**Department of Health Services State of Wisconsin**

Division of Quality Assurance Wis. Stat. § 50.095(2)

F-00913 (03/2025)

# Annual Survey of Intermediate Care Facilities - 2024

Instructions: **Completion of the survey is required** under the terms of Wis. Stat. § 50.095(2), which authorizes the Department to collect information needed to prepare the annual Consumer Information Report. A facility may be cited for failure to comply.

Scan and/or email the completed form to richard.betz@dhs.wisconsin.gov. If you have questions, email richard.betz@dhs.wisconsin.gov.

|  |  |  |
| --- | --- | --- |
| Name – Nursing Home      | City      | License No. (4-digit)      |
|  |
| **1. Number of Residents on December 31, 2024** |       |  |
| **2. Employees HIRED IN 2024**Include employees hired (including those who quit), non-direct care RNs and LPNs (such as managers or supervisors), and in-house staff. Do not include contracted staff. |
|  | **Employees Hired** | **Full-Time** | **Part-Time** |  |
|  | a. Registered Nurses |       |       |  |
|  | b. Licensed Practical Nurses |       |       |  |
|  | c. Nursing Assistants/Aides |       |       |  |
|  |
| **3. Employees ON STAFF as of December 31, 2024 by Date Hired**Include non-direct care RNs and LPNs (such as managers or supervisors) and in-house casual staff. Do not include contracted staff. |
|  | **Current Staff** | **Registered Nurses** | **Licensed Practical Nurses** | **Nursing Assistants/Aides** |  |
|  |  | **Full-Time** | **Part-Time** | **Full-Time** | **Part-Time** | **Full-Time** | **Part-Time** |  |
|  | a. Hired in 2024**\*** |       |       |       |       |       |       |  |
|  | b. Hired in 2023 or earlier |       |       |       |       |       |       |  |
| ***\* Note: Figures in item 3.a. should be equal to or less than the corresponding figures in item 2.*** |
|  |