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 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 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

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 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
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
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

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 New Influenza	Number of residents with a new positive influenza (flu) test result.	Number
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 New Influenza	Number of staff and facility personnel with a new positive influenza (flu) test result.	Number
Able to Test or Obtain Resources to Test All Residents, Staff, and/or Personnel	Indicates (Y/N) if the facility has the ability to perform or to obtain resources for performing COVID-19 viral testing on all residents, staff and facility personnel if needed.	Text
Facility No Longer Has Supply Items in 7 Days	Indicates Y/N if the facility no longer has supply items in 7 days.	Text
N95 Respirator No Longer Available in 7 Days	Indicates (Y/N) if facility will no longer have N95 Respirators in 7 days.	Text
Face Masks No Longer Available in 7 Days	Indicates (Y/N) if facility will no longer have Face Masks in 7 days.	Text
Eye Protection No Longer Available in 7 Days	Indicates (Y/N) if facility will no longer have Eye Protection in 7 days.	Text
Gowns No Longer Available in 7 Days	Indicates (Y/N) if facility will no longer have Gowns in 7 days.	Text
Gloves No Longer Available in 7 Days	Indicates (Y/N) if facility will no longer have Gloves in 7 days.	Text
Number of Residents Not Vaccinated with COVID-19 Vaccine or who Received COVID-19 Vaccine Dose 1, 13 Days or Less Before Positive Test	Same as column heading.	Number
Number of Residents who Received COVID-19 Vaccine Dose 1 Only, 14 Days or More Before Positive Test	Same as column heading.	Number
Number of Residents who Received COVID-19 Vaccine Doses 1 and 2, 14 Days or More Before Positive Test	Same as column heading.	Number
Number of Residents who Received a COVID-19 Vaccine Booster, 14 Days or More Before Positive Test	Same as column heading.	Number
Number of Residents who Received Only One COVID-19 Vaccine Booster, 14 Days or More Before Positive Test	Applies to additional dose or booster shot.	Number
Number of Residents who Received Two or More COVID-19 Vaccine Boosters, 14 Days or More Before Positive Test	Applies to additional dose or booster shot.	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
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
Therapeutic Evusheld: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Evusheld: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Molnupiravir: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Molnupiravir: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Paxlovid: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Paxlovid: Number of Residents Treated from Stock Stored at Another Facility	Same as column heading.	Number
Therapeutic Bebtelovimab: Number of Residents Treated from Stock Stored at This Facility	Same as column heading.	Number
Therapeutic Bebtelovimab: 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
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) * 100	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) * 100	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)) * 100	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)) * 100	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))) * 100	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 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	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 Partial 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 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 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
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) * 100	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) * 100	Number

Recent Percentage of Current Healthcare Personnel who Received a Completed or Partial COVID-19 Vaccination at Any Time	The value of "Percentage of Current Healthcare Personnel who Received a Completed or Partial 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 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)) * 100	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)) * 100	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))) * 100	Number
Number of Residents with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received a COVID-19 Vaccine Booster at Any Time	Applies to additional dose or booster shot.	Number
Recent Percentage of Current Residents with a Completed Vaccination who Received a COVID-19 Vaccine Booster at Any Time	The value of "Percentage of Current Residents with a Completed Vaccination who have Received a COVID-19 Vaccine Booster at Any Time" for the current week, or if blank, for the prior week.	Number
Percentage of Current Residents with a Completed Vaccination who Received a COVID-19 Vaccine Booster at Any Time	Calculated as follows: (Number of Residents with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received a COVID-19 Vaccine Booster at Any Time / Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time) * 100	Number

Number of Residents Staying in this Facility for At Least 1 Day This Week who Received Only One COVID-19 Vaccine Booster	Applies to additional dose or booster shot.	Number
Recent Percentage of Current Residents with a Completed Vaccination who Received Only One COVID-19 Vaccine Booster	The value of "Percentage of Current Residents with a Completed Vaccination who Received Only One COVID-19 Vaccine Booster" for the current week, or if blank, for the prior week.	Number
Percentage of Current Residents with a Completed Vaccination who Received Only One COVID-19 Vaccine Booster	Calculated as follows: (Number of Residents with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received Only One COVID-19 Vaccine Booster / Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time) * 100	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week who Received Two or More COVID-19 Vaccine Boosters	Applies to additional dose or booster shot.	Number
Recent Percentage of Current Residents with a Completed Vaccination who Received Two or More COVID-19 Vaccine Boosters	The value of "Percentage of Current Residents with a Completed Vaccination who Received Two or More COVID-19 Boosters" for the current week, or if blank, for the prior week.	Number
Percentage of Current Residents with a Completed Vaccination who Received Two or More COVID-19 Vaccine Boosters	Calculated as follows: (Number of Residents with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received Two or More COVID-19 Vaccine Boosters / Number of Residents Staying in this Facility for At Least 1 Day This Week who Received a Completed COVID-19 Vaccination at Any Time) * 100	Number
Number of Residents Staying in this Facility for At Least 1 Day This Week Up to Date with COVID-19 Vaccines	https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.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
Percentage of Current Residents Up to Date with COVID-19 Vaccines with No Medical Contraindications	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 All Residents Staying in this Facility for At Least 1 Day This Week - Number of All Residents Staying in this Facility for At Least 1 Day This Week with a Medical Contraindication to a COVID-19 Vaccine at Any Time) * 100	Number
Percentage of Current Residents with a Completed Vaccination 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 who Received a Completed COVID-19 Vaccination at Any Time) * 100	Number
Number of Healthcare Personnel with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received a	Applies to additional dose or booster shot.	Number

COVID-19 Vaccine Booster at Any Time		
Recent Percentage of Current Healthcare Personnel with a Completed Vaccination who Received a COVID-19 Vaccine Booster at Any Time	The value of "Percentage of Current Healthcare Personnel with a Completed Vaccination who Received a COVID-19 Vaccine Booster at Any Time" for the current week, or if blank, for the prior week.	Number
Percentage of Current Healthcare Personnel with a Completed Vaccination who Received a COVID-19 Vaccine Booster at Any Time	Calculated as follows: (Number of Healthcare Personnel with a Completed Vaccination Staying in this Facility for At Least 1 Day This Week who Received a COVID-19 Vaccine Booster at Any Time / 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) * 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	https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.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
Percentage of Current Healthcare Personnel Up to Date with COVID-19 Vaccines with No Medical Contraindications	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 - 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) * 100	Number
Percentage of Current Healthcare Personnel with a Completed Vaccination 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 who Received a Completed COVID-19 Vaccination at Any Time) * 100	Number

Additional information:

- https://www.cdc.gov/nhsn/ltc/covid19/index.html
- https://www.cdc.gov/nhsn/ltc/weekly-covid-vac/index.html