MI/ID/RC RESIDENTS LEVEL II PASRR REPORT **FOR THE MONTH OF** _____ **10-31-2012**

1. Identify admissions, discharges, and deceased residents who have a diagnosis of MI/ID/RC as determined by the OBRA Office.
2. Report is due by the 10th of every month.
3. If there are no changes, send a notification (by the 10th) an email or fax listing your name, facility and the terms, **"LEVEL II REPORT NO CHANGES"**
4. **Fax Report to:** 334-353-7661 **or** **E-Mail Report to:** carolyn.perdue@mh.alabama.gov **or** **Mail Report to**: OBRA Screening Office
   334-242-0862 deborah.goodman@mh.alabama.gov P.O. Box 301410
5. Carolyn Perdue processes reports for NHs beginning with the Letters **A** through **H** Montgomery, Al 36130-1410
6. Deborah Goodman processes reports for NHs beginning with the Letters **J** through **Z**

NAME	SSN	ADMIT/ RE-ADMIT DATE	DISCHARGED / TRANSFERRED DATE	LOCATION	DECEASED DATE

Facility Name: _____
Address:
_____

Telephone #: _____
Fax #: _____

Completed by: _____

The above is true and correct to the best of my knowledge.

Administrator _____

Note: When (MI/ID/RC) Categorical Convalescent Care residents are discharged from the NH prior to 120 days, these discharges must be included on this report.