



CHARLESGATE SENIOR LIVING CENTER EMPLOYEE COVID VACCINATION DATA

Date Data Updated: September 30, 2021	<u>POST NUMBERS BELOW:</u>
Personnel/ Health Care Worker (Denominator) <ul style="list-style-type: none"> • Includes employees, as well as volunteers, students, trainees, and any individual whether paid or unpaid, directly employed by or under contract with the facility on a part time basis or-full time basis • Reporting should include, but is not limited to: physicians, physician assistants, nurses, environmental, laundry, maintenance, dietary service, certified nursing assistants, therapists (e.g., respiratory, occupational, physical, speech, and music therapists), social workers, clerical, other health care providers, administrative and support staff • Does not apply to a patient’s family member or friend who visits or otherwise assists in the care of that patient in a health care facility • If HCP were eligible to have worked in two or more facilities, each facility should include such personnel in their denominator 	Number of Personnel: 31

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<ul style="list-style-type: none"> • Include persons who work full-time and part-time; Count individuals rather than full-time equivalents 	
Cumulative number of HCP who have <u>Completed</u> COVID-19 vaccination series (Numerator): Dose 1 and dose 2 of Pfizer-BioNTech Covid-19 vaccine -or- Dose 1 and dose 2 of Moderna COVID-19 Vaccine -or- 1 Dose of Janssen (Johnson & Johnson) COVID-19 vaccine (Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).	Number Completed COVID-19 Vaccination: 30 Percentage Completed COVID-19 Vaccination: 97%
Cumulative number of HCP who have received <u>Partial</u> COVID-19 vaccination series (Numerator): Only dose 1 of Pfizer-BioNTech COVID-19 vaccine -or- Only dose 1 of Moderna COVID-19 vaccine _____ (Data sources may include health records - paper and/or electronic documentation of vaccination. Documentation of vaccination should include vaccine type and date(s) of administration).	Number Received Partial COVID-19 Vaccination: ___1___ Percentage Received Partial COVID-19 Vaccination: _____3%_____

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