## **Data Dictionary for Health Facility Certification Information**

COLUMN NAME	DESCRIPTION
Facility ID	Site specific facility identification number
Facility Name	Current facility name
Description	Type of facility
Short Description	Abbreviated name for type of facility
Attribute Type	BED OR SERVICE
Attribute Value	BED OR SERVICE NAME
Measure Value	COUNT OF BED OR SERVICE UNIT
Sub Type	TEMPORARY OR PERMANENT
County	County where facility is located
Regional Office	Name of NYSDOH Regional Office for facility
Effective Date	Date the attribute became effective.