Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Long-Term Care Facilities

Cumulative Vaccination Coverage	
1. Employee information	
Number of Employees on facility payroil	90
Number of Non-employee HCP (licensed independent practitioners	1
Number of Adult students/trainees/volunteers	2
Number of Other contract personnel	7
2. Cumulative number of Employees on facility payroll in Question #1 who have	received
COVID-19 vaccine(s) at this facility or elsewhere:	
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	85
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	5
Dose of Janssen COVID-19 vaccine	<u></u>
2. Cumulative number of Non-Employee (licensed independent practitioners i	in Question #1
who have received COVID-19 vaccine(s) at this facility or elsewhere:	7
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	7
Only dose 1 of Moderna COVID-19 vaccine	Ó
Dose 1 and dose 2 of Moderna COVID-19 vaccine	()
Dose of Janssen COVID-19 vaccine	6
2. Cumulative number of Adult students/trainees/volunteers in Question #1 who had	ave received
COVID-19 vaccine(s) at this facility or elsewhere:	0
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	0
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	٥
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	Q
Dose of Janssen COVID-19 vaccine	
2. Number of Other contract personnel in Question #1 who have received COVID-19 v	accine(s) at this
facility or elsewhere:	0
Only dose 1 of Pfizer-BioNTech COVID-19 vaccine	
Dose 1 and dose 2 of Pfizer-BioNTech COVID-19 vaccine	0
Only dose 1 of Moderna COVID-19 vaccine	0
Dose 1 and dose 2 of Moderna COVID-19 vaccine	
Dose of Janssen COVID-19 vaccine	
3.Cumulative number of HCP in Question #1 with other conditions:	
Cumulative number of Employees on facility payroll in Question #1 who have:	
Medical contraindication to COVID-19 vaccine	Ö
Offered but declined COVID-19 vaccine	7
Unknown COVID-19 vaccination status	<u> </u>

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Number of Non-employee HCP (licensed independent practitioners in Question #1	
who have:	
Medical contraindication to COVID-19 vaccine	0
Offered but declined COVID-19 vaccine	0
Unknown COVID-19 vaccination status	0
Number of Adult students/trainees/volunteers in Question #1 who have:	0
Medical contraindication to COVID-19 vaccine	Q
Offered but declined COVID-19 vaccine	0
Unknown COVID-19 vaccination status	0
Number of Other contract personnel in Question #1 who have:	0
Medical contraindication to COVID-19 vaccine	0
Offered but declined COVID-19 vaccine	0
Unknown COVID-19 vaccination status	0
4.Cumulative number of HCP in Question #2 who have received an additional dose or	booster of
COVID-19 vaccine at this facility or elsewhere since Aug 2021	
Pfizer-additional dose or booster	21
Moderna- additional dose or booster	
Janssen- additional dose or booster	0
Unspecified-additional dose or booster of unspecified manufacturer	ð
Number of Non-employee HCP (licensed independent practitioners who received an	additional
booster	
Pfizer-additional dose or booster	6
Moderna- additional dose or booster	O
Janssen- additional dose or booster	0
Unspecified-additional dose or booster of unspecified manufacturer	0
Number of Adult students/trainees/volunteers who received an additional booster	
Pfizer-additional dose or booster	0
Moderna- additional dose or booster	
Janssen- additional dose or booster	Ŏ
Unspecified-additional dose or booster of unspecified manufacturer	Ö
Number of Other contract personnel who received an additional booster	
Pfizer-additional dose or booster	0
Moderna- additional dose or booster	0
Janssen- additional dose or booster	· Ø
Unspecified-additional dose or booster of unspecified manufacturer	S
For the current reporting week, please describe the availability of COVID-19 vaccine(s)	for your
facility's residents:	
Is your facility enrolled as a COVID-19 vaccination provider? (only answer yes if your	Yes or(No)
facility has administered a vaccine by the facility staff)	\sim
Did your facility have a sufficient supply of COVID-19 vaccine(s) to offer all residents	Yes or (No)
the opportunity to receive COVID-19 vaccine(s) from your facility in the current	
reporting week?	
Did your facility have other arrangements sufficient to offer all residents the	(Yes)or No
opportunity to receive COVID-19 vaccine(s) in the current reporting week (examples	

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of other arrangements include referring to the health department or pharmacies for	
vaccination)?	