

Survey Registration

Respondent Information

Identification #:

Facility:

Survey: PDN

Survey Year: 2025 ▼

Respondent First Name: *

Respondent Last Name: *

Respondent Phone: *

Respondent eMail: *

Respondent Additional eMail:

Administrator First Name: *

Administrator Last Name: *

Administrator Phone: *

Administrator eMail: *

Administrator Additional eMail:

SaveContinue

2025 Instructions for Survey

Private Duty Nursing

This survey is for the reporting period: January 1, 2025 through December 31, 2025.

INTRODUCTION

The Kentucky Annual Survey of Licensed Private Duty Nursing Agencies is required to be completed and submitted via the internet. The printable version of the survey is only for your convenience in completing the survey on paper before submitting the data online.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2026. All survey extension requests must be approved the Survey Administrator.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General for a licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact the survey administrator at (502) 564-5798 or email consurvey@ky.gov. The published KY Annual Survey Reports may be viewed at: <https://chfs.ky.gov/agencies/os/oig/dcn/Pages/annualreports.aspx>.

The Cabinet for Health and Family Services is collecting Private Duty Nursing data for the January 1 through December 31, 2025 survey period. The survey consists of three sections to collect data from Private Duty Nursing only. Do not report data related to Homecare or Hospice. Report only Kentucky counties served in 2024. Please report the required data by the following definitions for each section.

SECTION I

Agency Census, Admissions & Discharges January 1, 2025 - December 31, 2025

Beginning Census - Enter the number of unduplicated patients admitted for services as of January 1, 2025, by county. (Patients carried over from 2024)

Admissions During 2025 - Enter the total number of admissions made from January 1, 2025 to December 31, 2025, by county (including re-admissions).

Discharges During 2025 - Enter the number of total discharges (including deaths) made from January 1, 2025 to December 31, 2025, by county.

Ending Census - Enter the number of unduplicated patients admitted for service as of December 31, 2025, by county. (Beginning Census + Admissions - Discharges = Ending Census).

SECTION II

Number of Patients Served by Age Group by County: Count one time each unduplicated patient who received services by a Skilled Nurse (RN/LPN) or a Nursing Assistant during the reporting period, i.e., a patient seen during this period shall be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served shall not be greater than the beginning census + admissions in the Private Duty Nursing census.

SECTION III

Private Duty Nursing: Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Private Duty Nursing services are those that are provided under the agencies license.

[Continue](#)

Survey Administrator Information

Michele Bushong
Cabinet for Health and Family Services
(502) 564-5798
consurvey@ky.gov

2025 Private Duty Nursing Survey

County Selection

License Number:

Agency:

County

▼

 *

Completed Counties

Completed County List for Private Duty Nursing Services					
	County	Beginning Census	Admissions	Discharges	Ending Census

Finished

Private Duty Nursing Survey for 2025

Survey Data Verification

Thank you for completing the survey.

On behalf of the administration of _____ I certify that the information contained in this report is complete and accurate. After reviewing the information contained in this report, I hereby submit it as an official record of the facility's activity in compliance with 900 KAR 6:125.

Only verify once the survey is completed.

Once data is complete, verification notices will be emailed to the state and to your facility's respondent and administrator. If the respondent or administrator does not receive this confirmation it is likely that their email address was not included or had a typo in the registration section of this survey. In this case, please contact Division of CON at consurvey@ky.gov or (502) 564-5798 so this can be corrected.

Respondent Name:

Administrator Name:

Original Completion Date:

By clicking this button you are indicating that this survey is complete. You will not be able to change any of the data.

[Verify and Submit to State](#)

[Print](#)

Incomplete Survey(s)

Facility's Survey(s)			
Year	Survey	Equipment	Printable Survey
2025	<u>Ambulatory Surgery II</u>		<u>Print Ambulatory Surgery II</u>
2025	<u>Chemical Dependency</u>		<u>Print Chemical Dependency</u>
2025	<u>Home Health II</u>		<u>Print Home Health II</u>
2025	<u>Hospice</u>		<u>Print Hospice</u>
2025	<u>Hospital</u>		<u>Print Hospital</u>
2025	<u>Long Term Care</u>		<u>Print Long Term Care</u>
2025	<u>Magnetic Resonance Imaging</u>	<u>Equip for MRI</u>	<u>Print Magnetic Resonance Imaging</u>
2025	<u>Megavoltage Radiation (Linear Accelerator)</u>		<u>Print Megavoltage Radiation (Linear Accelerator)</u>
2025	<u>Positron Emission Tomography</u>		<u>Print Positron Emission Tomography</u>
2025	<u>Private Duty Nursing</u>		<u>Print Private Duty Nursing</u>
2025	<u>Psychiatric Residential Treatment Facility</u>		<u>Print Psychiatric Residential Treatment Facility</u>