

STATE WORKLOAD REPORT
 Provider/Supplier Number
 AL11965229

 Provider/Supplier Name
 BRIDGE AT LIFE CARE CENTER OF OCALA

Type of Survey (select all that apply)

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|---|-------------------------|---|-----------------------|---|-------------------|
| A | Complaint Investigation | E | Initial Certification | I | Recertification |
| B | Dumping Investigation | F | Inspection of Care | J | Sanctions/Hearing |
| C | Federal Monitoring | G | Validation | K | State License |
| D | Follow-up Visit | H | Life Safety Code | L | CHOW |
| M | Other | | | | |

Extent of Survey (select all that apply)

I				
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- A Routine/Standard Survey (all providers/suppliers)
 B Extended Survey (HHA or Long Term Care Facility)
 C Partial Extended Survey (HHIA)
 D Other Survey

SURVEY TEAM AND WORKLOAD DATA

Please enter the workload information for each surveyor. Use the surveyor's identification number.

Surveyor ID Number (A)	First Date Arrived (B)	Last Date Departed (C)	Pre-Survey Preparation Hours (D)	On-Site Hours 12am-8am (E)	On-Site Hours 8am-6pm (F)	On-Site Hours 6pm-12am (G)	Travel Hours (H)	Off-Site Report Preparation Hours (I)
Team Leader ID								
1. 22428	07/23/2020	07/23/2020	2.00	0.00	5.00	0.00	2.00	3.00
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								

Total SA Supervisory Review Hours.....

0.50

Total RO Supervisory Review Hours....

0.00

Total SA Clerical/Data Entry Hours....

0.50

Total RO Clerical/Data Entry Hours....

0.00

Was Statement of Deficiencies given to the provider on-site at completion of the survey?.... No