|  |  |  |  |
| --- | --- | --- | --- |
| ***SCHEDULE 4*** | **All Applicants** |  |  |
|  | **with Current** |  | **UTILIZATION OF EXISTING BEDS** |
| Page 1 of 1 | **Licensed Beds** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **DATES** | **LICENSED BEDS** | **PATIENT DAYS** | **PERCENT UTILIZATION** |
|  |  |  |  |  |  |  |  |
|  |  | **NURSING HOME** | **OTHER** | **NURSING HOME** | **OTHER** | **NURSING HOME** | **OTHER** |
|  |  |  |  |  |  |  |  |
| **3RD PRIOR YEAR** |  |  |  |  |  |  |  |
|  (12-month period) | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| **2ND PRIOR YEAR** |  |  |  |  |  |  |  |
|  1st Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  2nd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  3rd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  4th Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |
| **MOST RECENT YEAR** |  |  |  |  |  |  |  |
|  1st Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  2nd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  3rd Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  4th Quarter | \_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  | **TOTAL** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |  |

Indicate the type of licensed beds shown in the "Other" category above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE SHOW UTILIZATION FOR THE **TOTAL** OF LICENSED BEDS AT YOUR FACILITY

**And**

**IF** THE PROJECT WILL INCREASE A BED TYPE THAT ALREADY EXISTS AT YOUR FACILITY (for example, an increase in the number of nursing home beds) INCLUDE A DUPLICATE OF THIS FORM THAT SHOWS UTILIZATION **ONLY** FOR THE SERVICE THAT WILL BE EXPANDED

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