

**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	
Ware Presbyterian Village – Oxford Health Center	
2. STREET ADDRESS	
7 E. Locust St.	
3. CITY	4. ZIP CODE
Oxford	19363
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
David Nicholson	484-667-0280

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	
7/14/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input checked="" type="checkbox"/> 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)	
No	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
7/9/2020	

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](#)

5/28/2020 to 6/17/2020

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 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

Ware Presbyterian Village – Oxford Health Center **endeavors to maintain established schedules in every department at all times.** Ware Presbyterian Village – Oxford Health Center **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)

Normal Dining Hours of 7am (breakfast), 1145am (lunch), and 5pm (dinner).

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

Tables arranged 6 feet apart with allowing only 2 residents per table with a 6 foot distance in between.

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

Universal mask wearing for all staff and residents. Residents will be masked until meal is served. Proper hand hygiene will be provided for staff and residents prior to meal service. Standard meal service set up to include non-disposables dinnerware, paper napkins and individual portion control condiments. Standard infection control practices for washing and disinfecting all Dining Service equipment to include tables and chairs and service areas will be conducted upon completion of each meal service.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Communal based Dining events will exercise universal mask wearing requirements for staff and residents. Tables arranged 6 feet apart with allowing only 2 residents per table with a 6 foot distance in between. Individual portion control service of all food items.

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)

Residents of groups of 5 or less will be offered spontaneous activities in common lounge/dining room/outdoor areas(non COVID exposed areas only) including physical, social, intellectual and spiritual activities. Residents will wear masks, use hand sanitizer and sit 6 feet apart or more, residents will not share activity supplies, any activity supplies used will be disinfected or given to the residents to take to their room. Group times will decrease to 20-30 minutes allowing residents that would like to participate an opportunity, (after the first 20 minutes of the group the area will be cleaned with disinfectant wipes and the next group of 5 will attend). Will continue to offer an average of 6 daily activities using in house TV and you tube videos/live activities. Will continue to offer room visits and outdoor visits with a focus on residents that are not attending group activities. Spontaneous activities will be added to attendance tracker in SMILE as they arise. There will be no food related group activities, no outings, no volunteer or contracted services offered for activities. Resident temperatures will be taken by community life staff and the beginning and end of each activity and documented on the resident group activity screening form.

ACTIVITIES AND OUTINGS

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

The following is for unexposed residents only. Residents of groups of 10 or less will be offered calendared activities in common lounge/dining room/outdoor areas (non COVID exposed areas only) including physical, social, intellectual and spiritual activities. Residents will wear masks, use hand sanitizer and sit 6 feet apart or more. residents will not share activity supplies, any activity supplies used will be disinfected or given to the residents to take to their room. Group times will decrease to 20-30 minutes allowing residents that would like to participate an opportunity, (after the first 20 minutes of the group the area will be cleaned with disinfectant wipes and the next group of 10 will attend). Will continue to offer an average of 4 daily activities using in house TV and you tube videos/live activities. Will continue to offer room visits and outdoor visits with a focus on residents that are not attending group activities. For any additional spontaneous activities offered these will be added to attendance tracker in SMILE as they arise. There will be no food related group activities, no outings, no volunteer or contracted services offered for activities. Volunteers will assist with escorting residents to and from visits with their families/friends. Resident temperatures will be taken by community life staff and the beginning and end of each activity and documented on the resident group activity screening form.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

The following is for unexposed residents only. Residents will be offered calendared activities in common lounge/dining room/outdoor areas/Chapel (non COVID exposed areas only). Rooms will have maximum capacity signs and staff will adhere to the maximum capacity posted based on square footage minus tables and stationary chairs. Residents will wear masks, use hand sanitizer and sit 6 feet apart or more. residents will not share activity supplies, any activity supplies used will be disinfected or given to the residents to take to their room. Group times will resume to standard group times (allowing decreasing to 20-30 minutes if needed to ensure all residents wanting to participate will have the opportunity), (after the first 20-30 minutes of the group the area will be cleaned with disinfectant wipes and the next group of 10 will attend). There will be no food related group activities. Will continue to offer an average of 2 daily activities using in house TV and you tube videos/live activities. Will continue to offer room visits and outdoor visits with a focus on residents that are not attending group activities. For any additional spontaneous activities offered these will be added to attendance tracker in SMILE as they arise. Outings will occur following capacity guidelines for the bus. Outings will decrease in time to allow more opportunities for others with cleaning with disinfectant wipes in between outings. No off campus dining outings will occur. Resident temperatures will be taken by community life as listed above. Strolling entertainment will be offered on neighborhoods vs. in one group area. Church groups will be offered in chapel requesting volunteers provide 2 shorter versions of their service allowing 2 sets of residents to attend, high touch areas sanitized with disinfectant wipes in between the services, these will be filmed on in house TV.

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.

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

Hairdresser, Religious Leaders, Hospice support providers (social workers, chaplain)

NON-ESSENTIAL PERSONNEL

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

Non-Essential Personnel will be subject to self attestation criteria and screening to include temperature checks upon entering facility and additional precautions including hand hygiene and universal mask wearing requirements. Visits must be scheduled in a neutral zone with 6 feet designated space. Salon appointments will be pre-scheduled and limited to 1 customer at a time with both stylist and customer exercising universal mask requirements.

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

Non-Essential Personnel visits/appointments will be allowed for residents who have not been exposed to COVID-19 and reside in the designated COVID NON-EXPOSED neighborhoods (Green Zone).

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.

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

The visitation schedule and staff responsible will be the same as the window visit Schedule with an addition of Weekends where the Manager on duty will assist resident to and from the visits. In person visits and window visits, will be scheduled on the same schedule, if a window visit is scheduled there will not be in person visit at that time and vice versa. Virtual visits will be offered but offerings will decrease. Visits will be 20 minutes in duration.

38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Family/Friends of residents will make appointments by calling the Ware Health Center receptionist. Receptionist will make appointments and send schedule out daily to team members responsible to assist residents to these. When volunteers are obtained appointment times will increase as will days of the week.

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

Staff assigned to assist residents to and from outdoor in person visits will use sanitizing wipes to clean all touch areas.

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

3 visitors at one time outdoors in courtyard by therapy, all children must be accompanied by an adult and they count in the number of visitors.

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

First come first served, scheduled 2 weeks out at a time, families will be encouraged not to schedule multiple visits each week (1- 2 maximum per week per resident based on availability).

42. 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)

Visitation will be allowed for residents who have not been exposed to COVID-19 and reside in the designated COVID NON-EXPOSED neighborhoods (Green Zone).

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

STEP 2

VISITATION PLAN

	<p>Visitors will enter the courtyard via the main breezeway entrance. Residents will be escorted to this area through the therapy doors. If severe weather these visits will move indoors to the north side of the great room. One family visit at a time will take place.</p>
	<p>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Table will be used in the visitation areas with seating marked by tape, residents will sit on one end of the 6 foot table and family members will sit on the other end.</p>
	<p>45. 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>Indoor visitation space is the great room north window area. The visitors will have chairs and location these need to remain at marked with tape on the floor. A 6 foot table in between resident and visitors, tape marking where the resident should sit (either in their wheelchair or a stationary chair)</p>
	<p>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Signage will be posted reminding families and residents to maintain 6 foot distance. During reservation calls the receptionist will inform families that they must wear a mask, receive screening, maintain 6 foot distance and sanitize hands.</p>
STEP 3	<p>47. 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>Residents in non COVID exposed areas and residents that completed their 14 day quarantine and not residing on the Transitional care unit will be permitted visitors.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52 Yes</p>
	<p>49. 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>Same as step 2</p>
	<p>50. 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>Same as step 2</p>
	<p>51. 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>Same as step 2</p>
	<p>52. 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>Same as step 2</p>
	<p>53. 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>Visitors will make appointment for in room resident visit instead of outdoor or window visit at that time, receptionist will notify housekeeping of the visit. After the visit housekeeping will disinfect high touch areas.</p>

VOLUNTEERS

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.

54. 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 only assist on non COVID exposed areas, they will not volunteer on the Transitional care unit. Volunteers will sign in and have temperature taken at the start and end of their volunteer shift. Masks will be provided and volunteers will brown bag their masks and place on bulletin board by staff entrance area. Volunteers will receive hand washing education and COVID-19 education and will sign off on receiving these.

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

Volunteers will assist with escorting residents in non COVID exposed areas to visits with their families/friends.

ATTESTATION

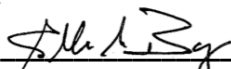
The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

56. NAME OF NURSING HOME ADMINISTRATOR

Ellen M. Byron

57. 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