

**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.	
1. FACILITY NAME	
Presbyterian Home at Williamsport	
2. STREET ADDRESS	
810 Louisa Street	
3. CITY	4. ZIP CODE
Williamsport	17701
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Renna' Engel, Administrator	570 602-8350

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).	
7. DATE THE FACILITY WILL ENTER REOPENING	
7/30/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> Step 1 <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 June 8, 2020, Order of the Secretary of Health)</i>	
<input type="checkbox"/> Step 2 <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 June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
6/6/20- 2 recoveries	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
N/A	

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 are 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 6/2/2020
to 6/10/2020

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 obtain naso-pharyngeal samples and send 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 and outbreak of Covid-19. Community staff will obtain naso-pharyngeal samples and send 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 obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results.

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 obtain naso-pharyngeal samples and send 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 physician 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 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 who 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 to 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 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 by 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

Presbyterian Home at Williamsport provides sufficient staffing to adequately provided care and services for the health and wellbeing of the residents served within the personal care community.

Presbyterian Home at Williamsport endeavors to maintain established schedules in every department at all times. Presbyterian Home at Williamsport 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 circumstance, 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 to 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 reopening 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 are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift. Staff also have 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 referred to their physician for follow-up medical care.

24. NON-ESSENTIAL PERSONNEL

Any non-essential staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift and have 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)

Seating Capacity 28: Hours of operation will be adjusted/extended to allow extra time between resident service for disinfecting. Each resident will be offered to dine in the main dining room for at least 1 meal per day to promote the dining experience for all residents served. Room service will be continued. Social Distancing: Strict seating to maintain social distance in the dining room (1 resident at a table unless there is a married couple that may eat together). Arrival times will staggered to maintain social distancing. Alternating meal schedule will be maintained by dietary staff to ensure that all resident have the opportunity to dine in the dining room

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

Tables will be spaced 6" apart. Universal masking will be required, resident will wear a mask into the dining room and will be required keep the mask on until their meal is served, after their meal residents will be required to don their mask upon completion of the meal. Universal masking will be required, residents will wear a mask into the dining room and will be required keep the mask on until their meal is served, after their meal residents will be required to don their mask upon completion of the meal

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

Universal masking will be required, residents will wear a mask into the dining room and will be required keep the mask on until their meal is served, after their meal residents will be required to don their mask upon completion of the meal. Use of gloves and hand washing after handling foods. . Hand washing immediately after gloves are removed. Resident Health & Monitoring & Hygeine: Resident are to sanitize their hands upon entering and exiting the dining room. (Hand sanitizer is located at the entrance of the dining room for use). Tempature will be taken at the entrance of the dining room. Team Members: Employees will wear appropriate mask during dining service. Sanitization of table and all touch points before and after seating. Safety & Sanitization: staff will wear disposable gloves when cleaning and disinfecting surfaces with EPA approved disinfectant. All touch will be cleaned and disinfected after each seating. Gloves should be discarded after each cleaning. Hand hygiene for at least 20 seconds.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Resident will eat in their room it they are feeling ill. Employees will were eye protections and gowns for resident who require assistant with self feeding. Hand hygiene with hand sanitizer will be utilized each time when switching between residents who require assistance. Social distancing of 6'. Service for exposed residents will adhere to restriction of 1:1 individualized services.

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.

ACTIVITIES AND OUTINGS

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

The number residents will be limited to 1:1 individualized programming to maintain 6' social distancing. Limited activities may be conducted with 5 or less residents unexposed to COVID-19. All activities will be by reservation or sign up. Social distancing of 6' is required. Outside activities social distancing will be required. Staggering arrival times. Hand sanitizer will be available for all 1:1 out of room activities-i.e. 1:1 walks. Individualized activity packets have been provided for all residents for in room programs of choice. Infection Control; cleaning and disinfecting, sanitization of tables and all touch points before and after activities. Safety & Sanitization: staff will wear disposable gloves when cleaning and disinfecting surfaces with EPA approved disinfectant. All touch areas will be cleaned and disinfected after each seating. Gloves should be discarded after each cleaning and activity. Hand Hygiene is recommended after blowing one's nose, coughing or sneezing, after use of restroom, before eating or preparing foods, before and after providing routine care for another person who needs assistance. Hand hygiene for at least 20 seconds. Activities out of room will not be permitted for resident exposed to COVID-19. Universal masking is required.

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

Limited activities may be conducted with ten or less resident unexposed to COVID-19, hand hygiene and universal masking are required. Social distancing of 6' is required.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities may be conducted with resident unexposed to COVID-19. Social distancing of 6' is required, Hand hygiene before and after activity programming. Universal masking is required. Services for exposed resident will adhere to individualized resident room activities/activity packet for in room use.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings are allowed only for residents unexposed to COVID-19. Outing limited to no room than the number of resident where social distancing between resident can be maintained. Hand Hygiene, and universal masking are required. Social outing for all COVID-19 exposed resident is not permitted.

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

Non essential services will be screened upon arrival to the community. Hand hygiene upon arrival, prior to entering a resident room and upon exiting the resident room. Universal masking is required. Visitation is limited to resident unexposed to COVID-19. Non essential personnel will adhere to restrictions. Social distancing of 6' is required.

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

Non essential services providers will be screened upon arrival to the community. Hand hygiene upon arrival, prior to entering a resident room and upon exiting the residents room. Universal masking is required. Visitation is limited to resident unexposed to COVID-19. Non essential personnel will adhere to restrictions. Social distancing of 6' is required.

NON-ESSENTIAL PERSONNEL

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

Non essential services providers will be screened upon arrival to the community. Hand hygiene upon arrival. Universal masking is required. Visitation is limited to resident unexposed to COVID-19. Non essential personnel will adhere to restrictions. Non essential personnel will not enter a COVID-19 exposed resident room. Social distancing of 6'. Services for exposed residents will adhere to restriction of 1:1 individualized services.

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.

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

All visitations will be by reservation by calling the main telephone number and making reservations with the Administrator or Resident Service Manager. Duration of visits will be up to 30 minutes

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitation is limited to resident who have not been exposed to COVID-19 and must take place in a neutral zone established by the community. All visitation will be by reservation. Family members may call in to the main telephone number and with the Resident Service Manager or the Administrator to set up a reservation. Visitation may be reversed by any changes in the guidance issued in Lycoming County.

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

Outdoor or window visitation is highly preferred in a established neutral zone. Community must be free of new COVID-19 cases for 14 consecutive days. Cleaning and disinfecting; team member will wipe off and sanitize all surfaces and furniture after each use. Visitation is not permitted during mealtimes.

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

Universal Masking is required, social distancing of 6' is required with a maximum of 2 visitors per visit. Every sound microphone system is available if needed for hearing impaired. Every sound device will be cleaned/disinfected after each use.

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

Visitation will be set up by appointment in which the Resident Care Manager will track and schedule visits to ensure that all resident have an opportunity for visits.

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)

Resident will be escorted to from the visitation area: 1:1 with staff will be available as needed during and after the visit for emotional support.

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

Window visits: PHW gazebo-family member will be able to have the opportunity for outside window visits. Resident of the community will have a central neutral zone of the community that they will be able to meet/ family member from a window. Family members/visitors will

STEP 2

VISITATION PLAN

	<p>need to bring their own chair to sit on. Visitor signage will be posted to identify the location for window visits. Outside Courtyard/Fence visits: A Neutral area in the courtyard for resident. Family/visitors will be able to visit from the outside of the fence. Plexiglass will be on the fence as a barrier. Family members will need to bring their own chair to sit on. Universal Masking is required for both resident and visitors. Signage will be posted to identify the location for the visit. Social Distancing of 6' is required. Maximum of 2 visitors per visit.</p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Indoor and outdoor neutral zone areas will be designated to determine that the 6' social distancing is being followed.</p>
	<p>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</p> <p>Visitation will occur in a neutral designated zone.</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Individualized neutral zone will be designated and marked with red 6' line taping or community signage to indicate distance and location for seating during indoor visits.</p>
STEP 3	<p>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)</p> <p>Indoor visitation is allowed in neutral zone to be designated within the community. Visitation is limited to residents unexposed to COVID 19. Screening upon arrival, temperature check, hand sanitize upon arrival to the community for all visitors. Universal masking and social distancing of 6'.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation (weather permitting) is allowed in a neutral zone designated by the community. Visitation is limited to residents unexposed to COVID-19</p>
	<p>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")</p> <p>Outdoor visitation in a neutral zone designated by the community. If weather does not permit a neutral zone designated by the community/ Visitation is limited to resident unexposed to COVID-19.</p>
	<p>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")</p> <p>Clearly marked 6' social distance neutral zone areas will be established to maintain social distance between residents and visitors.</p>
	<p>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")</p> <p>Indoor visitation in a neutral zone designated by the community.</p>
	<p>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")</p> <p>Designated marked 6' social distance areas will be clearly marked</p>
	<p>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</p> <p>In resident room visit is permitted only if the resident is unable to be transported to the designated area. Cross-over visitation if there is no new onset of COVID-19.</p>

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

Screenin, 6’ social distancing, universal masking is required. Hand hyginene for at least 20 seconds.

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

Volunteers will adhere to screening, social distancing, hand hygiene, universal masking and assit with only volunteer activits/duties with unexposed COVID-19 residents.

ATTESTATION

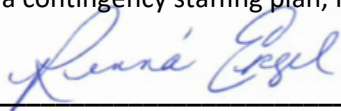
The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility’s adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

57. NAME OF NURSING HOME ADMINISTRATOR

Renna’ Engel, Personal Care Home Administrator

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 is 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.



SIGNATURE OF NURSING HOME ADMINISTRATOR

September 18, 2020
DATE