

# Section 1. Facility Demographics and Critical Infrastructure

Version 2.0, November 2020

1. Facility name: \_\_\_\_\_
2. County in which the facility is located: \_\_\_\_\_
3. Type of care provided by the facility (please select all that apply):

Skilled nursing	Ventilator care	Psychiatric care
Subacute rehabilitation	Tracheostomy care	In-facility dialysis
Long-term care	Dementia/memory care	Other, please specify: _____
4. Total number of licensed beds in the facility: \_\_\_\_\_
5. Total number of residents currently in the facility: \_\_\_\_\_
6. Total number of units in the facility: \_\_\_\_\_
7. Total number of each resident room type in the facility:
  - Singles/Private: \_\_\_\_\_
  - Doubles/Semi-Privates: \_\_\_\_\_
  - Triples: \_\_\_\_\_
  - Quads: \_\_\_\_\_
  - Other, please specify: \_\_\_\_\_
8. Current number of healthcare personnel (HCP\*) working in the facility:
  - 8a. Total number of HCP: \_\_\_\_\_
  - 8b. Number of nurses (RNs, LVNs, etc.): \_\_\_\_\_
  - 8c. Number of nursing aides: \_\_\_\_\_
  - 8d. Number of environmental service staff (i.e., housekeeping): \_\_\_\_\_

\* **Healthcare Personnel (HCP):** HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in resident care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

9. In the last 6 months, has your facility had **any** infection prevention and control assistance (e.g., consultation, assessment, survey) from groups outside the facility?

- Yes
- No
- Unknown

If YES:

9a. From whom (please select all that apply):

- Public health                      Survey agency                      Corporate entity                      Other, please specify: \_\_\_\_\_

9b. Please summarize any changes made in infection prevention and control policies or practices as a result of the assistance (account for all on-site visits if more than one has occurred).

10. Which of the following describes the current transmission of SARS-CoV-2 in the community surrounding your facility?

- No to minimal transmission (isolated cases throughout the community)
- Minimal to moderate transmission (sustained transmission with high likelihood or confirmed exposure within communal settings such as long-term care facilities and potential for rapid increase in cases)
- Substantial transmission (large scale community transmission including outbreaks in communal settings such as long-term care facilities)
- Unknown

11. Which of the following describes your facility's COVID-19 county-level positivity rate (to determine use this link: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>)?

- <5%                      5–10%                      >10%                      Unknown

12. Has your facility ever had any residents with SARS-CoV-2 infection (asymptomatic or symptomatic)?

- Yes
- No
- Unknown

If YES:

12a. Total number of residents with at least one positive viral test for SARS-CoV-2 to date (include those diagnosed both at the facility and at other locations): \_\_\_\_\_

12b. Total number of residents with nursing-home onset SARS-CoV-2 infections† (include those diagnosed both at the facility and at other locations): \_\_\_\_\_

12c. Date first resident(s) with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

12d. Date most recent resident(s) with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

12e. Total number of residents with SARS-CoV-2 infection currently in the facility who have not met criteria for discontinuation of Transmission-Based Precautions (i.e., isolation): \_\_\_\_\_

†Nursing home-onset SARS-CoV-2 infections refers to SARS-CoV-2 infections that originated in the nursing home. It does not refer to the following:

- Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate Transmission-Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.

13. Has your facility ever had any HCP with SARS-CoV-2 infection (asymptomatic or symptomatic)?

Yes

No

Unknown

If YES:

13a. Total number of HCP with at least one positive viral test for SARS-CoV-2 to date: \_\_\_\_\_

13b. Date *first* HCP with SARS-CoV-2 infection had their first positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

13c. Date *most* recent HCP with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

13d. Total number of HCP with SARS-CoV-2 infection who have not met criteria to return to work: \_\_\_\_\_

14. If facility PPE supply and demand remains in its current state, how long will each of the following supplies last?

**Eye protection (face shields or goggles)**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

**Facemasks**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

**Cloth face coverings (for resident/visitor use)**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

**Disposable, single-use respirators (such as N95 filtering facepiece respirators)**

<1 week

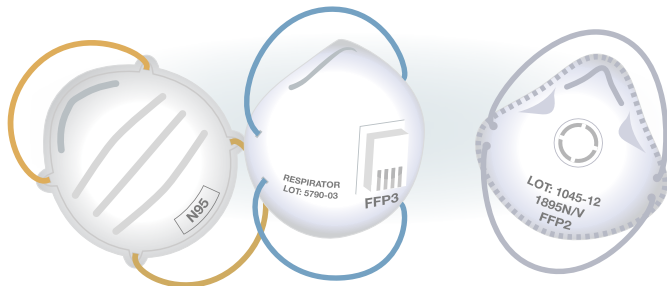
1-2 weeks

3-4 weeks

>4 weeks

Unknown

Not applicable



List type of respirators (to include if they have exhalation valves):

**Elastomeric respirators**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

Not applicable



**Powered air purifying respirators (PAPR)**

<1 week

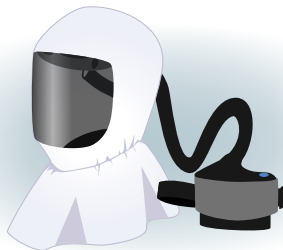
1-2 weeks

3-4 weeks

>4 weeks

Unknown

Not applicable



**Gowns**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

**Gloves**

<1 week

1-2 weeks

3-4 weeks

>4 weeks

Unknown

15. List which cleaning and disinfection products are used in the facility (if one product is used to clean and another to disinfect, list both products):

15a. For high touch surfaces in resident rooms: \_\_\_\_\_

15b. For high touch surfaces in common areas: \_\_\_\_\_

15c. For shared, non-disposable resident equipment: \_\_\_\_\_