

FIELD_NAME	FIELD_DESCRIPTION
FID	Facility Master File ID
FACILITY	Facility Name
STYPE	Service Type
SADDR	Site Address
SCITY	Site City
SSTATE	Site State
SZIP	Site Zip
FPHONE	Facility Phone
FFAX	Facility Fax
FCOUNTY	Facility County
FEMAIL	Facility Email
LICNO	License Number
LICENSEE	Licensee
PROVIDER	Certification Provider Number
ODATE	Original Licensing Date
EFFECTIVE	License Effective Date
NFTOTAL	Total Nursing Home Beds (Nursing Facility)
HATOTAL	Total Home for the Aged Beds
LTCTOTAL	Number of Long Term Care beds for this facility
HTOTAL	Total Hospital Beds
TOTALBEDS	Total All Beds
HGENLIC	Total Hospital General Beds
REHABHLIC	Total Hospital Rehab Beds
PSYLIC	Total Hospital Psych Beds
SALIC	Total Hospital Substance Abuse Beds
DETOXLIC	Total Hospital Detox Beds
HOSLIC	Total Hospital Hospice Beds
RSRCHLIC	Total Hospital Research Beds
OTHRHLIC	Total Hospital Other Beds
ALZLIC	Total Alzheimer Beds
HIVLIC	Total HIV Beds
REHABNLIC	Total Nursing Home Rehab Beds
TBILIC	Total Traumatic Brain Injury Beds
VENLIC	Total Ventilator Beds
OTHNFLIC	Total Other Nursing Facility Beds
NFGENLIC	Total Nursing Facility General Beds
HAALZLIC	Total Home for the Aged Alzheimer Beds
HAHIVLIC	Total Home for the Aged HIV Beds
HAGENLIC	Total Home for the Aged General Beds
HPBEDS	Hospice Inpatient Beds
HRBEDS	Hospice Resident Beds
CAPACITY	Capacity
XSCU_A_TOT	Capacity Alzheimer
XSCU_M_TOT	Capacity Mental Health and Disability
XSCU_O_TOT	Capacity Other
MCARETOT	Total number of Medicare beds for the provider

MCCTOT	Total number of Medicare/Medicaid beds for the provider
MCAIDTOT	Total number of medicaid beds for the provider
TOTCERTBED	Total Number of Beds Certified
GENTOT	Total Number of General Beds
SWINGTOT	Swing bed count total for this provider
PSYCHTOT	Psychiatric bed count total for this provider
REHABTOT	Number of rehabilitation bed total for this provider
ESRDSTATOT	Total Number of ESRD Stations
ESRDHEMTOT	ESRD hemodialysis bed count total for the provider (Certification)
ESRDPERTOT	ESRD peritoneal bed count total for the provider (Certification)
ESRDTRATOT	Total Number of ESRD Training
TITLE	Administrator Salutation (Mr, Ms, Mrs...)
FNAME	Administrator First Name
MI	Administrator Middle Initial
LNAME	Administrator Last Name
ADDR1	Administrator Address 1
ADDR2	Administrator Address 2
CITY	Administrator City
STATE	Administrator State
ZIP	Administrator Zip
PHONE	Administrator Phone
ICF	ICF/MR Flag
LAT	Latitude
LONG	Longitude
LLTYPE	GIS Mapping Type