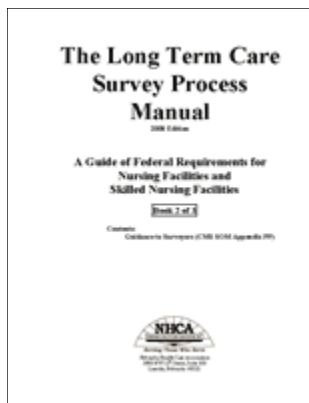


**Order Form**  
**Nebraska Health Care Association**  
 Mail: 3900 NW 12th St Ste 100, Lincoln NE 68521-3037  
 Fax: (402) 475-6289 Phone: (402) 435-3551

**Long Term Care Survey Process Manual**  
**June 2009 Update!**

**Multiple tag changes concerning quality of life!**

- Appendix PP/ §483.10(j)/Access and Visitation Rights/Tag F172
- Appendix PP/§483.10(m)/Married Couples/Tag F175
- Appendix PP/§483.15(a)/Dignity/Tag F241
- Appendix PP/§483.15(b)/Self-Determination and Participation/Tag F242
- Appendix PP/§483.15(e)(1)/Accommodation of Needs/Tag F246
- Appendix PP/§483.15(e)(2)/Notice Before Room or Roommate Change/Tag F247
- Appendix PP/§483.15(h)/Safe, Clean, Comfortable and Homelike Environment/ Tag F252
- Appendix PP/§483.15(h)(4)/Private Closet Space/Tag F255
- Appendix PP/§483.15(h)(5)/Adequate and Comfortable Lighting/Tag F256
- Appendix PP/§483.35(i)/Sanitary Conditions/Tag F371
- Appendix PP/§483.70(d)(2)(iv)/Resident Rooms/Tag F461
- Appendix PP/§483.70(f)/Resident Call System/Tag F463



<u>Long Term Care Survey Process Manual</u>		
Qty	<u>Member</u>	<u>Non-Member</u>
___ June 2009 Update	\$10.00	\$15.00
	<b>Sales Total</b>	= \$ _____
	S&H (15% of Total) (Minimum \$5.00)	+ _____
	(Maximum \$40)	= \$ _____
		+ _____
	Taxable Amount	= \$ _____
		+ _____
	Sales Tax (your city plus 5.5%)	= \$ _____
	<b>TOTAL DUE</b>	= \$ _____

**Please Note:** *Personal Associate, Student, Business Members, and Non-Members are REQUIRED TO PRE-PAY on all orders.*

**My billing address is:**

Facility/Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Contact: \_\_\_\_\_

**Billing Information:**     Check Enclosed     Cash  
 Credit Card     Bill

Cardholder's Name (PRINT): \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Billing Address, City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Your signature on the line above will authorize this transaction. ↑

