

COVID-19 Module

Long Term Care Facility: Resident Impact and Facility Capacity

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| NHSN Facility ID: |
| CMS Certification Number (CCN): |
| Facility Name: |
| *Date for which responses are reported: _____ / _____ / _____ |

For the following questions, please collect data at the same time at least once a week (for example, 7 AM)

Resident Impact

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|-------|-------------------------------------------------------------------------------------------------------------------------------|
| _____ | ADMISSIONS: Residents admitted or readmitted who were previously diagnosed with COVID-19 from another facility |
| _____ | CONFIRMED: Residents with new laboratory positive COVID-19 |
| _____ | SUSPECTED: Residents with new suspected COVID-19 |
| _____ | TOTAL DEATHS: Residents who have died in the facility or another location |
| _____ | COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location |

Facility Capacity and Laboratory Testing

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|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ | ALL BEDS (FIRST SURVEY ONLY) |
| _____ | CURRENT CENSUS: Total number of beds that are currently occupied |
| _____ | *TESTING: Does your facility have access to COVID-19 testing while the resident is in the facility? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, what laboratory type? <i>Select all that apply.</i> <input type="checkbox"/> State health department lab <input type="checkbox"/> Private lab (hospital, corporation, academic institution) <input type="checkbox"/> Other |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 40 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).
CDC 57.144 (Front) V.2 (6-2020)

*Required for Saving