

LTC Nursing Home Aggregate Transportation Survey

Building / Floor / Wing	Clinical Unit / Department (e.g., Secured Dementia)	Total # of Beds	Total # of Residents on Unit	# Requiring Continuous O ₂	# of vents	# w/Special Medical Equip (unable to discontinue)	CCT	ALS	BLS	Chair Car/ Wheel-chair	Normal Means Bus / Car	Bariatric CCT	Bariatric ALS	Bariatric BLS	Bariatric Chair Car / Wheel-chair	Total Bariatric	Discharge BLS	Discharge Chair Car / Wheel-chair	Discharge Normal Means Bus / Car	Total Discharge # per Unit	Notes		
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		LTC Total # of beds	TOTAL OF COLUMNS H - L	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(compared against total # of Column D - should match up)	