

Column Name	Description	Type
Week Ending	Last day (MM/DD/YY) 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 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 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
Residents Hospitalizations with Confirmed COVID-19	Number of residents who have been hospitalized with a positive COVID-19 test (residents who have been hospitalized in this reporting period and had a positive COVID-19 test in the 10 days prior to the hospitalization).	Number
Residents Hospitalizations with Confirmed COVID-19 and Up to Date with Vaccines	Number of residents who have been hospitalized with a positive COVID-19 test and also up to date with COVID-19 vaccines at the time of the positive COVID-19 test.	Number

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
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
Number of Residents who are Up to Date on COVID-19 Vaccinations, 14 Days or More Before Positive Test	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 All Healthcare Personnel Eligible to Work 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 Up to Date with COVID-19 Vaccines	For current and past definitions, please see: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf	Number
Recent Percentage of Current Residents Up to Date with COVID-19 Vaccines	The value of "Percentage of Residents who are Up to Date with COVID-19 Vaccines" for the current week, or if blank, for the prior week.	Number
Percentage of Current Residents Up to Date with COVID-19 Vaccines	Calculated as follows: (Number of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines / Number of Residents Staying in this Facility for At Least 1 Day This Week) * 100	Number
Number of Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines	For current and past definitions, please see: https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf	Number
Recent Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines	The value of "Percentage of Current Healthcare Personnel who are Up to Date with COVID-19 Vaccines" for the current week, or if blank, for the prior week.	Number
Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines	Calculated as follows: (Number of Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines / Number of All Healthcare Personnel Eligible to Work in this Facility for At Least 1 Day This Week) * 100	Number