



Chapter 93 of the Acts of 2020 Elder Facilities Reporting User Guide

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Getting Started with REDCap

Click on the link that was circulated in the Guidance, also found below.

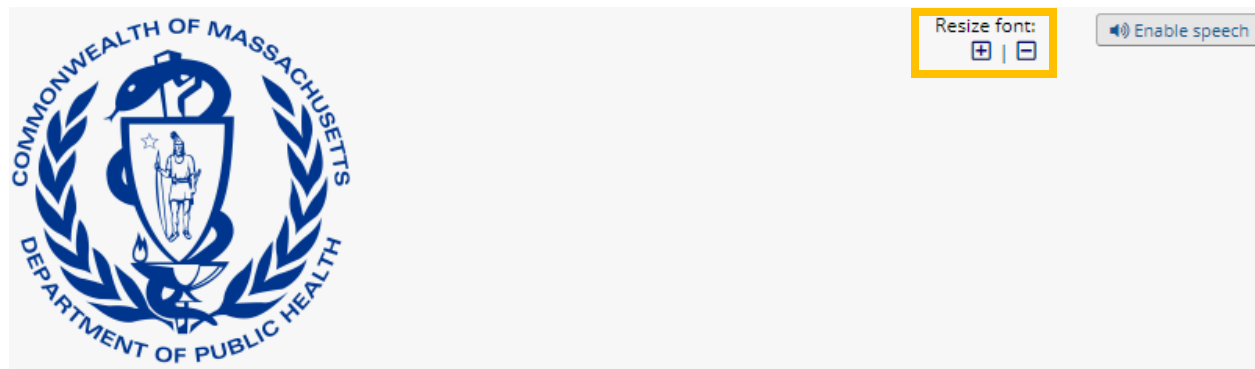
<https://redcap.link/Chapter93ElderFacilities>

Your facility should designate one person as the reporter. This person should complete the facility contact form. Create a password. You will use this email address and password to access your data moving forward.

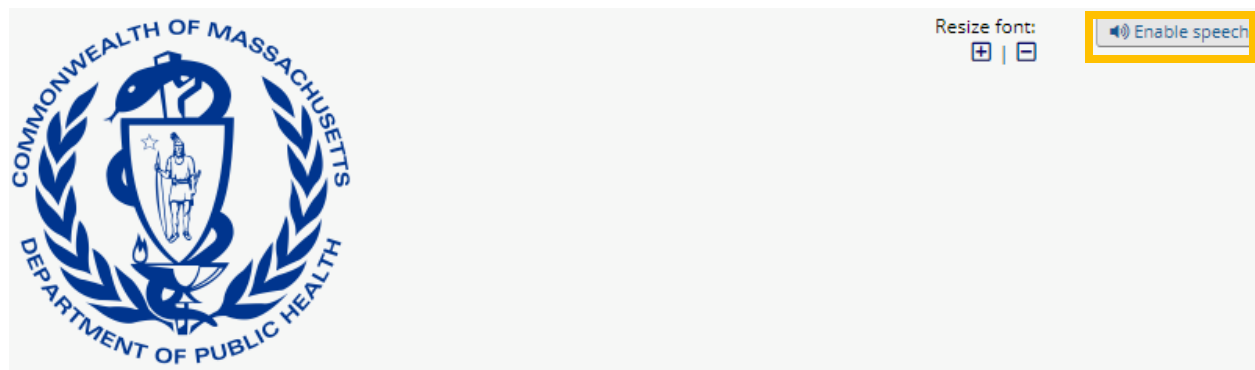
Once you've submitted the form, you will receive an email with a copy of the completed form. In this email, you'll find a link to your personal survey queue. Bookmark this link so that it is easy to find. This will be how you return to your data.

Settings across REDCap

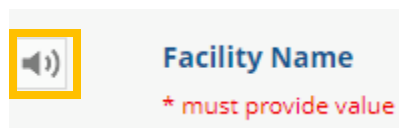
Some settings are available across all forms in REDCap. At the top right of each page are options to resize the font or enable speech. Simply click on the plus or minus icons to increase or decrease the font, respectively.




Clicking on "Enable speech" will add a speaker icon next to each question.



You can click on this speaker icon to have the question read aloud by your computer.



Many of the questions in REDCap are required – you will be prompted with an error message if you click submit and leave a required question blank. Required questions are indicated by “*must provide value” in red text.

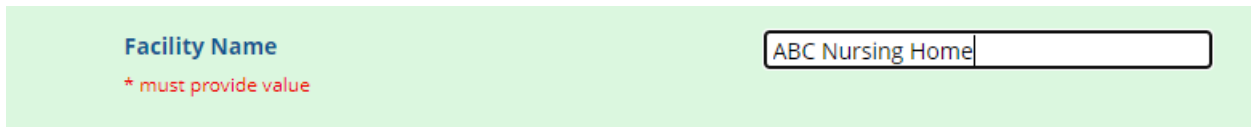


Facility Name
* must provide value

Completing the facility contact information form

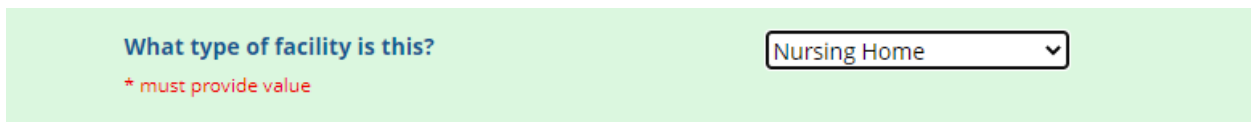
Your facility will sign up to submit data into REDCap using the Facility Contact Information form. Your facility should assign a reporter; all subsequent data forms will be accessible to the reporter using the email and password created on this form.

Type in your facility’s name in the box that says “Facility Name”



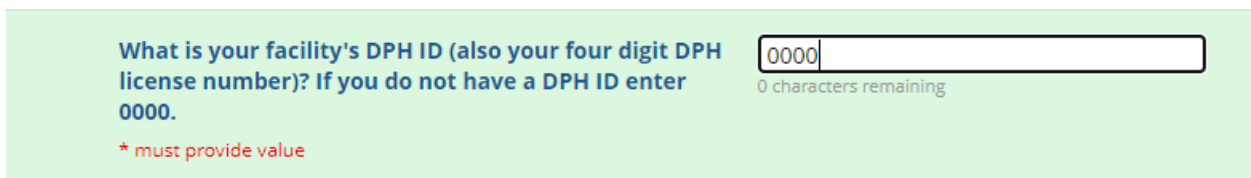
Facility Name
* must provide value

Select your facility type from the drop-down menu. Click on the arrow and then click on your facility type to select.



What type of facility is this?
* must provide value

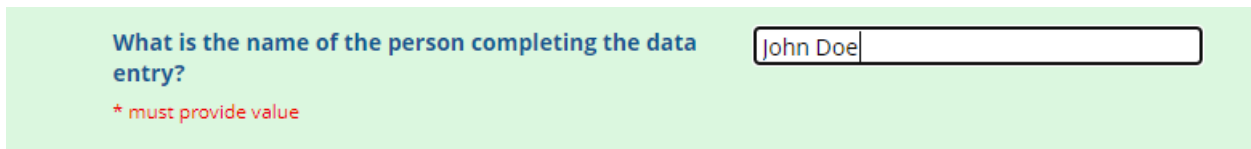
If your facility is a type that is licensed by DPH, you will see a new question appear. Enter your four-digit facility license number (AKA your DPH facility ID). If your facility is not licensed by DPH enter 0000.



What is your facility's DPH ID (also your four digit DPH license number)? If you do not have a DPH ID enter 0000.
* must provide value

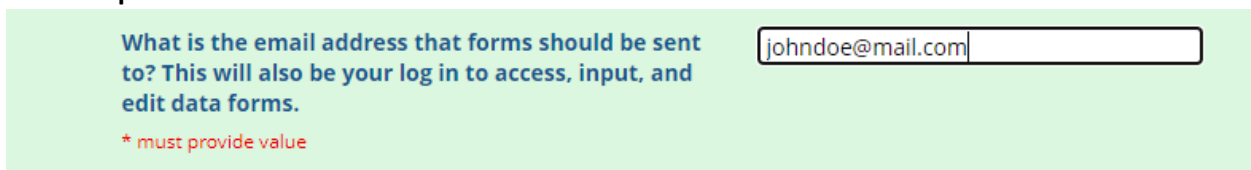
0 characters remaining

Type the name of your facility’s designated reporter.



What is the name of the person completing the data entry?
* must provide value

Type in the email address of the assigned reporter. **Note! This will be the email address used to log in to REDCap and add or edit data.**



What is the email address that forms should be sent to? This will also be your log in to access, input, and edit data forms.
* must provide value

Type in a password. While you are typing, your password will be masked. While you will not be able to see your password, once you have submitted this form the DPH REDCap administrator will be able to see your password.

Please create a password. This will be your log in password to access, input, and edit data forms.

* must provide value

Disclaimer

Type in a phone number for your facility's reporter. This phone number will be used if there are any questions about your data. **Note! Please type only numbers, REDCap will format the phone number appropriately once you have finished typing.**

If there are questions about the data submitted, what phone number can be used to contact this facility?

* must provide value

Please verify that all the information entered into the form is correct and then click on the "Submit" button. Once you have pressed submit and email will be sent to the email provided with a copy of you registration form for your records. This email will also contain a unique link to access your data. **Note! Please bookmark this link so that you are able to easily find it.**

Submit

Once you have submitted the form you will be asked to log in.

Logging back in to REDCap

Log in using the email and password that you just created. **Note! Although there is a check box to "Show value" this feature is not currently working in REDCap and you will not be able to see what you type. If you need to see what you type, open a Word document and type your email address there. You can then copy and paste into the log in box.** Once you have entered your email address and password, click on the "Log In" button.



Survey Login



Survey title: "**Resident Demographics and Admit/Discharge**"

Before beginning or continuing this survey, you must first log in by successfully entering the correct values below. **You must successfully enter a value for ALL the fields below.** Please note that the login is **not** case sensitive.

<p>What is the email address that forms should be sent to? This will also be your log in to access, input, and edit data forms.</p>	<input type="text" value="....."/> <input type="checkbox"/> Show value
<p>Please create a password. This will be your log in password to access, input, and edit data forms.</p>	<input type="text" value="....."/> <input type="checkbox"/> Show value

Log In

Resident demographics form

Adding a new resident

Each form in REDCap will begin by asking for the person's first and last name. **Please enter their full first and last names.** Many of the questions will populate with the first name once that field is completed. This will help you keep track of what information is being entered for what person. **Note! You should enter one resident demographics form per resident that was residing in or admitted to your facility and tested COVID-19 positive on or after March 10, 2020.**

Resident Demographics and Admit/Discharge

Please complete the following form for each resident that has been admitted to or resided in your facility **and tested COVID-19 positive** on or after March 10, 2020.

First Name

* must provide value

John

Last name

* must provide value

Doe

You can type in or use the calendar to select the date the resident was admitted. Dates should be formatted mm-dd-yyyy.

When was John admitted to your facility?
* must provide value

Today M-D-Y

Jul 2020

Answer yes or no to indicate if the resident has ever been tested for COVID-19.

Has John ever been tested for COVID-19?
Note: please make sure to enter information for each test conducted using the testing form.
* must provide value

Yes
 No

reset

If the resident was never tested, please select a reason.

Why has John never been tested for COVID-19?
* must provide value

Refused
 New admission to be tested
 Never offered
 Not indicated

reset

If the resident has been tested, provide the date of the most recent test, and select the results.

When was John tested?
* must provide value

07-06-2020 Today M-D-Y

What were the results of John's COVID-19 test?

Negative
 Positive
 Inconclusive

reset

Select yes or no if the resident has ever been diagnosed as COVID-19 positive.

Has John ever been diagnosed with COVID-19?
* must provide value

Yes
 No

reset

Answer yes or no if the resident has been discharged or died. If you answer yes, you will be prompted to enter the relevant date. If the resident is discharged or dies after you have submitted this form, you can come back and edit these questions and enter the appropriate dates.

Has John been discharged? Note: you can come back and change this answer later if John is discharged.
 Yes
 No
 * must provide value reset

Has John died? Note: you can come back and change this answer later if John dies.
 Yes
 No
 * must provide value reset

When did John die?

Today M-D-Y

Jul
2020

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

reset

Was John's death COVID-related.
 Note: If a resident previously had laboratory-positive or suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms) at the time of death, do not count the resident's death as COVID-19 related here.
 * must provide value

If the resident has died, please answer yes or no if their death was COVID-related. **Note! There are many definitions of COVID-related deaths currently in use. Please make sure to use the definition provided. If unsure, please refer to the death certificate.**

Was John's death COVID-related.
 Note: If a resident previously had laboratory-positive or suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms) at the time of death, do not count the resident's death as COVID-19 related here.
 * must provide value reset

Yes
 No

Select the resident's gender from the list provided.

What is John's gender?
 * must provide value

Male
 Female
 Transgender
 Unknown
 Missing reset

Select the resident's race from the list provided. **Note! This should be based on race as reported by the resident or their medical proxy.** If "Other" is selected, please type in their race in the text box provided.

What is John's race (choose one)

* must provide value

- White
- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Alaskan Native/American Indian
- Other
- Unknown
- Missing

reset

What is John's "other" race?

Multiracial

19 characters remaining

Select the resident's ethnicity from the list provided. **Note! This should be based on ethnicity as reported by the resident or their medical proxy.**

What is John's ethnicity (select one)?

* must provide value

- Hispanic
- Non-Hispanic
- Unknown
- Missing

reset

Type in the resident's age in years.

What is John's age?

* must provide value

87

1 characters remaining

Indicate yes or no if the resident has any of the disabilities as described.

Does John have any of the following disabilities:

- Cognitive - because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- Ambulatory - having serious difficulty walking or climbing stairs
- Independent Living - Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping
- Self-care - having difficulty bathing or dressing
- Hearing - deaf or having serious difficulty hearing
- Vision - blind or having serious difficulty seeing, even when wearing glasses

- Yes
- No

reset

* must provide value

Select the resident's primary language from the list provided. If "Other" is selected, please type in their primary language in the text box provided.

What is John's primary language?
** must provide value*

- Arabic
- Cape Verdean
- Chinese
- English
- French
- Haitian Creole
- Khmer (Cambodian)
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other

[reset](#)

Enter the "other" primary language for John

Italian

23 characters remaining

You have now reached the end of the resident demographics form.

This is the end of the resident demographics form. You can click "Submit Information for Another Resident" to complete another resident demographics form. Otherwise if you have entered information for all residents click "Submit" to be brought to your Survey Queue. From your Survey Queue you can access all submitted forms and add new forms.

You can select "Submit" to submit this form and return to your Survey Queue.

Submit and

- or -

You can select "Submit information for another resident" to submit this form and open a blank form.

Submit and

- or -

Editing an existing resident

To edit an existing resident first access your survey queue. From the survey queue, locate the desired resident (the first and last names will be visible to you), and then select “Edit response.” This will open your previously completed form.

Survey Queue

Get link to my survey queue

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title
✓ Completed	Resident Demographics and Admit/Discharge - #1 John Doe Edit response + Submit information for another resident
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020 Edit response + Submit Information for Another Hospital Stay
Begin survey	Staff Demographics - #1

Correct or edit the information needed. For example, if you entered information for a resident and they have since been discharged, you can edit the form to change the answer to “Has [resident] been discharged?” to “Yes” and add the appropriate date.

Has John been discharged? Note: you can come back and change this answer later if John is discharged.
* must provide value

Yes No reset

When was John discharged? M-D-Y

Once you have made the changes necessary, scroll to the end of the form and select “Submit” to return to your survey queue.

Submit and

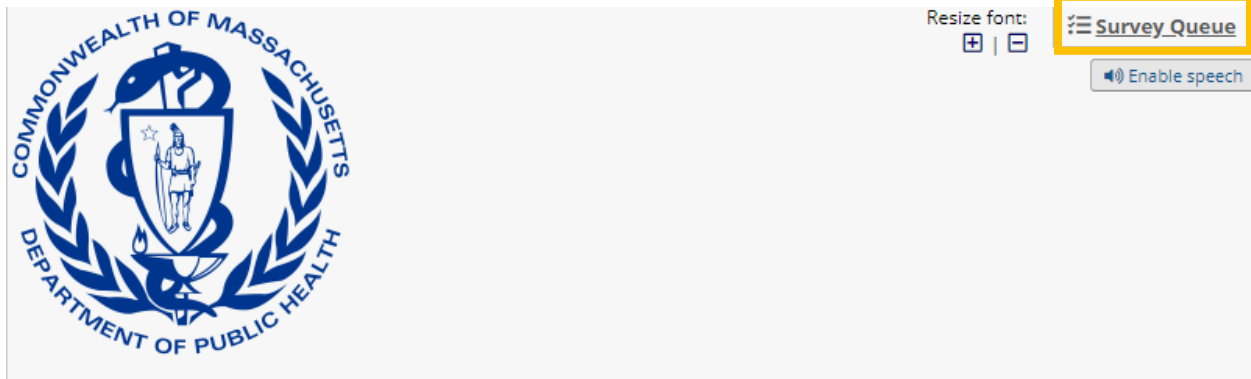
Submit information for another resident

- or -

Submit

Returning to the survey queue

Once you have logged in there will be a new option at the top right of each form. This is the “Survey Queue.” You can click on this button at any time to access your survey queue. This provides a list of all submitted and available forms.



Initially your survey queue will have only a few forms available, but as you complete forms your completed entries will be accessible and additional forms will become available. Highlighted in yellow below you can see a completed form available in the survey queue after submission.

Survey Queue [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title
✓ Completed	Resident Demographics and Admit/Discharge - #1: John Doe Edit response + Submit information for another resident
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020 Edit response + Submit Information for Another Hospital Stay
Begin survey	Staff Demographics - #1

To add a new form, select “Begin survey” for your first entry using that form.

Survey Queue [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title	
✓ Completed	Resident Demographics and Admit/Discharge - #1: John Doe	Edit response + Submit information for another resident
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020	Edit response + Submit Information for Another Hospital Stay
Begin survey	Staff Demographics - #1	

Or to add a new form, “+Submit information for another...” for subsequent form entries.

Survey Queue [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title	
✓ Completed	Resident Demographics and Admit/Discharge - #1: John Doe	Edit response + Submit information for another resident
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020	Edit response + Submit Information for Another Hospital Stay
Begin survey	Staff Demographics - #1	

Hospitalization form (residents only)

Adding a new hospitalization

Each form in REDCap will begin by asking for the person’s first and last name. **Please enter their full first and last names.** Many of the questions will populate with the first name once that field is completed. This will help you keep track of what information is being entered for what person. **Note! You should enter one hospitalization form per hospital stay among residents that were residing in or admitted to your facility starting on March 10, 2020.**

Hospitalization (Residents Only)

Please add a new form for each resident hospitalization that has occurred since March 10, 2020. There should be one form for each hospitalization event.

First name of resident who was hospitalized

* must provide value

John

Last name of resident who was hospitalized


* must provide value

Doe

You can type in or use the calendar to select the date the resident was admitted to the hospital. Dates should be formatted mm-dd-yyyy.

Date of admission to hospital

* must provide value

07-06-2020  Today M-D-Y

Indicate if the hospitalization stay was COVID-related or not. If "Other" briefly summarize the reason for hospitalization.

Reason for hospitalization

* must provide value

COVID-related

Other

reset

If other, why was John hospitalized?

Fall, fractured hip

11 characters remaining

Indicate if the resident was tested for COVID-19 at the hospital.

John tested for COVID-19 during hospital stay?

* must provide value

Yes

No

reset

If a COVID-19 test was conducted at the hospital, please also indicate the date of the most recent test and test results.


What was the date of John's most recent COVID-19 test during this hospitalization?  M-D-Y
* must provide value

What were the results of the test at the hospital? Negative
* must provide value Positive
 Inconclusive reset

Indicate if the resident died while at the hospital.

Did John die in the hospital? Yes
* must provide value No reset


If the resident died while in hospital, type in or use the calendar to select the resident's date of death. Dates should be formatted mm-dd-yyyy.

Date of death  M-D-Y
* must provide value

If the resident has died, please answer yes or no if their death was COVID-related. **Note! There are many definitions of COVID-related deaths currently in use. Please make sure to use the definition provided. If you are unsure, please refer to the death certificate.**

Was John's death COVID-related. Yes
Note: If a resident previously had laboratory-positive or suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms) at the time of death, do not count the resident's death as COVID-19 related here. No reset
* must provide value

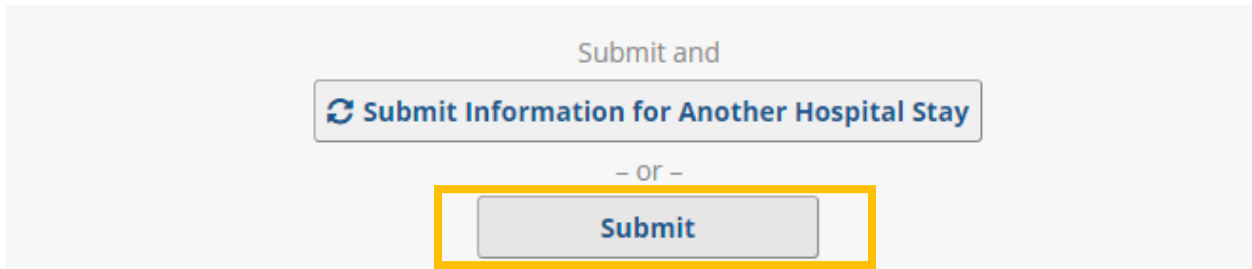
If the resident did not die in the hospital, please add date of discharge. If the resident is still in the hospital leave this blank and come back to complete it later.

Date of discharge  M-D-Y

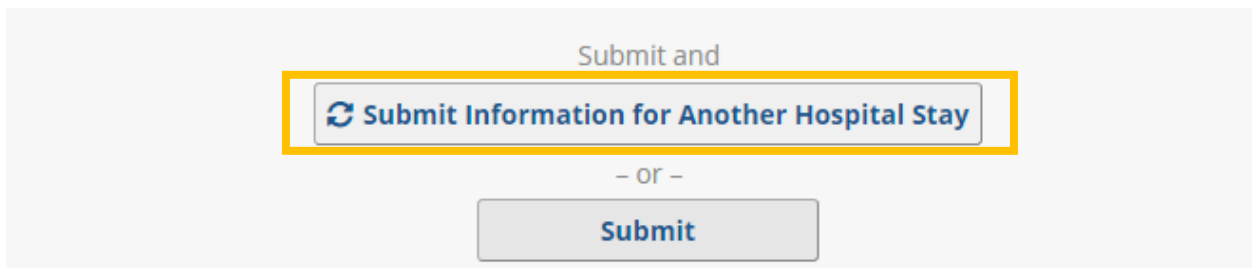
You have reached the end of the form.

This is the end of the hospitalization form. You can click "Submit Information for Another Hospital Stay" to complete another hospitalization form. Otherwise if you have entered information for all hospitalizations click "Submit" to be brought to your Survey Queue. From your Survey Queue you can access all submitted forms and add new forms.

You can select "Submit" to submit this form and return to your Survey Queue.



You can select "Submit information for another hospital stay" to submit this form and open a blank form.



Editing an existing hospitalization

To edit an existing hospitalization, first access your survey queue. From the survey queue, locate the desired hospitalization (the resident's first and last names, as well as the admission date, will be visible to you), and then select "Edit response." This will open your previously completed form.

Survey Queue [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title
✓ Completed	Resident Demographics and Admit/Discharge - #1: John Doe Edit response + Submit information for another resident
Begin survey	Testing - #1
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020 Edit response + Submit Information for Another Hospital Stay
Begin survey	Staff Demographics - #1

Correct or edit the information needed. For example, if you entered information for a resident and they have since been discharged, you can edit the form and add the appropriate discharge date.

Date of discharge M-D-Y

Once you have made the changes necessary, scroll to the end of the form and select "Submit" to return to your survey queue.

Submit and

[Submit Information for Another Hospital Stay](#)

- or -

[Submit](#)

Staff demographics form

Adding a new staff member

Each form in REDCap will begin by asking for the person's first and last name. **Please enter their full first and last names.** Many of the questions will populate with the first name once that field is completed. This will help you keep track of what information is being entered for what person. **Note! You should enter one staff demographics form per staff member that was employed by your facility and tested COVID-19 positive on or after March 10, 2020.**

Staff Demographics

Please complete one form for each staff member who has worked in your facility **and tested COVID-19 positive on or after March 10, 2020.**

Note: In accordance with CMS and CDC guidance, long term care staff includes all persons, paid or unpaid, working or volunteering at the long term care setting's physical location, who have the potential for exposure to residents or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. Staff includes, but is not limited to, physicians, nurses, nursing assistants, therapists, technicians, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual personnel, and persons not directly involved in resident care (such as clerical, dietary, house-keeping, laundry, security, maintenance or billing staff, chaplains, and volunteers) but potentially exposed to infectious agents that can be transmitted to and from staff and residents. For the purposes of this reporting, staff does not include persons who work entirely remotely or off-site, employees on leave, such as paid family medical leave, or staffing provided at the Commonwealth's expense (such as those provided by EOHHS through a clinical rapid response team or the Massachusetts National Guard).

First Name

* must provide value

Albus

Last name

* must provide value

Dumbledore

You can type in or use the calendar to select the date the staff member started working at your facility. Dates should be formatted mm-dd-yyyy.

When did Albus begin working at your facility?

* must provide value

MM/DD Today M-D-Y

Jul 2020

Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

To the best of your knowledge, has Albus ever been tested for COVID-19?

* must provide value

reset

To the best of your knowledge, was Albus ever diagnosed as COVID-19 positive?

* must provide value

Answer yes or no to indicate if the staff member has ever been tested for COVID-19.

To the best of your knowledge, has Albus ever been tested for COVID-19?


* must provide value

Yes

No

reset

If the staff member has been tested, provide the date of the most recent test, and select the results.

When was Albus most recently tested for COVID-19?  M-D-Y
 * must provide value

What were the results of Albus's most recent COVID-19 test?
 * must provide value

Negative
 Positive
 Inconclusive

reset

Select yes or no if the staff member has ever been diagnosed as COVID-19 positive.

To the best of your knowledge, was Albus ever diagnosed as COVID-19 positive?
 * must provide value

Yes
 No


reset

Answer yes or no if the staff member has left your employment or died. If you answer yes, you will be prompted to enter the relevant date. If the staff member leaves your employment or dies after you have submitted this form, you can come back and edit these questions and enter the appropriate dates.

Has Albus left your employ? Note: you can come back and change this answer later if Albus leaves for any reason.
 * must provide value

Yes
 No

reset

When did Albus leave your employ?  M-D-Y

Has Albus died? Note: you can return and change this information as needed.
 * must provide value

Yes
 No

reset

If the staff member has died, please answer yes or no if their death was COVID-related. **Note! There are many definitions of COVID-related deaths currently in use. Please make sure to use the definition provided. If unsure, please refer to the death certificate.**

To the best of your knowledge, was Albus's death related to COVID-19?

Note: If a staff member previously had laboratory-positive or suspected COVID-19 but recovered and is no longer being treated as having COVID-19 (for example, resolved signs/symptoms) at the time of death, do not count the staff member's death as COVID-19 related here.

No
 Yes
 Unknown

reset

Select the staff member's gender from the list provided.

What is Albus's gender?
* must provide value

- Male
- Female
- Transgender
- Unknown
- Missing

reset

Select the staff member's race from the list provided. **Note! This should be based on race as reported by the staff member.** If "Other" is selected, please type in their race in the text box provided.

What is Albus's race (choose one)
* must provide value

- White
- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Alaskan Native/American Indian
- Other
- Unknown
- Missing

reset

What is Albus's "other" race?

Wizard

24 characters remaining

Select the staff member's ethnicity from the list provided. **Note! This should be based on ethnicity as reported by the staff member.**

What is Albus's ethnicity (select one)?
* must provide value

- Hispanic
- Non-Hispanic
- Unknown
- Missing

reset

Type in the staff member's age in years.

How old is Albus?
* must provide value

72

0 characters remaining

Indicate yes or no if the staff member has any of the disabilities as described.

Does Albus have any of the following disabilities:

- Cognitive - because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions
- Ambulatory - having serious difficulty walking or climbing stairs
- Independent Living - Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping
- Self-care - having difficulty bathing or dressing
- Hearing - deaf or having serious difficulty hearing
- Vision - blind or having serious difficulty seeing, even when wearing glasses

No
 Yes
 Unknown

reset

* must provide value

Select the resident's primary language from the list provided. If "Other" is selected, please type in their primary language in the text box provided.

What is Albus's primary language?

* must provide value

- Arabic
- Cape Verdean
- Chinese
- English
- French
- Haitian Creole
- Khmer (Cambodian)
- Portuguese
- Russian
- Spanish
- Vietnamese
- Other

reset

Enter Albus's "other" primary language

Parseltongue

18 characters remaining

Select the city/town that the resident resides in from the dropdown list. You can start typing the name and the town should autofill. **Note!** If the staff member lives out of state, select "Out of State".

What city/town does Albus live in? Note: you can start typing the name and the town will auto fill. There is also an "Unknown" option.
 * must provide value

What job title does Albus have? Choose the option that best fits.

This is the end of the staff demographics form. You can click "Submit and Return to Home" to complete another staff demographics form. For all staff members click "Submit" to be brought to your dashboard where you can access all submitted forms and add new forms.

Submit and
 ↻ Submit Information for Another Member
 - or -
 Submit

- Abington
- Acton
- Acushnet
- Adams
- Agawam
- Alford
- Amesbury
- Amherst
- Andover
- Aquinnah
- Arlington
- Ashburnham
- Ashby
- Ashfield
- Ashland
- Athol
- Attleboro
- Auburn
- Avon

Select the staff member's job title from the list provided. The list below is specific to nursing homes, a different list will be available for rest homes and assisted living residences. If the staff member's job title or functional role is not available, select "Other" and fill in the accompanying text box.

What job title does Albus have? Choose the option that best fits.

This is the end of the staff demographics form. You can click "Submit and Return to Home" to complete another staff demographics form. For all staff members click "Submit" to be brought to your dashboard where you can access all submitted forms and add new forms.

Submit and
 ↻ Submit Information for Another Member
 - or -
 Submit
 Save & Return Later

- Activities staff
- Administrator
- Certified Nurse Aide
- Food preparation and serving related occupations (includes cooks)
- Housekeeping Service Worker
- Maintenance
- Medical Director/ Licensed Independent Provider
- Mental Health Service Worker
- Nurse Practitioner/ Licensed Independent Provider
- Occupational Therapist
- Physical Therapist
- Physician Assistant/ Licensed Independent Provider
- Qualified Social Worker
- Registered Nurse
- Respiratory Therapist
- Other

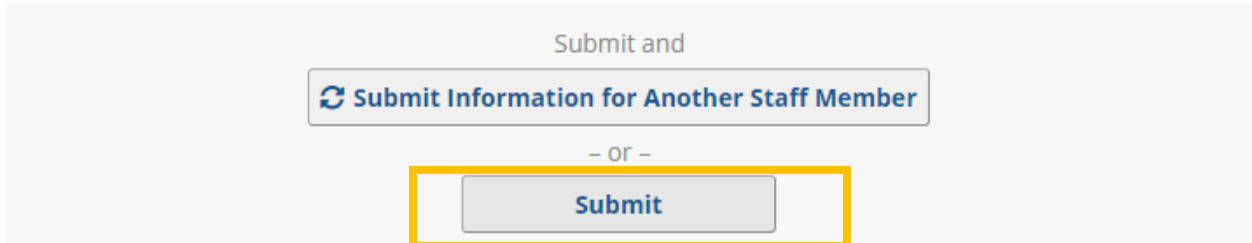
What is Albus's "other" job title?
 * must provide value

Headmaster
 20 characters remaining

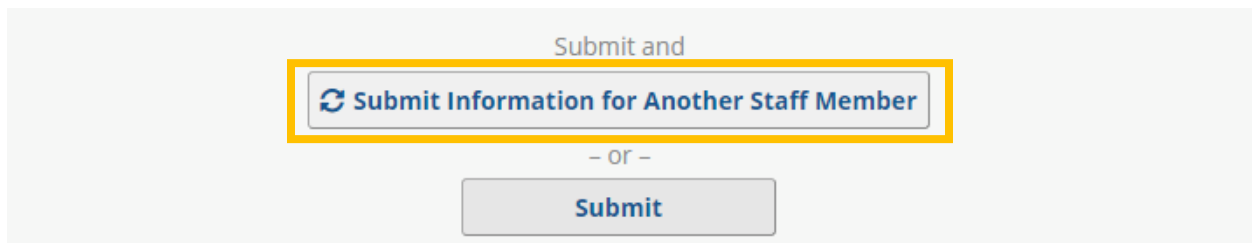
You have now reached the end of the staff demographics form.

This is the end of the staff demographics form. You can click "Submit Information for Another Staff Member" to complete another staff demographics form. Otherwise if you have entered information for all staff members click "Submit" to be brought to your Survey Queue. From your Survey Queue you can access all submitted forms and add new forms.

You can select "Submit" to submit this form and return to your Survey Queue.



You can select "Submit information for another staff member" to submit this form and open a blank form.



Editing an existing staff member

To edit an existing staff member, first access your survey queue. From the survey queue, locate the desired staff member (the first and last names will be visible to you), and then select "Edit response." This will open your previously completed form.

Survey Queue [Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title

Facility: ABC Nursing Home

Status	Survey Title	
✓ Completed	Resident Demographics and Admit/Discharge - #1: John Doe	Edit response + Submit information for another resident
✓ Completed	Hospitalization (Residents Only) - #1: John Doe, Admission 07-06-2020	Edit response + Submit Information for Another Hospital Stay
✓ Completed	Staff Demographics - #1 Albus Dumbledore	Edit response + Submit Information for Another Staff Member

Correct or edit the information needed. For example, if you entered information for a staff member and they have since left your employment, you can edit the form to change the answer to "Has [staff member] Left your employ?" to "Yes" and add the appropriate date.

Has Albus left your employ? Note: you can come back and change this answer later if Albus leaves for any reason.

- Yes
 No

reset

* must provide value

When did Albus leave your employ?

07-06-2020



Today

M-D-Y

Once you have made the changes necessary, scroll to the end of the form and select “Submit” to return to your survey queue.

Submit and

Submit Information for Another Staff Member

- OR -

Submit