

# CUYAHOGA COUNTY

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# BOARD OF HEALTH

YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

**Date:**

- 1. Name of Facility:**
- 2. Contact person (name and title):**
- 3. Contact information:**
- 4. Type of Facility (SNF, LTAC, Assisted Living, Rehab, Hospice, mixed, etc):**
- 5. Total bed capacity:**                      **Current Occupancy:**
- 6. If facility is mixed, bed capacity of each unit:**
  - **SNF:**    **Current Occupancy:**
  - **LTAC:**    **Current Occupancy:**
  - **Assisted Living:**                              **Current Occupancy:**
  - **Rehab Center:**                                **Current Occupancy:**
  - **Hospice:**                                        **Current Occupancy:**
  - **Other(specify):**                                **Current Occupancy:**
- 7. Is this facility part of a large chain (Y/N?):**
  - If yes, please specify (include name and contact info of local locations):
- 8. Affiliated with local health system (Y/N?):**
- 9. Able to create isolation units (Y/N?):**
  - Bed capacity of isolation unit:
- 10. Total number of staff members:**
  - Admin:
  - Healthcare workers (includes all staff members who have any contact with patients):
- 11. Last date of updated hygiene training for staff:**
- 12. Personal protective equipment status currently (how long will current supply last?):**
- 13. Occupational Health Unit (Y/N?):**
- 14. Infection Control Practitioner (Y/N?):**
- 15. Name of Director of Nursing:**

5550 Venture Drive ♦ Parma, Ohio 44130

Direct: 216-201-2000 ♦ Fax: 216-676-1311 ♦ [www.ccbh.net](http://www.ccbh.net)

Terrence M. Allan, R.S., M.P.H.      Health Commissioner

- Cell phone number:
- 16. Name of ICP if applicable:**
  - Cell phone number:
- 17. Name of Medical Director:**
  - Cell phone number:
- 18. Mechanism for admitting patients to hospital if needed (direct admit/ ER):**
- 19. Hospitals where patients are usually transported to:**
- 20. Transportation mode of EMS (Public vs Private):**
  - If private specify company:
- 21. Name of laboratory for COVID testing (patients):**
- 22. Turnaround time for COVID testing:**
- 23. Name of laboratory for COVID testing (staff):**
- 24. Number of current positive cases include date:**
  - **Patients:**
    - I. **Disposition: No. Admitted:** **No In-house:**
  - **Staff:**
    - I. **No Home:** **Admitted:**

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