

Activity :	<b>COVID 19 NH DAILY</b>
Organization :	<b>Hopkins Center for Rehabilitation and Healthcare</b>
Form :	<b>COVID-19 data for NHs</b>
Data Entity	
Type :	<b>Nursing Home (pfi)</b>
Name :	<b>Hopkins Center for Rehabilitation and Healthcare</b>
Time Period :	<b>06/17/2021 01:00 AM</b>

Name :	<b>Hopkins Center for Rehabilitation and Healthcare (5546)</b>
Address 1 :	<b>155 DEAN STREET</b>
Address 2 :	
City :	<b>BROOKLYN</b>
State & Zip :	<b>NY-11217</b>
County :	<b>Kings (047)</b>
Region :	<b>Metropolitan Area Regional Office</b>
Phone & Fax:	<b>718-694-6700 &amp; 718-694-6710</b>

Section	Field	Value	Data Status	User	Updated
	Contact Info				
	Phone Number (in xxx-xxx-xxxx format)*	7186946700	submitted	aw11217	06/17/2021 11:28 AM
	Name of primary person responsible for completion of this survey*	Ari Donowitz	submitted	aw11217	06/17/2021 11:28 AM
	Email Address*	Adonowitz@hopkinscenter.com	submitted	aw11217	06/17/2021
	Evening Contact				
	Evening contact Name*	RN Supervisor	submitted	aw11217	06/17/2021 11:28 AM
	Evening contact Phone Number (in xxx-xxx-xxxx format)*	7186946700	submitted	aw11217	06/17/2021 11:28 AM
	Evening contact Email Address*	Adonowitz@hopkinscenter.com	submitted	aw11217	06/17/2021 11:28 AM
	COVID-19 Daily Questions  The purpose of these first three questions are to get a better understanding of the census at your facility.  Answers to these questions should reflect a point-in-time total of residents on the day of filling out the survey.				
	Instructions for Q1: Please report the total number of residents physically in your facility on the day of filling the survey.  This would be a cumulative number of all residents irrespective of whether they are confirmed positive or not.  Note: The sum of				

	the response to questions 2 and 3 should be less than the total reported under question 1.				
	1. What is the total number of residents physically in your facility today?*	209	submitted	aw11217	06/17/2021 11:28 AM
	Instructions for Q2: Please report the total number of residents physically in your facility who HAVE had their laboratory test done and have been determined as confirmed COVID-19 positive.				
	2. What is the total number of residents physically in your facility today with confirmed positive COVID-19?*	5	submitted	aw11217	06/17/2021 11:28 AM
	Instructions for Q3: Please report the total number of residents physically in your facility who have NOT had their laboratory test done but are presumed COVID-19 positive (as determined by a physician).				
	3. What is the total number of residents physically in your facility today with presumed positive COVID-19 as determined by a physician?*	0	submitted	aw11217	06/17/2021 11:28 AM
	Questions 4-5: The purpose of these questions are to get a better understanding of the fatalities at your facility.  Answers to these questions should reflect any NEW deaths that were not reported to DOH and/or occurred since the last report the				

	facility submitted to DOH.				
	<p>Instructions for Q4a: Please report the total number of residents who have died at your facility, who HAVE had their laboratory test done and have been determined as confirmed positive COVID-19.</p> <p>This should not include anyone who were NOT physically at your facility at the time of death.</p>				
	4. Following the Instructions above, what is the total number of residents who have died in your facility (NOT in a hospital or other setting) since your last report who were:				
	4a. Confirmed positive COVID-19 deaths*	0	submitted	aw11217	06/17/2021 11:28 AM
	<p>Instructions for Q5: Please report the total number of residents who have died OUTSIDE your facility (NOT in your NH).</p> <p>This should NOT include anyone who was physically at your facility at the time of death.</p> <p>All residents counted here should NOT be included in the above counts</p>				
	5. What is the total number of COVID-19 positive residents who have died outside your facility since your last report?	0	submitted	aw11217	06/17/2021 11:28 AM

	<p>(this should include all Confirmed COVID-19 deaths)</p> <p>All residents counted here should NOT be included in the above counts*</p>				
	<p>Question 6: Isolation</p> <p>The purpose of this question is to understand the number of residents who are currently in isolation.</p>				
	<p>6. What is the total number of residents in isolation today?*</p>	<p>5</p>	<p>submitted</p>	<p>aw11217</p>	<p>06/17/2021 11:28 AM</p>
	<p><b>CURRENT Resident Death Details (Include ALL deaths of your residents that occurred at your facility, hospital or other location since your last report)</b></p> <p><b>Instruction for completing patient level details:</b></p> <p>In this section, only include NEW deaths that occurred since your last report.</p> <p>The number of residents added under this section each day should include confirmed positive COVID-19 deaths that occurred at your facility, and also those that occurred outside your facility (e.g. a hospital).</p> <p>To make sure all the residents are correctly accounted for, the record counts under this section should be equal to the sum of deaths reported in</p>				

	<p>your responses to question 4a. + 5.</p> <p>To begin, press the Save &amp; Add Resident button</p> <p>After entering data for one resident, press the Save &amp; Add Resident button again to save the data and open a new (blank) section to enter the next resident.</p> <p>ALL confirmed COVID-19 deaths for the reporting period should be included each day.</p>				
<p>&lt;br&gt;Supplies of Personal Protective Equipment (PPE)</p>	<p><b>INSTRUCTIONS</b></p> <p>FOR EACH OF THE PPE INVENTORY QUESTIONS BELOW, ALL PPE, INCLUDING THOSE RETAINED IN OFFSITE STORAGE MUST BE COUNTED IN THE DAILY INVENTORY AMOUNTS IN ACCORDANCE WITH THE 60-DAY REGULATORY REQUIREMENT</p> <p>Burn Rate: just because a facility is out of a given supply does NOT mean that there is NO burn rate.</p> <p>The burn rate is important because it defines the number/amount of a given supply (like surgical masks) that would be needed to perform care safely.</p> <p>This does not</p>				

	<p>change simply because there is no supply of surgical masks on hand.</p>				
	<p>This question should be thought of more as 'how many of this item would be needed each day given the current resident census' - whether or not there is any in the current supply.</p> <p>Example: On any given day, there are approximately 200 staff that will need to wear surgical masks. On average, that number of staff will need to each change masks 5-6 times per day (use an approximate average as some staff may need to change their masks more frequently than others, perhaps 10 times/day). So <math>6/\text{day} \times 200 \text{ staff} = 1200</math> surgical masks needed for staff each day.</p> <p>THIS is the burn rate - or the number of masks the facility will burn (use) per day.</p>				
	<p>Supplies on Hand:</p> <p>This number should change each day - for either one or both of the following reasons:</p> <ul style="list-style-type: none"> <li>- You receive a shipment of that supply item</li> <li>- You reduce the supply by your daily burn rate</li> </ul> <p>Do not leave the any question regarding supplies on hand with the same number from the</p>				

	<p>previous day unless you truly didnt use any and did not receive a shipment.</p> <p>Supplies on hand today = Yesterdays supplies on hand - MINUS yesterdays burn rate - PLUS any quantity received in a shipment.</p>				
	<p><b>IMPORTANT:</b></p> <p>Under the Supplies section of this survey, ALL questions about 'daily burn rate' are now required.</p> <p>The burn rate field cannot be left blank and zero (0) cannot be entered as the value.</p> <p>You must enter your actual or your best estimate of a burn rate for each item.</p>				
	<p>N-95 Masks</p> <p>Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items.</p>				
	<p>How many N-95 respirators does your facility have?</p> <p>(DO NOT respond in number of cases or boxes)*</p>	30150	submitted	aw11217	06/17/2021 11:28 AM
	<p>How many N-95 respirators do you use per day (burn rate)?</p> <p>(DO NOT respond in number of cases or boxes)*</p>	60	submitted	aw11217	06/17/2021 11:28 AM
	<p>Calculated number of days of supply remaining*</p>	502	submitted	aw11217	06/17/2021 11:28 AM
	Surgical Masks				

	Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items				
	How many surgical masks does your facility have?  (DO NOT respond in number of cases or boxes)*	53800	submitted	aw11217	06/17/2021 11:28 AM
	How many surgical masks do you use per day (burn rate)?  (DO NOT respond in number of cases or boxes)*	600	submitted	aw11217	06/17/2021 11:28 AM
	Calculated number of days of supply remaining*	89	submitted	aw11217	06/17/2021 11:28 AM
	Isolation Gowns  Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items				
	How many isolation gowns does your facility have?  (DO NOT respond in number of cases or boxes)*	354000	submitted	aw11217	06/17/2021 11:28 AM
	Are any of these reusable isolation gowns as designated by its manufacturer?*	[No]	submitted	aw11217	06/17/2021 11:28 AM
	If yes, how many reusable isolation gowns does your facility have?				
	How many additional times can each reusable isolation gowns be used?				
	How many isolation gowns do you use each day (burn rate)?  (DO NOT	500	submitted	aw11217	06/17/2021 11:28 AM



	respond in number of cases or boxes)*				
	Calculated number of days of supply remaining*	708	submitted	aw11217	06/17/2021 11:28 AM
	Face Shields  Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items				
	How many face shields does your facility have?  (DO NOT respond in number of cases or boxes)*	4320	submitted	aw11217	06/17/2021 11:28 AM
	Are any of these reusable face shields as designated by its manufacturer?*	[Yes]	submitted	aw11217	06/17/2021 11:28 AM
	If yes, how many reusable face shields does your facility have?	4320	submitted	aw11217	06/17/2021 11:28 AM
	How many additional times can each reusable face shields be used?	7	submitted	aw11217	06/17/2021 11:28 AM
	How many face shields do you use each day (burn rate)?  (DO NOT respond in number of cases or boxes)*	25	submitted	aw11217	06/17/2021 11:28 AM
	Calculated number of days of supply remaining*	172	submitted	aw11217	06/17/2021 11:28 AM
	Gloves  Note: Reported inventory amounts MUST include all private and public donations in addition to purchased items				
	How many pairs of gloves does your facility have?  (DO NOT respond in	304500	submitted	aw11217	06/17/2021 11:28 AM

	number of cases or boxes)*				
	How many pairs of gloves do you use each day (burn rate)?  (DO NOT respond in number of cases or boxes)*	3200	submitted	aw11217	06/17/2021 11:28 AM
	Calculated number of days of supply remaining*	95	submitted	aw11217	06/17/2021 11:28 AM
	Local Office of Emergency Management (OEM) - Requests/Supplies				
	Have your requested any of the above PPE or equipment from the local Office of Emergency Management?*	[No]	submitted	aw11217	06/17/2021 11:28 AM
	Have you received any PPE or equipment from the local Office of Emergency Management in the past 7 days?*	[No]	submitted	aw11217	06/17/2021 11:28 AM
Facility Employees	Instructions for Q1: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. Test results are the official laboratory test determination.				
	1. What is the total number of employees; COVID-19 laboratory test results received by your facility yesterday between 12:00am and 11:59pm?*	0	submitted	aw11217	06/17/2021 11:28 AM
	1a. What is the number of employees whose	0	submitted	aw11217	06/17/2021 11:28 AM

	SARS-CoV-2 test results were positive? *				
	1b. What is the number of employees whose SARS-CoV-2 test results were negative? *	0	submitted	aw11217	06/17/2021 11:28 AM
	1c. What is the number of employees whose SARS-CoV-2 test results were inconclusive? *	0	submitted	aw11217	06/17/2021 11:28 AM
	1d. What is the number of employees whose SARS-CoV-2 test results were deemed indeterminate? *	0	submitted	aw11217	06/17/2021 11:28 AM
	Instructions for Q2: Report the current number of employees that will not comply with COVID-19 testing required under Executive Order #202.30; consequently making them ineligible to work for your facility.				
	2. What is the number of employees who have refused COVID-19 testing and are unable to work?*	0	submitted	aw11217	06/17/2021 11:28 AM
	Instructions for Q3: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. Newly diagnosed is defined as the first instance the employee has a laboratory positive SARS-CoV-2 test result. This should NOT				

	include anyone who previously tested positive.				
	3. What is the total number of employees newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, as a result of a positive SARS-CoV-2 laboratory test? *	0	submitted	aw11217	06/17/2021 11:28 AM
	3a. Of the number of employees newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, how many have received at least one dose of vaccine? *	0	submitted	aw11217	06/17/2021 11:28 AM
	Instructions for Q4: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. Please report the total number of employees physically in your facility.				
	4. What is the total number of employees who physically worked within your facility yesterday between 12:00am and 11:59pm? *	201	submitted	aw11217	06/17/2021 11:28 AM
Residents Diagnosed	Instructions for Q1 and Q2: The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey date is 5/19/2020, the yesterday period is 5/18/2020				

	12:00am to 11:59pm. Newly diagnosed is defined as the first instance the resident has a laboratory positive SARS-CoV-2 test result. This should NOT include anyone who previously tested positive.				
	1. What is the total number of residents, on your in-house census, newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, as a result of a positive SARS-CoV-2 laboratory test?*	0	submitted	aw11217	06/17/2021 11:28 AM
	1a. Of the number of residents newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, how many have received at least one dose of vaccine?*	0	submitted	aw11217	06/17/2021 11:28 AM
	2. What is the total number of residents who were placed or remain on isolation as of yesterday between 12:00am and 11:59pm, as a result of a confirmed positive SARS-CoV-2 laboratory test result? *	5	submitted	aw11217	06/17/2021 11:28 AM
COVID-19 Vaccination	INSTRUCTIONS FOR Q1 and Q2.  The yesterday time period is the previous day of the current HERDS survey date. For example: If the HERDS survey is 5/19/2020, the yesterday period is 5/18/2020 12:00am to 11:59pm. As a reminder, if a resident or				

	employee leaves your facility it is the providers responsibility to schedule them to return for the second dose. These individuals must be included in the counts below. On-site is defined as a vaccination that occurred while physically on the premises of the facility. Staff is defined as anyone working on the facility's premises (including FT, PT, Contracted, medical residents and students, and/or Per Diem staff).				
	<b>RESIDENTS</b>				
	1. What is the total number of residents that received a vaccination yesterday between 12:00am and 11:59pm?*	0	submitted	aw11217	06/17/2021 11:28 AM
	First Dose				
	1a. Of the total number of residents that received a vaccination yesterday, how many received their first dose?*	0	submitted	aw11217	06/17/2021 11:28 AM
	1b. Of the total number of residents that received a vaccination yesterday, how many received their first dose, on-site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	1c. Of the total number of residents that received a vaccination yesterday, how many received their first dose, off site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	Second Dose				
	1d. Of the total number of residents that received a vaccination yesterday, how many received	0	submitted	aw11217	06/17/2021 11:28 AM

	their second dose?*				
	1e. Of the total number of residents that received a vaccination yesterday, how many received their second dose, on-site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	1f. Of the total number of residents that received a vaccination yesterday, how many received their second dose, off site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	STAFF				
	2. What is the total number of staff that received a vaccination yesterday between 12:00am and 11:59pm?*	0	submitted	aw11217	06/17/2021 11:28 AM
	First Dose				
	2a. Of the total number of staff that received a vaccination yesterday, how many received their first dose?*	0	submitted	aw11217	06/17/2021 11:28 AM
	2b. Of the total number of staff that received a vaccination yesterday, how many received their first dose, on-site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	2c. Of the total number of staff that received a vaccination yesterday, how many received their first dose, off site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	Second Dose				
	2d. Of the total number of staff that received a vaccination yesterday, how many received their second dose?*	0	submitted	aw11217	06/17/2021 11:28 AM
	2e. Of the total number of staff that received a vaccination yesterday, how many received their second dose, on-site?*	0	submitted	aw11217	06/17/2021 11:28 AM

	2f. Of the total number of staff that received a vaccination yesterday, how many received their second dose, off site?*	0	submitted	aw11217	06/17/2021 11:28 AM
	<p>INSTRUCTIONS FOR Q3 and Q4.</p> <p>The purpose of these questions is to get a better understanding of the vaccination status of residents currently in-house. Please report on the residents physically in your facility on the day of filling out the survey. For vaccinations that require two doses (for example, Pfizer and Moderna), use Q3 and Q4 to distinguish individuals with only one dose (Q3) vs full/complete both doses (Q4). Vaccinations that require one dose (for example, Johnson and Johnson) will only be captured in Q4. Please note, your In-House Census will equal your responses for 3 + 4 + 5 + 5a + 5b. <b>IMPORTANT:</b> If an individual receives dose one (of a two-dose regimen) but chooses not to accept the second dose, they should remain counted in Q3.</p>				
	3. As of today, what is the total number of in-house residents who only received their initial (first dose of a two-dose regimen) of vaccination?*	3	submitted	aw11217	06/17/2021 11:28 AM



	4. As of today, what is the total number of in-house residents who have received their full/“complete” (first and second dose of a two dose vaccine) vaccination?*	186	submitted	aw11217	06/17/2021 11:28 AM
	<p>INSTRUCTIONS FOR Q5.</p> <p>Declined vaccination is defined as an individual who is medically able to receive a vaccination, but has chosen not to be vaccinated. Declined vaccination also includes situations in which the facility was unable to procure health care proxy consent for residents unable to make their own decisions. Please report on residents physically in your facility on the day of filing out the survey.</p>				
	5. As of today, what is the total number of in-house residents who have declined vaccination (IMPORTANT dose one only).*	20	submitted	aw11217	06/17/2021 11:28 AM
	5a. As of today, what is the total number of in-house residents are medically ineligible to receive the vaccine, as determined by a physician?*	0	submitted	aw11217	06/17/2021 11:28 AM
	<p>INSTRUCTIONS FOR Q5b.</p> <p>“Other” is defined as any other status not otherwise captured in Q3,</p>				

	Q4, Q5, or Q5a.				
	5b. As of today, what is the total number of in-house residents in a "Other" status? *	0	submitted	aw11217	06/17/2021 11:28 AM
	INSTRUCTIONS FOR Q6.  Staff is defined as anyone working on the facility's premises (including FT, PT, Contracted, medical residents and students, and/or Per Diem staff).				
	6. What is the total number of facility staff?*	291	submitted	aw11217	06/17/2021 11:28 AM
	INSTRUCTIONS FOR Q7 and Q8.  The purpose of these questions is to get a better understanding of the vaccination status of staff currently working at your facility. Staff is defined as anyone working on the facility's premises (including FT, PT, Contracted, medical residents and students, and/or Per Diem staff). DO NOT include staff that have since left your facility. For vaccinations that require two doses (for example, Pfizer and Moderna), use Q3 and Q4 to distinguish individuals with only one dose (Q3) vs "complete" both doses (Q4). Vaccinations that require one dose (for example,				

	<p>Johnson and Johnson) will only be captured in Q4. Please note, your total number of facility staff will equal your responses for 7 + 8 + 9 + 9a + 9b.  <b>IMPORTANT:</b> If an individual receives dose one (of a two-dose regimen) but chooses not to accept the second dose, they should remain counted in Q3.</p>				
	<p>7. As of today, what is the total number of staff who have only received their initial (first dose of a two-dose regimen) of vaccination?*</p>	<p>1</p>	<p>submitted</p>	<p>aw11217</p>	<p>06/17/2021 11:28 AM</p>
	<p>8. As of today, what is the total number of staff who have received their full“complete” (first and second dose of a two-dose vaccine) of vaccination? *</p>	<p>159</p>	<p>submitted</p>	<p>aw11217</p>	<p>06/17/2021 11:28 AM</p>
	<p><b>INSTRUCTIONS FOR Q9.</b></p> <p>Declined vaccinations is defined as an individual who is offered the vaccine and medically able to receive a vaccination, but has chosen not to be vaccinated. <b>DO NOT</b> include staff that have since left your facility.</p>				
	<p>9. As of today, what is the total number of staff who have declined vaccination (<b>IMPORTANT:</b> dose one <b>ONLY</b>).</p>	<p>131</p>	<p>submitted</p>	<p>aw11217</p>	<p>06/17/2021 11:28 AM</p>

	*				
	9a. As of today, what is the total number of staff are medically ineligible to receive the vaccine, as determined by a physician? *	0	submitted	aw11217	06/17/2021 11:28 AM
	INSTRUCTIONS FOR Q9b.  "Other" is defined as any other status not otherwise captured in Q7, Q8, Q9, or Q9a.				
	9b. As of today, what is the total number of staff in a "Other" status? *	0	submitted	aw11217	06/17/2021 11:28 AM
	10. How many staff are currently furloughed due to a positive COVID 19 test or due to exposure?*	0	submitted	aw11217	06/17/2021 11:28 AM
	11. As of today, what is the total number of in-house residents who are medically eligible to receive a vaccine and are willing to be vaccinated, but have not yet received any dose of the vaccine? *	0	submitted	aw11217	06/17/2021 11:28 AM
	12. As of today, what is the total number of staff who are medically eligible to receive a vaccine and are willing to be vaccinated, but have not yet received any dose of the vaccine? *	0	submitted	aw11217	06/17/2021 11:28 AM

*\*Required Fields. \*\* Repeatable Sections.*

### Form Rules:

[1] Date of Death IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[2] Gender IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[3] Age IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[4] Race IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[5] Were there any Co-morbidities for this patient? IS REQUIRED IF EXISTS Enter the patient's initials<br>

Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[6] <div>COVID-19 Status</div> IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

[7] <div>Place of Death:</div> IS REQUIRED IF EXISTS Enter the patient's initials<br>  
Order of initials: First/Middle/Last<br>

<br>  
John Jay Smith would be: JJS<br>John Smith would be (just): JS<br>  
<br>

Do NOT put special characters or spaces between initials

- [8] **1.** What is the total number of employees' COVID-19 laboratory test results received by your facility yesterday between 12:00am and 11:59pm? **MUST BE EQUAL TO**
- 1a.** What is the number of employees whose SARS-CoV-2 test results were positive?
- 1b.** What is the number of employees whose SARS-CoV-2 test results were negative?
- 1c.** What is the number of employees whose SARS-CoV-2 test results were inconclusive?
- 1d.** What is the number of employees whose SARS-CoV-2 test results were deemed indeterminate?
- [9] **If yes, how many reusable isolation gowns does your facility have? CANNOT BE GREATER THAN** How many isolation gowns does your facility have?
- DO NOT** respond in number of cases or boxes
- [10] **If yes, how many reusable face shields does your facility have? CANNOT BE GREATER THAN** How many face shields does your facility have?
- DO NOT** respond in number of cases or boxes
- [11] **1.** What is the total number of residents that received a vaccination yesterday between 12:00am and 11:59pm? **MUST BE EQUAL TO**
- a.** Of the total number of residents that received a vaccination yesterday, how many received their first dose?
- b.** Of the total number of residents that received a vaccination yesterday, how many received their second dose?
- [12] **1a.** Of the total number of residents that received a vaccination yesterday, how many received their first dose?
- i.** Of the total number of residents that received a vaccination yesterday, how many received their first dose, on-site?
- ii.** Of the total number of residents that received a vaccination yesterday, how many received their first dose, off site?
- [13] **1d.** Of the total number of residents that received a vaccination yesterday, how many received their second dose? **MUST BE EQUAL TO**
- iii.** Of the total number of residents that received a vaccination yesterday, how many received their second dose, on-site?
- iv.** Of the total number of residents that received a vaccination yesterday, how many received their second dose, off site?
- [14] **2.** What is the total number of staff that received a vaccination yesterday between 12:00am and 11:59pm? **MUST BE EQUAL TO**
- a.** Of the total number of staff that received a vaccination yesterday, how many received their first dose?
- b.** Of the total number of staff that received a vaccination yesterday, how many received their second dose?
- [15] **2a.** Of the total number of staff that received a vaccination yesterday, how many received their first dose? **MUST BE EQUAL TO**
- i.** Of the total number of staff that received a vaccination yesterday, how many received their first dose, on-site?
- ii.** Of the total number of staff that received a vaccination yesterday, how many received their first dose, off site?
- [16] **2d.** Of the total number of staff that received a vaccination yesterday, how many received their second dose? **MUST BE EQUAL TO**
- iii.** Of the total number of staff that received a vaccination yesterday, how many received their second dose, on-site?
- iv.** Of the total number of staff that received a vaccination yesterday, how many received their second dose, off-site?
- [17] **1.** What is the total number of residents physically in your facility today? **CANNOT BE LESS THAN**
- 3.** As of today, what is the total number of in-house residents who have only received their first dose of vaccination?
- 4.** As of today, what is the total number of in-house residents who have received their first and second dose of vaccination?
- [18] **1.** What is the total number of residents physically in your facility today? **CANNOT BE LESS THAN**
- 5.** As of today, what is the total number of in-house residents who have declined vaccination (either dose one or two)?



[29] **6. What is the total number of facility staff? MUST BE EQUAL TO**  
**7. As of today, what is the total number of staff who have only received their initial (first dose of a two-dose regimen) of vaccination?**  
**8. As of today, what is the total number of staff who have received their full/complete; (first and second dose of a two-dose vaccine) of vaccination?**  
**9. As of today, what is the total number of staff who have declined vaccination (IMPORTANT: dose one ONLY).**  
**9a. As of today, what is the total number of staff are medically ineligible to receive the vaccine, as determined by a physician?**  
**9b. As of today, what is the total number of staff in a "Other" status?**

[30] **3. What is the total number of employees newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, as a result of a positive SARS-CoV-2 laboratory test? CANNOT BE LESS THAN** **3a. Of the number of employees newly diagnosed with COVID19 yesterday between 12:00am and 11:59pm, how many have received at least one dose of vaccine?**