



HFRD Facility COVID-19 Data Collection Form

Name of Facility	Date (Week of)
City	County
Bed Capacity	CCN/License Number
Email Address	
Surveyor Name	Surveyor ID Number

Ask these questions every time you make contact with the facility.

	Date	Date	Date	Date	Date	Date	Date
Name of Person Interviewed							
Required Information/Questions							
Current Facility Census							
Total Positive COVID-19 Residents (Cumulative)							
Total # of Residents Tested							
# Resident Tests Pending							
# Residents in Quarantine at the facility							
# Residents Hospitalized last 24 hours							
# Residents Hospitalized last week							
# Residents Hospitalized total							
# Resident Deaths							
New # Residents Recovered							
Staff Information							
# Staff (employees working at location)							
Total # of Staff Tested							
# Staff Tested Positive for COVID-19							
# Staff with Pending Results							