|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STATE HEALTH OPERATIONS CENTER STATUS REPORT QUESTIONAIRE** | | | | | | |
|  | | | | | | |
| **DATE** |  | | **LICENSE ID** |  | | |
| **FACILITY NAME** |  | | | **COUNTY**  NEW CASTLE  KENT  SUSSEX | | |
| **PROVIDER TYPE** | Skilled nursing facility  Assisted living facility  Intermediate care facility | | | | | |
| **ADDRESS** |  | | | **E-MAIL** | | |
| **CITY** |  | | | **STATE** | | **ZIP CODE** |
| **CONTACT PERSON** |  | | | **TELEPHONE** | | |
| **CORONAVIRUS (COVID-19) RELATED INFORMATION:** | | | | | | |
| **INFORMATION REQUESTED** | | **ANSWER** | | | **COMMENT/ADDITIONAL INFORMATION** | |
| **LICENSED BED CAPACITY** | |  | | |  | |
| **CURRENT CENSUS** | |  | | | **Explain any change from previous day:** | |
| **NUMBER OF AVAILABLE BEDS FOR SURGE** | |  | | |  | |
| **AVAILABLE SPACE FOR SURGE** | | Y  N | | | **Describe:** | |
| **NUMBER OF STAFFED BEDS** | |  | | |  | |
| **NUMBER OF ISOLATION BEDS** | |  | | |  | |
| **NUMBER OF CONFIRMED COVID-19 CASES** | | RESIDENTS \_\_\_\_\_  STAFF \_\_\_\_\_ | | |  | |
| **NUMBER OF CASES AWAITING TEST RESULTS FOR COVID-19** | | RESIDENTS \_\_\_\_\_  STAFF \_\_\_\_\_ | | |  | |
| **NUMBER OF CASES WITH COVID-19 SYMPTOMS (have not been tested for COVID-19)** | | RESIDENTS \_\_\_\_\_  STAFF \_\_\_\_\_ | | |  | |
| **NUMBER OF DAYS OF PPE SUPPLY LEFT BASED ON CURRENT USAGE** | |  | | |  | |
| **ADDITIONAL NOTES:** | | | | | | |