

No Data to Report

Note: HCAI recommends use of the online function for users to submit No Data to Report information.

Please print clearly

1. Facility Name:							
2. Facility ID Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

3. We do not have data to report for the above mentioned facility for the following reason(s):

a) Hospital Inpatient Care:

Report Period: From _____ **to** _____

We are not licensed to provide inpatient care effective: _____

We are licensed for inpatient care for this report period, but did not have any discharges as defined in Section 97213(a) (1) of the California Code of Regulations.

b) Emergency Department:

Report Period: From _____ **to** _____

We are not licensed to provide emergency department care effective: _____

We are licensed for emergency department services for this report period, but did not have any encounters as defined in Section 97213(a) (2) of the California Code of Regulations.

c) Hospital-Based Ambulatory Surgery:

Report Period: From _____ **to** _____

We did not perform procedures on an outpatient basis in a general operating room, ambulatory surgery room, endoscopy unit or cardiac catheterization laboratory as defined in Section 97213(a) (3) of the California Code of Regulations.

d) Freestanding Ambulatory Surgery Clinic:

Report Period: From _____ **to** _____

We are not licensed by the State of California as a surgical clinic effective: _____

We are licensed as a surgical clinic, but did not perform ambulatory surgery procedures for this report period, as defined in Section 97213(a) (3) of the California Code of Regulations.

4. Additional Explanation:

5. Submitted by:

Print Name

Title/Position

Signature

Date

Telephone

Email