

### 2744 Report: Patients Receiving Care at End of Survey Period

1. Log into **CROWNWeb**.
2. Proceed to the **Form 2744** tab.
3. Enter **CCN**.
4. Enter **Survey Year** – this is the year for which the survey is being conducted.
5. Click on **Search**.
6. Click on **ID** number to open 2744.
7. Click on the **Edit 2744** tab.
8. Click **Generate**.
9. Run the **Patients Receiving Care at End of Survey Period** located at the top of the page.
  - Refer to the “*Fix for Errors when Opening 2744 Reports*” instructions if you cannot open the report.
10. If any of the columns **Dialysis Training Type**, **Dialysis Training Start Date**, or **Dialysis Training End Date** is not **blank**, then the other columns may not be **blank** and both columns must be updated on the patient’s Treatment Record to show the complete Training information.
11. Make the **Patient ID** column wider to see the CROWN UPI and search for the patient.
12. Review the report. Make sure all patients on this report were at your facility **as of 12/31 of the Survey Year**.
  - Admit patients missing from the report.
  - Discharge all patients that were no longer with your facility as of 12/31.
    - Refer to the “*Admit-Discharge Reasons*” instructions for assistance.
13. All corrections must be made in the individual patient’s treatment record in CROWNWeb:

<b>SSN</b>	<ul style="list-style-type: none"> <li>• Update the patient’s information in CROWNWeb if the columns have <u>missing or incorrect</u> information.</li> <li>• To ensure accuracy, refer to the “<i>Admit-Discharge Reasons</i>” instructions.</li> </ul>
<b>HICNum</b>	
<b>Gender</b>	
<b>Birth Date</b>	
<b>Admit Reason</b>	<ul style="list-style-type: none"> <li>• If a patient’s <u>first treatment</u> is at your facility, make sure the admit reason is “<b>New ESRD Patient</b>” and <u>not</u> “<b>Transfer In.</b>”</li> <li>• Complete all 2728 Forms immediately.</li> </ul>
<b>Admit Date</b>	<ul style="list-style-type: none"> <li>• If <b>Admit Date</b> and <b>Discharge Date</b> are within 30 days, make sure the patient is listed as a <b>Transient</b>.</li> <li>• Refer to the “<i>Reporting Transient Patients in CW</i>” instructions.</li> </ul>
<b>Admit Reason</b>	
<b>Primary Dialysis Setting</b>	<ul style="list-style-type: none"> <li>• If <b>Setting</b> is <b>Dialysis Facility/Center</b>, the <b>Dialysis Type of Training</b> and <b>Training End Date</b> columns must <u>both be blank</u>.               <ul style="list-style-type: none"> <li>○ <i>Make corrections on the patient’s Treatment Information page in CROWNWeb.</i></li> </ul> </li> <li>• If <b>Setting</b> is <b>Home</b>, the <b>Dialysis Type of Training</b>, and <b>Training End Date</b> columns must <u>both be completed</u>.               <ul style="list-style-type: none"> <li>○ <i>Make corrections on the patient’s Treatment Information page in CROWNWeb.</i></li> </ul> </li> <li>• <b>Dialysis Type of Training</b> and <b>Training End Date</b> should be completed <b>ONLY</b> if patient received <u>PD/Home training at your facility</u>.               <ul style="list-style-type: none"> <li>○ Refer to “<i>Updating a Patient’s Modality</i>” instructions below.</li> </ul> </li> </ul>
<b>Primary Type of Treatment</b>	
<b>Dialysis Training Start Date</b>	
<b>Dialysis Training End Date</b>	<p><i>Continue to next page.</i></p>
<b>Dialysis Type of Training</b>	
<b>Expected Self Care Setting</b>	<ul style="list-style-type: none"> <li>• If column shows a <b>System Discharge</b>, refer to the “<i>Incorrectly Discharged Patients Cleanup</i>” instructions.</li> <li>• Complete all 2746 Forms immediately.               <ul style="list-style-type: none"> <li>○ Refer to the “<i>Completing the 2746 in CW</i>” instructions.</li> </ul> </li> </ul>
<b>Discharge Date</b>	
<b>Discharge Reason</b>	

**What is the Patient's NEW Modality/Treatment?**

**In-Center Hemodialysis**

Only the fields marked with a red asterisk (\*) in the **Treatment Information** section are required to be completed:

- Treatment Start Date\*
- Primary Dialysis Setting\*
- Dialysis Time Period\*
- Expected Self-Care Setting\*
  - Select **In-Center**
- Primary Type of Treatment\*
- Attending Practitioner\*

**Do not complete these fields:**

1. *Type of Dialysis Training*
2. *Dialysis Training Begin Date*
3. *Dialysis Training End Date*

**PD/Home Hemodialysis**

Only the fields marked with a red asterisk (\*) in the **Treatment Information** section are required to be completed:

- Treatment Start Date\*
- Primary Dialysis Setting\*
- Dialysis Time Period\*
- Expected Self-Care Setting\*
  - Select **Home**
- Primary Type of Treatment\*
- Attending Practitioner\*

**See below for PD Training and Home Treatment information.**

**Is Patient Training for PD/Home Treatment?**

**Patient was Trained at Other Facility**

**Do not complete these fields:**

- *Type of Dialysis Training*
- *Dialysis Training Begin Date*
- *Dialysis Training End Date*

**Patient is Training at Your Facility**

**Complete these fields:**

- *Type of Dialysis Training\**
- *Dialysis Training Begin Date\**
  - **Same as Treatment Start Date**
- *Dialysis Training End Date\**

14. After making corrections, make sure to **Generate** the **2744 Annual Survey**. Make sure total number of patients on the report corresponds to total number in field 26 on the 2744 form.