

**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	
St. Andrew's Village/Julia Pound Care Center	
2. STREET ADDRESS	
1155 Indian Springs Road	
3. CITY	4. ZIP CODE
Indiana	15701
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
<b>Brian Parks, Senior Executive Director</b>	724.464.1600

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	
7/10/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input checked="" 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 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>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
No	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
6/19/2020	

## 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 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](#)

6/4/2020 to 6/23/2020

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 SECTION 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 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.

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

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

St. Andrew's Village currently has adequate staffing in all departments to meet any regulatory requirements, and the needs of the residents. To ensure we have no staffing shortages, we have implemented incentive pay, provided flexible scheduling, additional paid time off, hired temporary staffing for nursing and activities departments, and utilized agency staffing when needed to maintain excellent PPDs. Recruitment efforts have been bolstered during this time to increase advertising, virtual visits, utilize referral bonus, and increased our new hire orientation to weekly to allow continuous influx of new staff.

St. Andrew's Village endeavors to maintain established schedules in every department at all times. St. Andrew's 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.

### 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.

## SCREENING PROTOCOLS

### 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)

Meal times will be expanded as follows: Breakfast from 7:30 to 9:30, lunch from 11:45 to 13:15 and supper from 16:45 to 18:00 to allow additional time for open, flexible and staggered dining times.

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

Tables and chairs will be arranged in all dining rooms and expanded into living rooms to assure social distancing of at least 6ft between each resident. Residents will be seated 1 per table, and tables will be height adjustable to allow for various seats/chairs.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

All staff will continued to be required to wear face mask at all times while on duty. All dining staff must wear latex gloves when preparing and serving food and beverages, and gloves must be changed according to existing policy. All dietary staff must continue to wear hair restraints at all times while preparing and serving food and beverages. Plexiglass barriers will be installed at all service counters to ensure adequate separation of staff and residents from the food preparation/service areas. High touchpoint cleaning list has been instituted, and approved disinfectant and food safe surface sanitizers are being utilized for all cleaning. All disposable items are utilized for Yellow and Red zones.

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

Our small retail Area (Grab n' Go) will continue to utilize single use, wrapped utensils & napkins, all condiments are single use packaging, and all food and beverage are individual servings (example: no fountain soda). We will not offer any unmanned buffet service, and will encouraging outdoor dining from each of our neighborhoods as long as social distancing can be maintained.

## 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)

One-to-one activities will continue to occur in rooms and outdoor areas. Doorway activities will be held when residents can wear a mask and maintain social distancing. Community Life staff will continue to utilize the Eversound Bluetooth audio system for hallway activities and sanitize equipment after use. IN2L Person Centered Technology, DVD players, CD players, I-pads will be utilized for self recreation and disinfected by Community Life staff after each use. Community Life will individualize activities according to preference to residents in rooms. Virtual Family visits using Zoom and Skype will continue to be offered for family connections, as well as window visits in one of our designated areas across the campus. Community Life staff members will offer room service requests for activity supplies of interest. Daily Delight and Daily Chronicle will continue to be provided to residents in rooms for leisure pursuits.

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

One-to-one activities will continue occur in rooms and outdoor areas. Targeted fall risk groups of 8 or less will occur in outdoor areas or in Neighborhood Living Room area while maintaining social distancing and ensuring proper cleaning prior to and after activity. Hallway activities in place with residents social distancing by neighborhood and wearing masks. Community Life staff to utilize the Eversound system for hallway activities and clean equipment after use. IN2L, DVD players, Cd players, I-pads to be utilized for self recreation and disinfected by Community Life staff after use. Community Life to individualize activities according to preference to residents in rooms. Virtual Family Visits and Window visits will continue to be offered for family connections. Community Life will offer room service requests for activity supplies of interest. Daily Delight and Daily Chronicle will continue to be provided to residents in rooms for leisure pursuits.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will begin to be held in our Community Living and Learning Center, Commons, Library, Neighborhood Living Rooms, or outdoor Courtyards. We will have no resident waiting to gather to enter activity. Community Life Staff Member will arrange room to ensure, and monitor social distancing at all times, provide hand hygiene prior to and after event, and ensure masks are worn appropriately by residents. Activity supplies will be kept to a minimum, and they will not be shared. Community Life Staff will provide individual supplies for residents if the resident does not bring their own. All supplies, tables and chairs will be sanitized before and after each activity. Room will be preset in adherence with social distancing requirements for scheduled activity. Square footage of all common rooms will be measured using square footage calculator to determine appropriate occupant load while maintaining social distancing requirements. Residents will be offered the same activity in two separate areas at two different times to accommodate all residents that may want to attend. Residents will sign up for their preferred time the morning of the activity, so we can plan accordingly. The duration of resident activities will be as short as reasonable and a maximum of 1 hour. Activity Groups will be prioritized according to residents who are experiencing stress, anxiety and loneliness to attend first.

## ACTIVITIES AND OUTINGS

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be planned and prioritized according to residents preference and interest. Residents wanting to attend the outing must sign up 3 days in advance with Community Life staff team member. If resident interest exceeds our ability to accommodate all, Community Life staff will select resident names in a fair, but consistent manner, providing all residents the opportunity to participate over time. Community Life to keep a running list of who attended trips ensure that residents who have not been able to recently participate will be placed at the top of the list for the next outing. The maximum capacity for our bus is 3 per square foot, based on the social distancing calculator.

## 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

Staff that will be deemed necessary during step two will include one Salon Stylist, outside vendors such as audiologist, podiatrist, and optomtrist, nursing students, internships, food delivery and clergy depending on the square footage calculator.

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

A staff member will be designated to monitor nonessential personnel entering the facility, specific to their area of discipline.

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

Non-essential personnel will be educated to our comprehensive COVID management plan plan and made aware of SAV's Green, Yellow, and Red zones

## 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

Visitation will be available 7 days a week from 9:00am-2:30pm and 4:30 pm- 7:30pm. Visitation will be limited to 20 minutes in length in the private dining room for long term care residents, the Quiet Room for Hearthlands residents, and the Living Rooms for the Village House.

### 39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

They will be schedule with the receptionist between the hours of 4-8pm with 48 hr notice.

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

The St. Andrew's Village staff member who is transporting the resident to the visit/their room will use Quat disinfectant and bleach wipes prior to, and after each visit. Cleaning supplies will be located in housekeeping closet.

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

We will limit the number of visitors to 2 per visit.

## VISITATION PLAN

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

Visitation is limited to residents who have not been exposed to COVID-19 and must take place in a neutral zone established by the community. Outdoor or window visitation is highly preferred and is what PSL has established as the neutral zone.

<b>STEP 2</b>	<p><b>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)</b></p> <p>Window visits will continue and outdoor visit will be permitted for residents unexposed to COVID-19, and who are able to maintain social distancing and masking requirements. Staff will assist the resident by transporting them to and from the visitation location.</p>
	<p><b>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</b></p> <p>Outdoor visitation space has been designated in our 2 courtyards as well as a pavilion, our front portico and a pergola area – all of which provide overhead coverage for inclement weather.</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>Seating will be arranged to create appropriate social distancing during the visits, and these areas are able to be monitored by staff to ensure these requirements are maintained during the visit.</p>
	<p><b>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</b></p> <p>Not applicable since there will be no indoor visits during this step</p>
	<p><b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>Seating will be arranged in the neutrally designated Commons to create appropriate social distancing during the visits, and these areas are able to be monitored by staff to ensure these requirements are maintained during the visit.</p>
	<b>STEP 3</b>
<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Yes</p>	
<p><b>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”)</b></p> <p>Same</p>	
<p><b>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”)</b></p> <p>Same</p>	
<p><b>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”)</b></p>	



### VISITATION PLAN

Same

**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")**

Same

**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**

Most residents would be able to be transported to the designate visitation areas, however for those who are not able, visitors must pass all screening requirements, wash hands at the beginning and end of their visit and wear the designated PPE for the duration of their visit in the facility.

### 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**

When volunteers begin in Phase 2 and 3, they will be provided thorough education on infection control measures, social distancing, PPE requirements, facility COVID plan, facility map, including designation of Red, Yellow and Green zones, and ensuring they are only providing care only for residents in the green, unexposed areas of the campus.

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

Volunteers can provide assistance with outdoor visits, window visits, one to one visits and indoor family visits for those residents in the green zone. Volunteers are only permitted in green areas.

### 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.

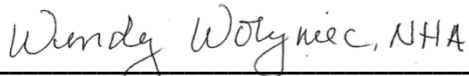
**57. NAME OF NURSING HOME ADMINISTRATOR**

Wendy Wolyniec, NHA

## 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 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

July 13, 2020

DATE