

Column Name	Description	Type
Week Ending	Last day (MM/DD/YYYY) of reporting week (a reporting week is from Monday through Sunday).	Date
Federal Provider Number	The CMS Certification Number (CCN) for the provider.	Text
Provider Name	The provider's name.	Text
Provider Address	The provider's address.	Text
Provider City	The provider's city.	Text
Provider State	The provider's state.	Text
Provider Zip Code	The provider's zip code.	Text
Provider Phone Number	The provider's phone number.	Text
County	The provider's county.	Text
Submitted Data	Indicates (Y/N) if any data was submitted for the reporting week.	Text
Passed Quality Assurance Check	Indicates (Y/N) if the data passed the quality assurance check.	Text
Residents Weekly Admissions COVID-19	Number of residents admitted or readmitted who were previously hospitalized and treated for COVID-19 (ADMISSIONS) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Residents Total Admissions COVID-19	Number of residents admitted or readmitted who were previously hospitalized and treated for COVID-19 (ADMISSIONS) since 01/01/2020 as reported by the provider.	Number
Residents Weekly Confirmed COVID-19	Number of residents with new laboratory positive COVID-19 (CONFIRMED) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Residents Total Confirmed COVID-19	Number of residents with laboratory positive COVID-19 (CONFIRMED) since 01/01/2020 as reported by the provider.	Number
Residents Weekly Suspected COVID-19	Number of residents with new suspected COVID-19 (SUSPECTED) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Residents Total Suspected COVID-19	Number of residents with suspected COVID-19 (SUSPECTED) since 01/01/2020 as reported by the provider.	Number

Residents Weekly All Deaths	Number of residents who have died in the facility or another location (TOTAL DEATHS) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Residents Total All Deaths	Number of residents who have died in the facility or another location (TOTAL DEATHS) since 01/01/2020 as reported by the provider.	Number
Residents Weekly COVID-19 Deaths	Number of residents with new suspected or laboratory positive COVID-19 who died in the facility or another location (COVID-19 DEATHS) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Residents Total COVID-19 Deaths	Number of residents with suspected or laboratory positive COVID-19 who died in the facility or another location (COVID-19 DEATHS) since 1/1/20 as reported by the provider.	Number
Number of All Beds	Total number of resident beds in the facility as reported by the provider.	Number
Total Number of Occupied Beds	Total number of resident beds that are currently occupied as reported by the provider.	Number
Resident Access to Testing in Facility	Indicates (Y/N) if facility has access to COVID-19 testing while the resident is in the facility as reported by the provider.	Text
Laboratory Type Is State Health Dept	Indicates (Y/N) if laboratory type is state health department lab as reported by the provider.	Text
Laboratory Type Is Private Lab	Indicates (Y/N) if laboratory type is private lab (hospital, corporation, academic institution) as reported by the provider.	Text
Laboratory Type Is Other	Indicates (Y/N) if laboratory type is other as reported by the provider.	Text
Able to Test or Obtain Resources to Test All Current Residents Within Next 7 Days	Indicates (Y/N) if the facility has the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all current residents within the next 7 days, if needed, as reported by the provider.	Text
Reason for Not Testing Residents - Lack of PPE for Personnel	Indicates (Y/N) reason for not testing - Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection, as reported by the provider.	Text
Reason for Not Testing Residents - Lack of Supplies	Indicates (Y/N) reason for not testing - Lack of supplies for specimen collection, as reported by the provider.	Text

Reason for Not Testing Residents - Lack of Access to Laboratory	Indicates (Y/N) reason for not testing - Lack of access to a laboratory for submitting specimens, as reported by the provider.	Text
Reason for Not Testing Residents - Lack of Access to Trained Personnel	Indicates (Y/N) reason for not testing - Lack of access to trained personnel to perform testing (including internal and external resources), as reported by the provider.	Text
Reason for Not Testing Residents - Uncertainty About Reimbursement	Indicates (Y/N) reason for not testing - Uncertainty about testing reimbursement, as reported by the provider.	Text
Reason for Not Testing Residents - Other	Indicates (Y/N) reason for not testing - Other, as reported by the provider.	Text
During Past Two Weeks Average Time to Receive Resident Test Results	During the past two weeks, on average, how long it took for the facility to receive COVID-19 viral (nucleic acid or antigen) test results of residents, as reported by the provider. Possible answers: <1 DAY, 1-2 DAYS, 3-7 DAYS, >7 DAYS, or N/A.	Text
Has Facility Performed Resident Tests Since Last Report	Indicates (Y/N) if since the last report, has the facility performed COVID-19 viral testing on residents, as reported by the provider.	Text
Tested Residents with New Signs or Symptoms	Indicates (Y/N) reason residents were tested: Testing residents with new signs/symptoms consistent with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Residents in a Unit or Section After a New Case	Indicates (Y/N) reason residents were tested: Testing asymptomatic residents on a unit/section of the facility in response to a new case with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Residents Facility-Wide After a New Case	Indicates (Y/N) reason residents were tested: Testing asymptomatic residents, facility-wide in response to a new case with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Residents Without Known Exposure as Surveillance	Indicates (Y/N) reason residents were tested: Testing asymptomatic residents without a known exposure to COVID-19 as part of surveillance, as reported by the provider.	Text
Tested Another Subgroup of Residents	Indicates (Y/N) reason residents were tested: None of the other reasons, testing of another subgroup of residents occurred, as reported by the provider.	Text
Able to Test or Obtain Resources to Test All Staff and/or Personnel Within Next 7 Days	Indicates (Y/N) if the facility has the ability to perform or to obtain resources for performing COVID-19 viral testing (nucleic acid or antigen) on all facility staff and/or facility personnel within the next 7 days, if needed.	Text
Reason for Not Testing Staff and/or Personnel - Lack of PPE for Personnel	Indicates (Y/N) reason for not testing - Lack of recommended personal protective equipment (PPE) for personnel to wear during specimen collection, as reported by the provider.	Text

Reason for Not Testing Staff and/or Personnel - Lack of Supplies	Indicates (Y/N) reason for not testing - Lack of supplies for specimen collection, as reported by the provider.	Text
Reason for Not Testing Staff and/or Personnel - Lack of Access to Laboratory	Indicates (Y/N) reason for not testing - Lack of access to a laboratory for submitting specimens, as reported by the provider.	Text
Reason for Not Testing Staff and/or Personnel - Lack of Access to Trained Personnel	Indicates (Y/N) reason for not testing - Lack of access to trained personnel to perform testing (including internal and external resources), as reported by the provider.	Text
Reason for Not Testing Staff and/or Personnel - Uncertainty About Reimbursement	Indicates (Y/N) reason for not testing - Uncertainty about testing reimbursement, as reported by the provider.	Text
Reason for Not Testing Staff and/or Personnel - Other	Indicates (Y/N) reason for not testing - Other, as reported by the provider.	Text
During Past Two Weeks Average Time to Receive Staff and/or Personnel Test Results	During the past two weeks, on average, how long it took for the facility to receive COVID-19 viral (nucleic acid or antigen) test results of staff and/or facility personnel, as reported by the provider. Possible answers: <1 DAY, 1-2 DAYS, 3-7 DAYS, >7 DAYS, or N/A.	Text
Has Facility Performed Staff and/or Personnel Tests Since Last Report	Indicates (Y/N) if since the last report, has the facility performed COVID-19 viral testing on staff and/or facility personnel, as reported by the provider.	Text
Tested Staff and/or Personnel with New Signs or Symptoms	Indicates (Y/N) reason staff and/or facility personnel were tested: Testing staff and/or facility personnel with new signs/symptoms consistent with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Staff and/or Personnel in a Unit or Section After a New Case	Indicates (Y/N) reason staff and/or facility personnel were tested: Testing asymptomatic staff and/or facility personnel on a unit/section of the facility in response to a new case with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Staff and/or Personnel Facility-Wide After a New Case	Indicates (Y/N) reason staff and/or facility personnel were tested: Testing asymptomatic staff and/or facility personnel, facility-wide in response to a new case with COVID-19, as reported by the provider.	Text
Tested Asymptomatic Staff and/or Personnel Without Known Exposure as Surveillance	Indicates (Y/N) reason staff and/or facility personnel were tested: Testing asymptomatic staff and/or facility personnel without a known exposure to COVID-19 as part of surveillance, as reported by the provider.	Text
Tested Another Subgroup of Staff and/or Personnel	Indicates (Y/N) reason staff and/or facility personnel were tested: None of the other reasons, testing of another subgroup of staff and/or facility personnel occurred, as reported by the provider.	Text
In-House Point-of-Care Test Machine	Indicates (Y/N) if the facility has an in-house point-of-care test machine (capability to perform COVID-19 testing within the facility), as reported by the provider.	Text

COVID-19 Point-of-Care Tests Performed on Residents Since Last Report	If the facility has an in-house point-of-care test machine, since the last report, the number of COVID-19 point-of-care tests the facility performed on residents, as reported by the provider.	Number
COVID-19 Point-of-Care Tests Performed on Staff and/or Personnel Since Last Report	If the facility has an in-house point-of-care test machine, since the last report, the number of COVID-19 point-of-care tests the facility performed on staff and/or facility personnel, as reported by the provider.	Number
Enough Supplies to Test All Staff and/or Personnel Using Point-of-Care Test Machine	If the facility has an in-house point-of-care test machine, based on this week's inventory, indicates (Y/N) if there are enough supplies to test all staff and/or facility personnel for COVID-19 using the point-of-care test machine, as reported by the provider.	Text
Staff Weekly Confirmed COVID-19	Number of staff and facility personnel with new laboratory positive COVID-19 (CONFIRMED) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Staff Total Confirmed COVID-19	Number of staff and facility personnel with laboratory positive COVID-19 (CONFIRMED) since 01/01/2020 as reported by the provider.	Number
Staff Weekly Suspected COVID-19	Staff and facility personnel with new suspected COVID-19 who are being managed as though they have it (SUSPECTED) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Staff Total Suspected COVID-19	Staff and facility personnel with suspected COVID-19 who are being managed as though they have it (SUSPECTED) since 01/01/2020 as reported by the provider.	Number
Staff Weekly COVID-19 Deaths	Staff and facility personnel with new suspected or laboratory positive COVID-19 who died (COVID_19 DEATHS) as reported by the provider for this collection date. Note: Numbers for Week Ending 05/24/2020 may include reporting for any time between 01/01/2020 through 05/24/2020. Reporting for subsequent weeks is on a weekly basis.	Number
Staff Total COVID-19 Deaths	Staff and facility personnel with suspected or laboratory positive COVID-19 who died (COVID_19 DEATHS) since 01/01/2020 as reported by the provider.	Number

Shortage of Nursing Staff	Indicates (Y/N) if staffing shortage of Nursing Staff: registered nurse, licensed practical nurse, vocational nurse as reported by the provider.	Text
Shortage of Clinical Staff	Indicates (Y/N) if staffing shortage of Clinical Staff: physician, physician assistant, advanced practice nurse as reported by the provider.	Text
Shortage of Aides	Indicates (Y/N) if staffing shortage of Aides: certified nursing assistant, nurse aide, medication aide, and medication technician as reported by the provider.	Text
Shortage of Other Staff	Indicates (Y/N) if staffing shortage of Other staff or facility personnel, regardless of clinical responsibility or resident contact not included in the categories above (for example, environmental services) as reported by the provider.	Text
Any Current Supply of N95 Masks	Indicates (Y/N) if facility currently has any supply of N95 masks as reported by the provider.	Text
One-Week Supply of N95 Masks	Indicates (Y/N) if facility has enough supply of N95 masks for one week as reported by the provider.	Text
Any Current Supply of Surgical Masks	Indicates (Y/N) if facility currently has any supply of surgical masks as reported by the provider.	Text
One-Week Supply of Surgical Masks	Indicates (Y/N) if facility has enough supply of surgical masks for one week as reported by the provider.	Text
Any Current Supply of Eye Protection	Indicates (Y/N) if facility currently has any supply of eye protection, including face shields and goggles as reported by the provider.	Text
One-Week Supply of Eye Protection	Indicates (Y/N) if facility has enough supply of eye protection, including face shields and goggles, for one week as reported by the provider.	Text
Any Current Supply of Gowns	Indicates (Y/N) if facility currently has any supply of gowns as reported by the provider.	Text
One-Week Supply of Gowns	Indicates (Y/N) if facility has enough supply of gowns for one week as reported by the provider.	Text
Any Current Supply of Gloves	Indicates (Y/N) if facility currently has any supply of gloves as reported by the provider.	Text
One-Week Supply of Gloves	Indicates (Y/N) if facility has enough supply of gloves for one week as reported by the provider.	Text
Any Current Supply of Hand Sanitizer	Indicates (Y/N) if facility currently has any supply of alcohol-based hand sanitizer as reported by the provider.	Text
One-Week Supply of Hand Sanitizer	Indicates (Y/N) if facility has enough supply of alcohol-based hand sanitizer for one week as reported by the provider.	Text
Ventilator Dependent Unit	Indicates (Y/N) if there is a ventilator dependent unit in the facility as reported by the provider.	Text
Number of Ventilators in Facility	Total number of mechanical ventilators in the facility as reported by the provider.	Number

Number of Ventilators in Use for COVID-19	Total number of mechanical ventilators in use for residents who have suspected or lab-confirmed COVID-19 as reported by the provider.	Number
Any Current Supply of Ventilator Supplies	Indicates (Y/N) if facility currently has any supply of ventilator supplies (including tubing) as reported by the provider.	Text
One-Week Supply of Ventilator Supplies	Indicates (Y/N) if facility has enough supply of ventilator supplies (including tubing) for one week as reported by the provider.	Text
Weekly Resident Confirmed COVID-19 Cases Per 1,000 Residents	Number of residents with laboratory positive COVID-19 (CONFIRMED) for this collection date per 1,000 residents (Total Number of Occupied Beds) as reported by the provider.	Number
Weekly Resident COVID-19 Deaths Per 1,000 Residents	Number of residents with suspected or laboratory positive COVID-19 who died in the facility or another location (COVID-19 DEATHS) for this collection date per 1,000 residents as reported by the provider.	Number
Total Resident Confirmed COVID-19 Cases Per 1,000 Residents	Number of residents with laboratory positive COVID-19 (CONFIRMED) since 01/01/2020 per 1,000 residents (Total Number of Occupied Beds) as reported by the provider.	Number
Total Resident COVID-19 Deaths Per 1,000 Residents	Number of residents with suspected or laboratory positive COVID-19 who died in the facility or another location (COVID-19 DEATHS) since 1/1/20 per 1,000 residents as reported by the provider.	Number
Total Residents COVID-19 Deaths as a Percentage of Confirmed COVID-19 Cases	Total residents with suspected or laboratory positive COVID-19 who died in the facility or another location (COVID-19 DEATHS) as a percentage of residents with laboratory positive COVID-19 (CONFIRMED) since 01/01/2020 as reported by the provider.	Number
Three or More Confirmed COVID-19 Cases This Week	Indicates (Y/N) if a facility has residents with new laboratory positive COVID-19 (CONFIRMED) cases that is greater than or equal to 3 this week, as reported by the provider.	Text
Initial Confirmed COVID-19 Case This Week	Indicates (Y/N) if a facility has residents with new laboratory positive COVID-19 (CONFIRMED) that is greater than or equal to 1 this week after having zero residents with laboratory positive COVID-19 (CONFIRMED) since 01/01/2020, as reported by the provider.	Text
Reporting Interval	Week number and Week Ending date.	Text
Has Facility Performed Tests Since Last Report	Indicates (Y/N) if the facility performed COVID-19 viral testing since the last report.	Text
COVID-19 Non-Point-of-Care Tests Performed on Residents Since Last Report	Since the last report, the number of COVID-19 NON point-of-care tests has the facility performed on residents	Number

COVID-19 Non-Point-of-Care Tests Performed on Staff and/or Personnel Since Last Report	Since the last report, the number of COVID-19 NON point-of-care tests has the facility performed on staff and/or facility personnel.	Number
Number of Residents with a New Positive COVID-19 Test Result	Number of residents with a new positive COVID-19 viral test result.	Number
Number of Residents with a New Positive COVID-19 Test Result with Positive Antigen Test Only	Of the number of residents with a new positive COVID-19 viral test result, how many had positive antigen test only (no other testing performed).	Number
Number of Residents with a New Positive COVID-19 Test Result with Positive NAAT (PCR) Test Only	Of the number of residents with a new positive COVID-19 viral test result, how many had positive NAAT (PCR) only (no other testing performed).	Number
Number of Residents with a New Positive COVID-19 Test Result with Positive Antigen Test AND Negative NAAT (PCR) Test	Of the number of residents with a new positive COVID-19 viral test result, how many had positive antigen test and negative NAAT (PCR) for COVID-19.	Number
Number of Residents with a New Positive COVID-19 Test Result with Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test	Of the number of residents with a new positive COVID-19 viral test result, how many had any other combination of NAAT (PCR) and/or antigen test(s) with at least one positive test.	Number
Number of Residents with a New Positive COVID-19 Test Result who are Reinfected	Of the number of residents with a new positive COVID-19 viral test result, how many were considered as reinfected.	Number
Number of Residents with a New Positive COVID-19 Test Result who are Reinfected and Symptomatic	Of the number of reported residents with reinfections, how many had signs and/or symptoms consistent with COVID-19.	Number
Number of Residents with a New Positive COVID-19 Test Result who are Reinfected and Asymptomatic	Of the number of reported residents with reinfections, how many did not have signs and/or symptoms consistent with COVID-19.	Number
Number of Residents with New Influenza	Number of residents with a new positive influenza (flu) test result.	Number
Number of Residents with Acute Respiratory Illness Symptoms Excluding COVID-19 and/or Influenza	Number of residents with acute respiratory illness symptoms, excluding confirmed COVID-19 and/or influenza (flu).	Number
Number of Residents with Confirmed Coinfection with Influenza and COVID-19	Number of residents with a confirmed co-infection with influenza (flu) and COVID-19.	Number
During Past Two Weeks Average Time to Receive COVID-19 Test Results from Non-Point-of-Care Tests	During the past two weeks, on average, how long it took the facility to receive COVID-19 viral test results of residents or staff and/or facility personnel. Possible Answers: <1 DAY, 1-2 DAYS, 3-7 DAYS, >7 DAYS, NOTEST - No testing performed in the past two weeks on residents or staff and/or facility personnel.	Text
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result	Number of staff and facility personnel with a new positive COVID-19 viral test result.	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result with Positive Antigen Test Only	Of the number of staff and facility personnel with a new positive COVID-19 viral test result, how many had positive antigen test only (no other testing performed).	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result with Positive NAAT (PCR) Test Only	Of the number of staff and facility personnel with a new positive COVID-19 viral test result, how many	Number

	had positive NAAT (PCR) only (no other testing performed).	
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result with Positive Antigen Test AND Negative NAAT (PCR) Test	Of the number of staff and facility personnel with a new positive COVID-19 viral test result, how many had positive antigen test and negative NAAT (PCR) for COVID-19.	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result with Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test	Of the number of staff and facility personnel with a new positive COVID-19 viral test result, how many had any other combination of NAAT (PCR) and/or antigen test(s) with at least one positive test.	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result who are Reinfected	Of the number of staff and facility personnel with a new positive COVID-19 viral test result, how many were considered as reinfected.	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result who are Reinfected and Symptomatic	Of the number of reported staff and facility personnel with reinfections, how many had signs and/or symptoms consistent with COVID-19.	Number
Number of Staff and/or Personnel with a New Positive COVID-19 Test Result who are Reinfected and Asymptomatic	Of the number of reported staff and facility personnel with reinfections, how many did not have signs and/or symptoms consistent with COVID-19.	Number
Number of Staff and/or Personnel with New Influenza	Number of staff and facility personnel with a new positive influenza (flu) test result.	Number
Number of Staff and/or Personnel with Acute Respiratory Illness Symptoms Excluding COVID-19 and/or Influenza	Number of staff and facility personnel with acute respiratory illness symptoms, excluding confirmed COVID-19 and/or influenza (flu).	Number
Number of Staff and/or Personnel with Confirmed Coinfection with Influenza and COVID-19	Number of staff and facility personnel with a confirmed co-infection with influenza (flu) and COVID-19.	Number
Alcohol-Based Hand Rub (ABHR) Available	Indicates if alcohol-based hand rub (ABHR) is available for use.	Text
Alcohol-Based Hand Rub (ABHR) No Longer Available in 7 Days	Indicates if facility will no longer have the ABHR in 7 days.	Text
N95 Respirator Strategy for Optimization	Facility strategy for optimizing N95 Respirator supply; CONVENTIONAL - Recommended strategies as part of infection prevention and control, CONTINGENCY - Strategies used during periods of anticipated PPE shortages, or CRISIS - Strategies used when supplies cannot meet facility's current PPE needs.	Text
N95 Respirator No Longer Available in 7 Days	Indicates if facility will no longer have N95 Respirators in 7 days.	Text
Face Masks Strategy for Optimization	Facility strategy for optimizing Face Masks supply; CONVENTIONAL - Recommended strategies as part of infection prevention and control, CONTINGENCY - Strategies used during periods of anticipated PPE shortages, or CRISIS - Strategies used when supplies cannot meet facility's current PPE needs.	Text
Face Masks No Longer Available in 7 Days	Indicates if facility will no longer have Face Masks in 7 days.	Text

Eye Protection Strategy for Optimization	Facility strategy for optimizing Eye Protection, including goggles or face shields, supply; CONVENTIONAL - Recommended strategies as part of infection prevention and control, CONTINGENCY - Strategies used during periods of anticipated PPE shortages, or CRISIS - Strategies used when supplies cannot meet facility's current PPE needs.	Text
Eye Protection No Longer Available in 7 Days	Indicates if facility will no longer have Eye Protection in 7 days.	Text
Gowns Strategy for Optimization	Facility strategy for optimizing Gown supply; CONVENTIONAL - Recommended strategies as part of infection prevention and control, CONTINGENCY - Strategies used during periods of anticipated PPE shortages, or CRISIS - Strategies used when supplies cannot meet facility's current PPE needs.	Text
Gowns No Longer Available in 7 Days	Indicates if facility will no longer have Gowns in 7 days.	Text
Gloves Strategy for Optimization	Facility strategy for optimizing Gloves supply; CONVENTIONAL - Recommended strategies as part of infection prevention and control, CONTINGENCY - Strategies used during periods of anticipated PPE shortages, or CRISIS - Strategies used when supplies cannot meet facility's current PPE needs.	Text
Gloves No Longer Available in 7 Days	Indicate if facility will no longer have Gloves in 7 days.	Text
Facility Would Like Assistance Outreach for Staffing Shortages	Indicates if facility would like outreach by local and/or state government for assistance with Staffing Shortages.	Text
Facility Would Like Assistance Outreach for Personal Protective Equipment (PPE)	Indicates if facility would like outreach by local and/or state government for assistance with Personal Protective Equipment Shortages.	Text
Facility Would Like Assistance Outreach for Testing Supply Shortages	Indicates if facility would like outreach by local and/or state government for assistance with COVID-19 Testing Supply Shortages.	Text
Facility Would Like Assistance Outreach for Infection Control/Outbreak Management	Indicates if facility would like outreach by local and/or state government for assistance with Infection Control/Outbreak Management.	Text
Facility Would Like Assistance Outreach for Staff Training	Indicates if facility would like outreach by local and/or state government for assistance with Staff Training.	Text
Facility Would Like Assistance Outreach for Vaccine Access (Residents or Staff)	Indicates if facility would like outreach by local and/or state government for assistance with COVID-19 Vaccination (Residents and/or Staff).	Text
Positive Antigen Tests Only: Number of Residents Not Vaccinated with COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Positive Antigen Tests Only: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number

Positive Antigen Tests Only: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number
Positive Antigen Tests Only: Number of Residents who Received Moderna COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number
Positive Antigen Tests Only: Number of Residents who Received Moderna COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number
Positive Antigen Tests Only: Number of Residents who Received Janssen COVID-19 Vaccine Dose 1 Before Positive Test	Same as column heading.	Number
Positive Antigen Tests Only: Number of Residents who Received Complete Unspecified COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents Not Vaccinated with COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Moderna COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Moderna COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Janssen COVID-19 Vaccine, Dose 1 Before Positive Test	Same as column heading.	Number
Positive NAAT (PCR) Tests Only: Number of Residents who Received Complete Unspecified COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents Not Vaccinated with COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Pfizer-BioNTech COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number

Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Moderna COVID-19 Vaccine Dose 1 Only Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Moderna COVID-19 Vaccine Doses 1 and 2 Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Janssen COVID-19 Vaccine Dose 1 Before Positive Test	Same as column heading.	Number
Any Other Combination of Antigen Test and/or NAAT (PCR) Test with At Least One Positive Test: Number of Residents who Received Complete Unspecified COVID-19 Vaccine Before Positive Test	Same as column heading.	Number
Therapeutic Bamlanivimab: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Bamlanivimab: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Casirivimab plus Imdevimab: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Casirivimab plus Imdevimab: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Bamlanivimab plus Etesevimab: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Bamlanivimab plus Etesevimab: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Sotrovimab: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Sotrovimab: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number

Number of Residents Staying in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Recent Percentage of Current Residents who Received a Completed COVID-19 Vaccination at Any Time	The value of "Percentage of Current Residents who Received a Completed COVID-19 Vaccination at Any Time" for the current week, or if blank, for the prior week.	Number
Percentage of Current Residents who Received a Completed COVID-19 Vaccination at Any Time	Calculated as follows: Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / Number of Residents Staying in this Facility for At Least 1 Day This Week	Number
Percentage of Current Residents who Received a Partial COVID-19 Vaccination at Any Time	Calculated as follows: Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time / Number of Residents Staying in this Facility for At Least 1 Day This Week	Number
Percentage of Current Residents who Received a Completed or Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number
Percentage of Current Residents with No Medical Contraindications who Received a Completed COVID-19 Vaccination at Any Time	Calculated as follows: Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / (Number of Residents Staying in this Facility for At Least 1 Day This Week - Number of Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time)	Number
Percentage of Current Residents with No Medical Contraindications who Received a Partial COVID-19 Vaccination at Any Time	Calculated as follows: Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time / (Number of Residents Staying in this Facility for At Least 1 Day This Week - Number of Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time)	Number
Percentage of Current Residents with No Medical Contraindications who Received a Completed or Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number

Percentage of Current Residents with No Medical Contraindications who Received a Completed COVID-19 Vaccination, Excluding Declinations from Eligible Residents at Any Time	Calculated as follows: Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / (Number of Residents Staying in this Facility for At Least 1 Day This Week - (Number of Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time + Number of Residents Staying in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time))	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who	Same as column heading.	Number

Received a Completed COVID-19 Vaccination at Any Time		
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number

Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At	Same as column heading.	Number

Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time		
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with an Unknown COVID-19 Vaccination Status at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a History of Laboratory-Confirmed COVID-19 Infection at Any Time	Same as column heading.	Number
Recent Percentage of Current Healthcare Personnel who Received a Completed COVID-19 Vaccination at Any Time	The value of "Percentage of Current Healthcare Personnel who Received a Completed COVID-19 Vaccination at Any Time" for the current week, or if blank, for the prior week.	Number

Percentage of Current Healthcare Personnel who Received a Completed COVID-19 Vaccination at Any Time	Calculated as follows: Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week	Number
Percentage of Current Healthcare Personnel who Received a Partial COVID-19 Vaccination at Any Time	Calculated as follows: Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time / Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week	Number
Percentage of Current Healthcare Personnel who Received a Completed or Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number
Percentage of Current Healthcare Personnel with No Medical Contraindications who Received a Completed COVID-19 Vaccination at Any Time	Calculated as follows: Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / (Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week - Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time)	Number
Percentage of Current Healthcare Personnel with No Medical Contraindications who Received a Partial COVID-19 Vaccination at Any Time	Calculated as follows: Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Partial COVID-19 Vaccination at Any Time / (Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week - Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time)	Number
Percentage of Current Healthcare Personnel with No Medical Contraindications who Received a Completed or Partial COVID-19 Vaccination at Any Time	Same as column heading.	Number
Percentage of Current Healthcare Personnel with No Medical Contraindications who Received a Completed COVID-19 Vaccination, Excluding Declinations from Eligible Personnel at Any Time	Calculated as follows: Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time / (Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week - (Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time + Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who were Offered but Declined a COVID-19 Vaccine at Any Time))	Number

Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Ancillary Services Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number

Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Nurse Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Aide, Assistant, and Technician Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number

Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Therapist Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number

Number of Physician and Licensed Independent Practitioner Employees Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Pfizer-BioNTech COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Dose 1 Only, at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Moderna COVID-19 Vaccine, Doses 1 and 2, at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received the Janssen COVID-19 Vaccine, Dose 1, at Any Time	Same as column heading.	Number
Number of Other Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week who Received a Complete Unspecified COVID-19 Vaccine at Any Time	Same as column heading.	Number