

PASRR Nursing Facility Update Form

PLEASE PRINT (all fields are required)

1. Name of Nursing Facility: _____

2. Business Address: _____

3. Business Phone Number: _____

4. Business E-mail (for correspondence from our system): _____

5. Please circle all that your facility specializes:

- | | | | |
|-----------------|------------------|-------------------------|----------------|
| Skilled Nursing | Behavioral Units | Dementia/Alzheimer Care | |
| Locked Units | Locked Building | Short Term Care | Long Term Care |

Other (please describe special services): _____

5. Administrators/employees authorized to access the PASRR website (not including administrator who signs below)

_____	_____	_____
Position & Name	Phone	E-mail Address
_____	_____	_____
Position & Name	Phone	E-mail Address
_____	_____	_____
Position & Name	Phone	E-mail Address
_____	_____	_____
Position & Name	Phone	E-mail Address

I understand that it is my responsibility to notify the State PASRR office immediately upon a change of authorization.

I understand that changes not made through the quarterly change report must be done on Nursing Facility letterhead, signed by the Administrator, please email to pasrradmin@utah.gov.

Administrator's Name: _____ Date: _____

Administrator's Signature: _____ Email: _____

State PASRR Office use only		
Date received: _____	Facility number: _____	Updated Info: _____