Compiled By: _____ Month/Year: _____/_____

Month/Year:		**Facility Name**:	
Resident Name	**Hospital Admission Date**	**Hospital Admission Diagnosis 1**	**Hospital Admission Diagnosis 2**
Average Daily Census			
Number of Residents Admitted to Hospital			
Percentage of Residents Admitted to Hospital			
Insert Average Daily Census for the Month			
Insert # of Residents Admitted to the Hospital for the Month			

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