



May 29, 2020

The Williamsport Home

Dear Residents, Families, and Caregivers,

We currently are still reporting to both CDC and PA Department of Health on our COVID-19 data. Our last report to CDC was completed on 5/29/2020. Our data to Department of Health gets updated daily. Below is the information that was reported in relationship to resident information.

NHSN (National Healthcare Safety Network) Resident Impact (May 15-22, 2020)

Number of cases	
0	ADMISSIONS: Residents admitted or readmitted who were previously hospitalized and treated for COVID-19
0	CONFIRMED: Residents with new laboratory positive COVID-19
0	SUSPECTED: Residents with new suspected COVID-19
0	TOTAL DEATHS: Residents who died in the facility or another location
0	COVID-19 DEATHS: Residents with suspected or laboratory positive COVID-19 who died in the facility or another location.

Communication can be found via mailed letters, The Williamsport Home Facebook page and www.thewilliamsporthome.com. This method of communication will provide the most current numbers, and although we realize letters, Facebook and our webpage does not replace a personal call, you are welcome to reach out to us with any specific questions. Our mitigation strategies continue to be on our website and any changes in our strategy will be updated regularly.

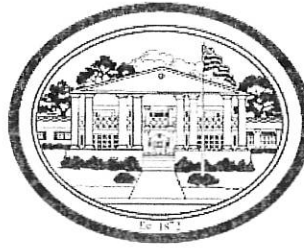
From the date of our last letter, dated 5/21/2020, there have been 0 resident confirmed and 0 new staff positive reports. In addition, we have had 0 new clusters of respiratory conditions last week for residents and 0 new clusters of respiratory symptoms for staff this week.

As of May 1, our cumulative total number of COVID-19 positive residents was 0 and 0 COVID positive related deaths. We currently have 0 COVID positive residents in our community. We have had 0 current staff members confirmed positive. We continue to have only 1 staff member that tested positive, which occurred in April.

Please find attached information related to outdoor visits, which will start June 15th. Please reach out to Dawnette Shobert to coordinate visits with your loved one. The attestation form will need to be signed and returned to the facility prior to your visit. The facility is still not allowed to permit visitation inside of the building, but we do continue to monitor for changes. If you have any questions, comments and/or concerns, please do not hesitate to reach out to Sue Hooker-Infection Preventionist, Stephanie Fry- Director of Nursing or I at 570-323-8781.

Sincerely

Jennifer Cisneros, NHA
Nursing Home Administrator



The Williamsport Home

Family Visitation Attestation Statement

The Williamsport Home Skilled Nursing Facility is required to follow federal and state requirements related to Infection Control for COVID-19. Per regulation we are still unable to provide visitor access inside of our facility. We understand you miss you loved ones, so we are now going to offer outdoor visits, which will require some additional measures. The facility will be implementing the outside visits starting June 15, 2020. In order for visitations to occur the following must be followed during visits to best protect your loved ones:

1. A mask must be worn during the entire visit. The mask needs to be placed as soon as the family member/visitor gets out of their personal vehicle.
2. The family member/visitor must pass the required screening prior to the start of the visit, which will be completed by the staff member assisting for the visit. If any family member/visitor fails the screening, they will be required to leave.
3. The family member/visitor is required to maintain a 6 feet distance from the resident at all times. At no point in time should the family member/visitor come closer than 6 feet away from the resident.
4. No touching in anyway is allowed from the family member/visitor.
5. No pets are allowed during visitation.
6. This form must be returned to the facility prior to visitation.

By signing below, I acknowledge that I have read and understand the requirements outlined above for visitation. I also understand that if any time during my visit that I do not follow the outline requirement, I will be asked to leave.

Resident Name: _____

Family Member/Visitor Name: _____

Family Member/Visitor Signature: _____

Date: _____