	AFFILIATED PROV. LOCAT. CODE #12
AFFIL_PROV_NUM_1	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 1
AFFIL_PROV_NUM_2	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 2
AFFIL_PROV_NUM_3	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 3
AFFIL_PROV_NUM_4	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 4
AFFIL_PROV_NUM_5	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 5
AFFIL_PROV_NUM_6	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 6
AFFIL_PROV_NUM_7	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 7
AFFIL_PROV_NUM_8	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 8
AFFIL_PROV_NUM_9	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 9
AFFIL_PROV_NUM_10	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 10
AFFIL_PROV_NUM_11	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 11
AFFIL_PROV_NUM_12	VARCHAR2(10)	AFFILIATED PROVIDER NUMBER 121
AVER_DAILY_CENSUS_NUM	NUMBER(4)	AVERAGE DAILY CENSUS
NUM_STAFF_BEDS	NUMBER(4)	NUMBER OF STAFFED BEDS
TYPE_INVOLVEMENT_CD	VARCHAR2(2)	TYPE OF SYSTEM INVOLVEMENT.
NAME_OF_SYSTEM	VARCHAR2(50)	NAME OF SYSTEM
HEADQ_CITY	VARCHAR2(28)	CORPORATE HEADQUARTERS, CITY
HEADQ_STATE_ABBREV	CHAR(2)	CORPORATE HEADQUARTERS STATE ABBREV
DT_SURVEYOR_UPDATED	DATE	DATE SURVEYOR UPDATED
TYPE_CONTROL	VARCHAR2(2)	INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES.
TYPE_FACILITY	VARCHAR2(2)	INDICATES THE CATEGORY THAT REPRESENTS THE TYPE OF FACILITY.
TOT_AFFIL_1	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 1
TOT_AFFIL_2	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 2
TOT_AFFIL_3	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 3
TOT_AFFIL_4	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 4
TOT_AFFIL_5	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 5
TOT_AFFIL_6	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 6
TOT_AFFIL_7	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 7
TOT_AFFIL_8	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 8
TOT_AFFIL_9	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 9
TOT_AFFIL_10	NUMBER(2)	TOTAL AFFILIATED PROVIDERS 10
TOT_OFFSITE_1	NUMBER(4)	TOTAL OFFSITE LOCATIONS 1
TOT_OFFSITE_2	NUMBER(4)	TOTAL OFFSITE LOCATIONS 2
TOT_OFFSITE_3	NUMBER(4)	TOTAL OFFSITE LOCATIONS 3
TOT_OFFSITE_4	NUMBER(4)	TOTAL OFFSITE LOCATIONS 4
TOT_OFFSITE_5	NUMBER(4)	TOTAL OFFSITE LOCATIONS 5
TOT_OFFSITE_6	NUMBER(4)	TOTAL OFFSITE LOCATIONS 6
TOT_OFFSITE_7	NUMBER(4)	TOTAL OFFSITE LOCATIONS 7
TOT_OFFSITE_8	NUMBER(4)	TOTAL OFFSITE LOCATIONS 8
TOT_OFFSITE_9	NUMBER(4)	TOTAL OFFSITE LOCATIONS 9
TOT_OFFSITE_10	NUMBER(4)	TOTAL OFFSITE LOCATIONS 10
TOT_OFFSITE_11	NUMBER(4)	TOTAL OFFSITE LOCATIONS 11
VALID_TYPE_CD	CHAR(1)	INDICATES TYPE OF VALIDATION SURVEY FOR ACCREDITED HOSPITALS.

Table Column Name	Table Column Datatype	Table Column Comment
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VALIDATED	NUMBER(1)	HAS THE WORKSHEET FORM BEEN VALIDATED?
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Table Name TABCOLUMN

Table Comment ASPEN Dictionary table column list

Table Column Name	Table Column Datatype	Table Column Comment
TABlename	VARCHAR2(25)	Table name
COLUMNNAME	VARCHAR2(30)	Column name
COLTYPE	VARCHAR2(20)	Oracle domain type of column
COLDESC	VARCHAR2(50)	Column description
ISHX	NUMBER(1)	Is historically tracked? If flagged, this column's values will be recorded in FacAudit when changes occur.
ISSUMMARY	NUMBER(1)	Is summary column? Columns with this value set to TRUE will have their values derived by a secondary process or update. For example, current bed count in the facility table is updated each time the child table FacBeds is updated with new bed detail information.
ISLOOKUP	NUMBER(1)	Is lookup derived column. Columns with this property set will have their coded values set from a picklist of values derived from the LOOKUPVALUES table structure
ISCASCADE	NUMBER(1)	Is column cascaded from a related parent table? Indicates if this column has been denormalized from higher order table. This may be TRUE under the following conditions: 1) Cascading improves performance by reducing join overhead in one or more view or report. and/or 2) The cascaded field value is used to maintain a 'snapshot' of an event or property at a given point in time. As needed to support cross-sectional reconstruction of information for a prior time frame. Fields flagged as cascaded must be reviewed to ensure proper triggers, procedures or constraints are constructed to maintain relational integrity between cascaded elements on child tables and their corresponding values on parent tables.
DEFAULTVAL	VARCHAR2(40)	Default column value, if any.
ISVISIBLE	NUMBER(1)	Is the field visible
LVHEADER	VARCHAR2(25)	Header
LVDATAFORMAT	NUMBER	Data format
LVORDER	NUMBER	order
DATAFORMAT1	NUMBER(2)	Data format 1
DATAFORMAT2	NUMBER(2)	Data format 2
UPDATECOLUMN	NUMBER(1)	Update column?
FEDONLY	NUMBER(1)	Fed only?

Table Name TABLE_VALID_VALUES

Table Comment MDS Dictionary valid value list

Table Column Name	Table Column Datatype	Table Column Comment
FIELD_NAME	VARCHAR2(50)	Field name
DB_TABLE	VARCHAR2(50)	Database table
VALUE	VARCHAR2(50)	value
DESCRIPTION	VARCHAR2(255)	description
FLAG	NUMBER(1)	Flag
LAST_UPDATED	VARCHAR2(50)	Last updated
VALUE_SOURCE	VARCHAR2(55)	Value source
ASSESSMENT_TYPE	CHAR(1)	Assessment type

Table Name TABLES

Table Comment ASPEN Dictionary: Master table list

Table Column Name	Table Column Datatype	Table Column Comment
TABlename	VARCHAR2(25)	Table name
DESCRIPTION	VARCHAR2(50)	Table description
TABSPACE	VARCHAR2(30)	Table space name

Table Column Name	Table Column Datatype	Table Column Comment
ISVIRTUAL	NUMBER(1)	Indicates if the table described does not actually exist. This may be used to describe entities referenced in the lookup structures which have no corresponding table.

Table Name TAGS

Table Comment Regulation tag list

Table Column Name	Table Column Datatype	Table Column Comment
REGSETID	CHAR(4)	Regulation set unique tracking ID
TAG	CHAR(4)	Tag ID
TAG_TYPE	VARCHAR2(1)	Tag category from lookup table (e.g., Requirement, Standard, Condition, etc.)
TITLE	VARCHAR2(45)	Tag's descriptive title
TAGVERS	VARCHAR2(2)	Tag version for Patched Updates
VERSIONDAT	DATE	Tag version date
CFR	VARCHAR2(40)	CFR (or State statute) reference.
PARENTTAG	VARCHAR2(4)	Parent tag ID (used to relate conditions to standards).
CRITICAL	VARCHAR2(1)	Tag's level of implicit severity. Allows tags to be ranked with regard to how serious their citation is considered as compared to other tags. Value: 1,2,3,.... Higher = More implicitly severe.
TAGTEXTM	CLOB	Tag text
ISWAIVERABLE	NUMBER(1)	Can the tag be waived
QC_EXCLSN_SW	CHAR(1)	QC exclusion indicator.

Table Name TAGSHELP

Table Comment Custom help text for tags

Table Column Name	Table Column Datatype	Table Column Comment
TAG	CHAR(4)	Tag no
REGSETID	CHAR(4)	Regulation set ID
TAGHELPM	CLOB	tag help notes

Table Name TAGSIG

Table Comment Interpretative guideline text for tags

Table Column Name	Table Column Datatype	Table Column Comment
TAG	CHAR(4)	Tag no
REGSETID	CHAR(4)	Regulation set ID
IGUIDEM	CLOB	Interpretive Guideline text.

Table Name TRANSACTDICT

Table Comment Transaction Dictionary - Used to match ingoing and outgoing data between QIES and ASPEN.

Table Column Name	Table Column Datatype	Table Column Comment
ID	NUMBER(5)	ID - PK
TXTABLE	VARCHAR2(30)	Transfer table
TXFIELD	VARCHAR2(30)	Transfer field
TXTYPE	VARCHAR2(15)	Data type of transfer field
ASPEN_TABLE	VARCHAR2(80)	Aspen table that corresponds to a given history table.
ASPEN_COLUMN	VARCHAR2(30)	Aspen column that corresponds to a given transfer field.
TXFUNCTION	VARCHAR2(400)	Transfer function
DESCRIPTION	VARCHAR2(255)	Description of field
OSCAREEDIT	NUMBER(1)	Oscar edit
ASPENEDIT	NUMBER(1)	Aspen edit
LOOKUPCODES	NUMBER	Lookup codes
ALLOWTYPES	VARCHAR2(80)	Allowed facility types
CPP_CONTROL_ID	VARCHAR2(50)	C++ control ID
OSCAREEDITID	VARCHAR2(40)	Oscar edit ID
CPP_DIALOG_ID	VARCHAR2(50)	C++ dialog ID
REQUIRED	CHAR(1)	Indicates if the field is required
IMPLICIT	NUMBER(38)	Indicates if the field is implicit
ISVIRTUAL	NUMBER(1)	Indicates if the field is virtual.
ASPEN_FUNCTION	VARCHAR2(400)	Aspen function

Table Column Name	Table Column Datatype	Table Column Comment
CPP_NAME	VARCHAR2(60)	C++ name
PATH	CHAR(1)	Path - I = Incoming, O = Outgoing, B = Both
ODIE_TABLE	VARCHAR2(30)	Name of ODIE table that corresponds to QIES table.
ODIE_COLUMN	VARCHAR2(30)	ODIE column that corresponds to QIES column.

Table Name TREEGROUP

Table Comment Tree interface config table (internal)

Table Column Name	Table Column Datatype	Table Column Comment
GRPTYPE	VARCHAR2(10)	Group type
DISPLAY	VARCHAR2(50)	Display
LOW	VARCHAR2(10)	Low
HIGH	VARCHAR2(10)	High
ICON	VARCHAR2(30)	Icon

Table Name ZIPLOOKUP

Table Comment Lookup table for zipcodes

Table Column Name	Table Column Datatype	Table Column Comment
ZIP	CHAR(5)	Zip code
ST	CHAR(2)	State
CITY	VARCHAR2(25)	City
COUNTY	CHAR(3)	County ID (Federal code list)
CNTYNAME	VARCHAR2(25)	County name