

**Implementation Plan for Reopening  
In Accordance with the Pennsylvania Department of Health's  
Interim Guidance for Skilled Nursing Facilities During COVID-19**

FACILITY INFORMATION	
This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
<b>1. FACILITY NAME</b>	
Kirkland Village	
<b>2. STREET ADDRESS</b>	
1 Kirkland Village Circle	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Bethlehem	18067
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Karen Nocilla	610-691-4523

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met for reopening and the Step at which the facility will enter reopening. Those facilities that experienced a significant COVID-19 outbreak will identify the date the Department of Health survey was conducted (that is required prior to reopening).
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>
7/14/2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>
<input type="checkbox"/> <b>Step 1</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>
<input checked="" type="checkbox"/> <b>Step 2</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
<b>9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)</b>
Yes
<b>10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19</b>
6/21/2020

## STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

To ensure the facility has taken appropriate measures to protect residents and staff, descriptions of those strategies is required in this section (prerequisites to reopening).

11. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN MAY 24, 2020 AND JULY 24, 2020) IN ACCORDANCE WITH THE [JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

6/6/2020 to current

12. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents showing signs and symptoms of Covid-19 within 24 hours. Community staff obtains naso-pharyngeal samples and sends them to the CLIA certified laboratory to obtain results.

13. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents and staff if the facility experiences an outbreak of Covid-19. Community staff will obtain naso-pharyngeal samples and sends them to a CLIA certified laboratory to obtain results.

14. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all staff, including asymptomatic staff. This is accomplished via universal testing of all staff in accordance with state Department of Health guidelines. Community staff obtains naso-pharyngeal samples and sends them to the CLIA certified laboratory to obtain results. Staff is currently tested weekly.

15. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests if needed for non-essential staff and volunteers. Non-Essential staff such as salon or beauty shop personnel and any other such non-essential staff that work routinely at the community including volunteers will be required to test in accordance with the state Department of Health requirement for universal testing. Community staff obtains naso-pharyngeal samples and sends the samples to the CLIA certified laboratory to obtain results. Non-essential staff such as contractors and who fail to pass screening procedures will be referred to their personal physicians for appropriate treatment.

16. DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED

Those residents who refuse or are unable to be tested will be considered to be a Person Under Investigation (PUI) and will be required to isolate in the facility's 'Yellow' zone for 14 days. The resident and resident's responsible party will be educated on the benefits of testing if they have refused. For staff that refuse or are unable to be tested, they will be removed from the work area and referred to human resources for follow-up.

## STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

Residents will be cohorted in separate units, based on test results. Those residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions will be cohorted in the Covid-19 positive (RED) zone. Those residents who have been potentially exposed will be cohorted for 14 days post-exposure in a COVID-19 potentially exposed (YELLOW) zone. Any resident in the facility with a negative SARS-CoV-2 PCR test or who was not tested and is thought to be unexposed to COVID-19 will be cohorted in the COVID-19 unexposed (GREEN) zone.

18. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)

The facility has a minimum 7-day stock pile of PPE on hand at all times. PPE consumption is monitored daily and recorded on an electronic tracking sheet. The facility has a 4-hour access to a corporate 90-day stock pile of PPE. Presbyterian Senior Living purchasing teams continue to purchase, stockpile and monitor PPE supplies.

19. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES

Kirkland Village endeavors to maintain established schedules in every department at all times. Kirkland Village has had sufficient staffing throughout the crises to meet residents needs as identified in support and care plans.

Kirkland Village has an emergency staffing plan that requires staff to report for duty during emergency situations as determined by the organization and regulatory/governmental agencies. Understanding that this may pose a hardship on certain individuals depending on the circumstances, additional measures will be taken to recognize staff for their commitment to the people we serve. Emergency situations will be declared with a beginning time and, if known, an ending time. Emergency situations may require adjusted staffing patterns and cooperation between departments at communities and in extreme circumstances, operations support staff and administrative office staff will provide services to customers. The following responses will be used in conjunction with the community's Emergency Staffing Plan as situations warrant, up to and including our most significant crisis:

- Staff will be asked to stay at community to be available for additional shifts.
- Community will provide food and shelter.
- Transportation may be offered.
- Overnight accommodations will be provided.
- Requests for time off will not be granted.
- Salaried staff schedules will be flexed to meet resident and community needs.
- Operations support staff will report to assigned communities.
- Administrative Office staff members will be solicited to report to communities to provide non-clinical services.
- Staff incentives/wage adjustments will be determined by the COO and the SVP of Human Resources
- The facility maintains an agreement with a staffing agency in the case of severe shortages and as a last result.
- Regional Vice President of Operations will routinely contact the facility to monitor staffing situation.

## STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

### 20. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN

If a facility is in a county or area of the state that the governor has declared as 'Red', the facility will halt any and all activities related to re-opening and revert back to full restrictions in accordance with DOH and CMS guidelines. The facility will do the following: 1) Notify all residents and responsible parties via telephone and written notification of the requirement and explain the restrictions that will be in place. 2) Post the information on the facility's web-site.

## SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus.

### 21. RESIDENTS

Residents are subject to universal testing in accordance with Department of Health Guidelines. Residents exhibiting signs and symptoms of COVID-19 based upon assessment by qualified nursing or medical staff will be cohorted and tested in accordance with Department of Health guidelines and as noted in sections 12, 13, and 17 above.

### 22. STAFF

Staff is subject to screening of signs and symptoms and has temperature checks at the beginning of each shift. Staff also has temperature checks at the end of their shift. If staff fail any part of the screening or develop signs and symptoms of COVID-19 during their shift, staff will be tested and referred to their physician for follow-up medical care.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are subject to screening of signs and symptoms and have temperature checks prior to entering resident care areas and have temperature checks prior to leaving the building. If they fail any part of the screening or develop signs and symptoms of COVID-19 while at the community, they will be denied entry or sent home and referred to their physician for follow-up medical care.

### 24. NON-ESSENTIAL PERSONNEL

Any non-essential staff is subject to screening of signs and symptoms and has temperature checks at the beginning of each shift and has temperature checks at the end of their shift. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their shift, they will be tested and referred to their physician for follow-up medical care.

### 25. VISITORS

Visitors will be subject to screening of signs and symptoms and have temperature checks prior to entering the facility. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their visit, they will be asked to leave and contact their physician for follow-up medical care.

### 26. VOLUNTEERS

Routine volunteers will be subject to the same requirements for staff as noted in section 22 above. Other volunteers will be subject to the same screening requirements for visitors as noted in section 25 above.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

### 27. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)

Hours will be adjusted as needed to accommodate resident dining . Due to the regulations only 24 diners every 1000 square feet or 50% capacity. Room service delivery will still be offered.

### 28. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING

Two residents will be seated at every 4-person table and 3 residents will be seated at every 6-person table. For a table of 2, 2 may sit together if they are husband and wife or the persons live together. Chairs will be removed and tables will be spaced at 6 feet apart for social distancing.

### 29. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF

Culinary staff are required to wear proper hair covering, gloves and masks at all times.  
Hand sanitizer stations are placed outside of each dining area.  
All tables and chairs will be sanitized after each seating.  
Temperature is taken upon arriving for shift and leaving for the day.  
Staff will practice Proper handwashing and sanitation.

### 30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

PC and HC dining rooms will no longer have linen napkins or tablecloths.  
Heavy duty disposable tablecloths and napkins will be supplied.  
Residents will continue to have pre-order meals to eliminate menus that are handled by multiple people.  
Table service will be on china.  
Servers will confirm the order once residents are seated.  
There will be no pre set cracker baskets or bread baskets  
Coffee creamer and sugar packet will be placed on the saucer.  
Salt and pepper will not be pre-set on the tables.  
All condiments will be portion control (individually-wrapped, single-serving).

## ACTIVITIES AND OUTINGS

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

The Kirkland Village Community Life team will resume hallway programming utilizing the It's Never Too Late system and Eversound systems to reach as many residents as possible. Residents will sit in their doorways or immediately outside their doorways to participate in programs in order to ensure social distancing. Disposable materials will be used whenever possible and any shared materials will be sanitized after each use. Independent leisure materials will be offered to residents daily in order to support independent leisure pursuits (magazines, books, adult coloring, puzzles, cards, etc.). These materials will not be returned to the Community Life Department – they are for residents to keep. Community Life will continue to provide 1:1 visits providing activity interventions, cognitive and emotional support. Spiritual support will be provided via window visits with the Chaplain.

## ACTIVITIES AND OUTINGS

### 32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)

The Kirkland Village Community Life team will resume hallway programming utilizing the It's Never Too Late system and Eversound systems to reach as many residents as possible. Residents will sit in their doorways or immediately outside their doorways to participate in programs in order to ensure social distancing. Disposable materials will be used whenever possible and any shared materials will be sanitized after each use. Independent leisure materials will be offered to residents daily in order to support independent leisure pursuits (magazines, books, adult coloring, puzzles, cards, etc.). These materials will not be returned to the Community Life Department – they are for residents to keep. Community Life will continue to provide 1:1 visits providing activity interventions, cognitive and emotional support. Spiritual support will be provided via window visits with the Chaplain.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

The Community Life department will utilize the auditorium, unit dining rooms, and PC lounge areas for group programming. A maximum capacity has been determined for each common space to ensure that social distancing is maintained. Floors have been marked and furniture has been arranged to ensure social distancing is maintained. All programming will be designated to one unit at a time – no combining of residents from different units.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Scenic tours can resume for Non-Covid residents deemed appropriate by the nursing team. Bus capacity will be limited to no more than 6 residents per trip due to the need to social distance (utilizing 28 passenger bus). The bus driver must wear a mask and the bus will be sanitized after each use.

## NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene and universal masking are required for non-essential personnel.

### 35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

[Click or tap here to enter text.](#)

### 36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3

[Click or tap here to enter text.](#)

### 37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

[Click or tap here to enter text.](#)

## VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene and universal masking are required for visitors.

## VISITATION PLAN

**38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Outdoor visitation will be strongly encouraged utilizing the Rabold patio or a table with umbrella outside the Health Care Center entrance. Visits should not exceed one hour. Current established guidelines for window visits will be followed.

**39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Family members will continue to schedule virtual visits on-line and window visits via the Health Care Center receptionist.

**40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**

A designated team staff member will clean the visitation area immediately following family visits.

**41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**

Not to exceed two visitors per visit.

**42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Family members self schedule through the Health Care Center receptionist. If a family is having difficulty getting a visit scheduled the Community Life team will make every effort to accommodate their visit. Visits are limited to 3 visits per resident per week (subject to change).

**43. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)**

Nursing will determine which residents can receive visitors. Scheduled visits will be cancelled if there is an excessive heat warning or severe weather.

**44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**

The Rabold patio or a table with umbrella outside the Health Care Center entrance will be used for window visits. In the event of severe weather outdoor visitations will be cancelled. Family members will be given the option of visiting in the Chapel. The Health Care Center Main entrance will be the route of access to these spaces.

**45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**

Outdoor visits will require the use of a window. For indoor visits, the floor will have markings to enforce the social distancing guidelines.

**46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE**

The Chapel will be utilized for indoor visits and the plexi-glass window will be used to provide for a safe visit. This area will be sanitized following each family visit.

**47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**

Spaces (floors) will be marked to ensure social distancing guidelines.

**48. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 3 (CONSIDERING SUCH SAFETY FACTORS AS TRANSPORTING RESIDENT TO VISITOR LOCATION)**

Nursing will determine which residents can safely accept visitors.

**49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**

Yes, outdoor window visitations will continue to be encouraged as weather permits. Visitations can occur in the main Health Care Center Dining Room or the Briarholme Dining Room outside of dining hours. A specific area in the dining rooms will be marked for visits in order to maintain social distancing requirements.

**50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")**

The Rabold patio or a table with umbrella outside the Health Care Center entrance will be used for window visits. In the event of severe weather outdoor visitations will be cancelled. Family members will be given the option of visiting in the Chapel. The Health Care Center Main entrance will be the route of access to these spaces.

### VISITATION PLAN

**51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")**

Outdoor visits will continue to require the use of a window for visits. Staff assisting with the visits will ensure proper distance between the resident and family member.

**52. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")**

The Health Care Center Dining Room and the Briarholme dining room will be utilized for indoor visits in step 3 utilizing the Health Care Center entrance as the main access route to these spaces.

**53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")**

Visitation areas will be clearly marked using floor markers to ensure that social distancing is maintained.

**54. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM**

If a resident is visited in their room, a mask will be required for both the resident and the family member. Social distancing must be maintained and the room must be disinfected following the visit.

### VOLUNTEERS

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

**55. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Volunteers will be subject to screening of signs and symptoms and have temperature checks prior to entering the facility. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their visit, they will be asked to leave and contact their physician for follow-up medical care and will need to present a letter stating that they do not have a communicable disease prior to returning to facility. Volunteers will be required to wear masks and to practice good hand hygiene. At no time will a volunteer be exposed to a resident who has been exposed to Covid-19.

**56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**

Volunteers will not be utilized in the Health Care Center until we enter step 3. In Step 3 volunteers may be utilized to assist with transporting residents to the beauty shop or activities.

### ATTESTATION

The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

**57. NAME OF NURSING HOME ADMINISTRATOR OR DESIGNEE**

Michelle Morton, NHA, Executive Director



## ATTESTATION

### 58. ATTESTATION

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Skilled Nursing Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.

*Michelle Motton*

SIGNATURE OF NURSING HOME ADMINISTRATOR OR DESIGNEE

July 13, 2020

DATE