



STATE HEALTH OPERATIONS CENTER STATUS REPORT QUESTIONNAIRE

| | | | | |
|-----------------------|---|-------------------|---|-----------------|
| DATE | | LICENSE ID | | |
| FACILITY NAME | | | COUNTY <input type="checkbox"/> NEW CASTLE <input type="checkbox"/> KENT <input type="checkbox"/> SUSSEX | |
| PROVIDER TYPE | <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Assisted living facility <input type="checkbox"/> 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 | | |
| NUMBER OF AVAILABLE BEDS FOR SURGE | | |
| AVAILABLE SPACE FOR SURGE | <input type="checkbox"/> Y <input type="checkbox"/> 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: