

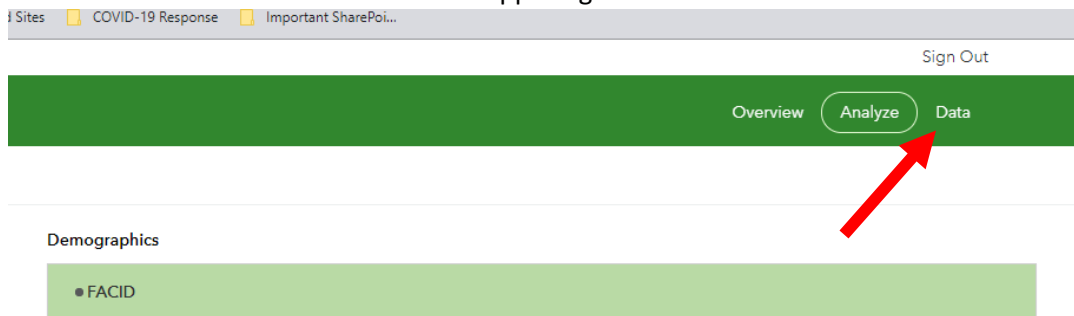
## Process to comply with the Secretary's Order for Skilled Nursing Facility data reporting

The **First Time** you submit data:

1. To start, click this link: <https://arcg.is/1jranv0>
2. Log in using the facility username in the attached spreadsheet
  - a. The default password is Password#1234
  - b. You will be required to create a new password at this time – make sure that all relevant staff within your facility are aware of this password for daily reporting
3. Enter all of your facility information and click “Submit”

For **All Subsequent Data Submissions:**

1. Click this link: <https://arcg.is/1mn8r0>
2. Sign in with the username and password set up during the first data submission
3. Click on the Green “Data” button in the upper right hand corner



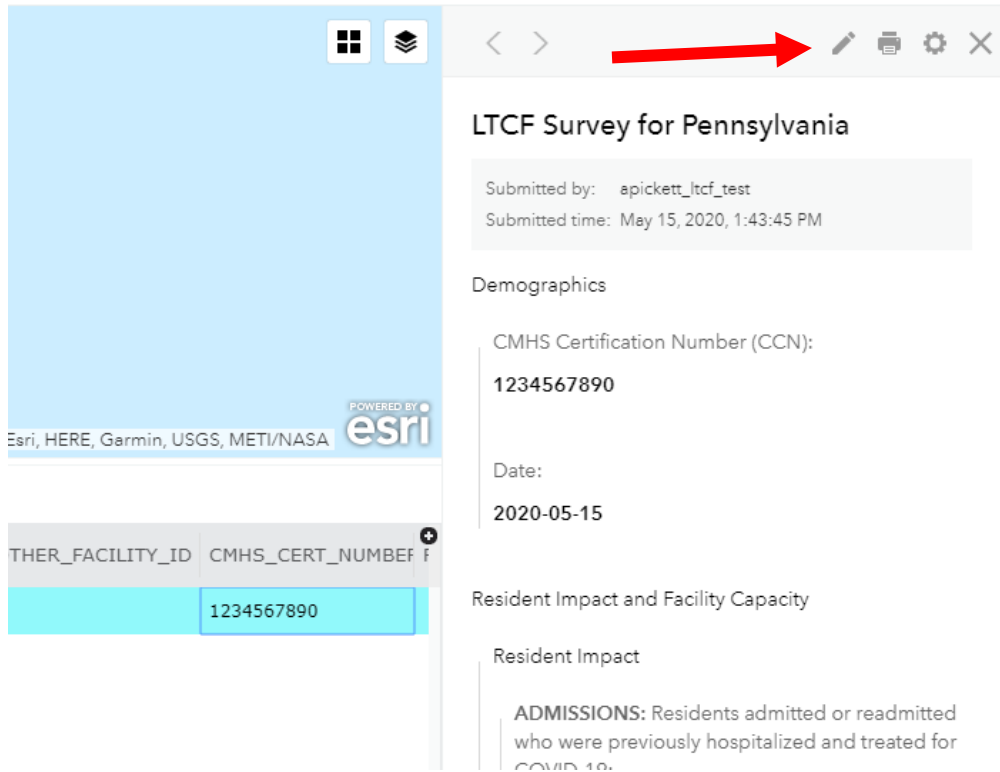
4. Click on the row in the data field for your facility name/NHSN/CCN data – the line should turn blue and a window will open up on the right side of the screen.

UNTY	NHSN_FACILITY_ID	OTHER_FACILITY_ID	CMHS_CERT_NUMBEF	FACILITY_NAME	OTHER_FACILITY_NA	DATE
			1234567890			2020-05-15

A red arrow points to the 'CMHS\_CERT\_NUMBEF' cell in the first row of the data table.

5. Click the Pencil icon in the box that appears

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LTCF Survey for Pennsylvania

Submitted by: apickett\_ltcf\_test  
Submitted time: May 15, 2020, 1:43:45 PM

Demographics

CMHS Certification Number (CCN):  
1234567890

Date:  
2020-05-15

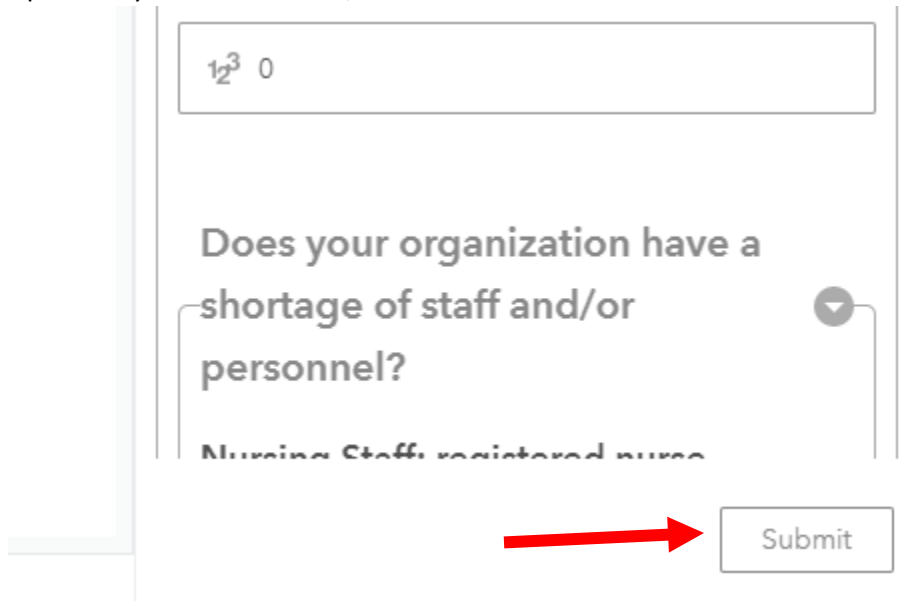
Resident Impact and Facility Capacity

Resident Impact

ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19.

OTHER_FACILITY_ID	CMHS_CERT_NUMBER
	1234567890

6. Update any relevant records, then click the Submit button at the bottom



123 0

Does your organization have a shortage of staff and/or personnel?

Nursing Staff: registered nurses

Submit