

Implementation Plan for Reopening

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

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department.

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	
The Williamsport Home	
2. STREET ADDRESS	
1900 Ravine Road	
3. CITY	4. ZIP CODE
Williamsport	17701
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Sue Hooker, RN- Infection Preventionist	570-323-8781

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
	August 4, 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 checked="" 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>	

DATE AND STEP OF REOPENING	
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
June 8, 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
June 29, 2020 to July 7, 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
<p>With frequent monitoring of residents, symptoms can be identified early. Following the Department of Health symptom algorithm residents are able to placed in isolation precautions when symptoms are identified. Once a resident is placed is isolation the facility has the ability to test the residents individually for COVID-19 via nasopharyngeal swab within 24 hours of onset of symptoms. Testing for symptomatic residents will be completed by Infectionist Preventionist or Registered Nurse. The swab will be transported to UPMC Susquehanna. UPMC Susquehanna is currently sending results to Quest in Pittsburgh, PA. The lab currently can support approximately 80 samples from The Williamsport Home daily.</p>	
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK
<p>The Williamsport Home has partnered with UPMC Susquehanna to assist in obtaining necessary diagnostic testing for COVID-19 in addition the Pennsylvania Department of Health for testing kits, which 350 were received. The Williamsport Home will continue to coordinate with UPMC mobile lab unit. The lab currently can support approximately 80 samples from The Williamsport Home daily with a turn around time of 48-72 hours. The Williamsport Home will continue to look for other lab partners, such as PA DOH, as needed if delays occur or ability of lab is no longer available.</p>	
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF
<p>The facility will obtain a physician order for testing from the Medical Director and work with Human Resources to schedule that staff member to be tested at a COVID-19 testing location. The Williamsport Home will continue to coordinate with UPMC mobile lab unit. The lab currently can support approximately 80 samples from The Williamsport Home daily with a turn around time of 48-72 hours. The Williamsport Home will continue to look for other lab partners, such as PA DOH, as needed if delays occur or ability of lab is no longer available.</p>	

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

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

All Non-essential staff and volunteers will be treated as a Williamsport Home employee, which would include a requirement for COVID-19 testing prior to returning to the facility and passing all screening procedures currently in place. Human Resources will work with the non-essential staff and/or volunteers to set up COVID-19 testing that may not have received a test after May 24, 2020.

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

Residents that decline or are unable to be tested will be placed in the yellow zone, in full precautions per The Department of Health universal baseline testing guidelines. Precautions will be discontinued when CDC and DOH criteria is met for discontinuing precautions.

Completion of testing for COVID-19 for staff members is a condition of employment at The Williamsport Home. Staff members that refuse testing will be removed from the schedule and will not be permitted to work until baseline testing is completed.

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*.**

The Williamsport Home has a designated red zone that consists of private rooms and dedicated staff. The red zone is currently set up for a total of 3 residents, with the ability to expand to hold 18 residents. The red zone is located on Ravine Ridge which consists of all private rooms. The initial red zone consists of rooms 1-4, utilizing room 4 for staff break/ bathroom. The red zone is distinguished by signage and floor to ceiling partitions.

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 routinely orders available PPE with no cap on totals. The facility will continue to buy PPE as it is available regardless of current inventory to ensure that there is ample supply. The facility has a plan in place for optimizing PPE in the event a shortage is to occur. The Williamsport Home has maintained adequate supply to meet the needs of the facility. We also have a pandemic supply that will be utilized in case of an outbreak. PPE inventory is monitored on a daily basis.

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

There are no current staffing issues related to COVID-19. The facility continues to conduct Nursing Assistant training and has utilized the Temporary Nursing Assistant program to have non-nursing staff trained as an emergency backup plan. The facility has worked with a local staffing agency to ensure agency staff is solely committed to The Williamsport Home. Administrative staff have cross trained in different areas to ensure coverage, such as payroll and human resources.

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**

The facility would notify residents, families and staff that our county is entering into a red phase and that the facility will return to the protocols in place before reopening occurred. This would include no visitations or communal activities.

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 screened three times a day, which includes, vital signs and symptoms identified by both PA department of Health and CDC. Screening is conducted in current resident location. The method of determining symptoms is based on clinical assessments. If the resident screening reveals signs and symptoms of COVID 19, the resident will be placed in isolation, with full precautions, and a COVID-19 test will be obtained. The physician and responsible party will be notified. In the event the resident tests positive for COVID-19, the resident will be transferred to the red zone and placed in full precautions for a minimum of 14 days, and will remain in isolation until criteria to discontinue transmission based precautions is met.

22. STAFF

All staff are screened prior to and at the completion of their scheduled shift. All staff are required to enter and exit the facility through the main door to conduct screening at the front desk. Screening includes symptom monitoring, exposure risks, testing status, compliance with PPE and social distancing, hand hygiene and obtaining temperatures. If an employee screening reveals signs and symptoms of COVID 19, the employee is sent home and testing is set up. If staff become ill during their shift, they will be sent home and requested to follow up with their Primary Care physician. All staff will be required to wear masks while in the facility.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Please refer to protocol for staff

24. NON-ESSENTIAL PERSONNEL

Please refer to protocol for staff

25. VISITORS

The front door is monitored from 5am until midnight by a receptionist. After midnight a door bell is utilized to seek staff assistance. The front door remains locked at all times. Any visitor is asked by the receptionist their purpose of visit and if it is deemed essential will go through the same screening process as staff along with education. Masks are required during visits. Children are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors as determined by the facility. Adult visitors must be able to manage children, and children older than 2 years of age must wear a facemask during the entire visit. Children must also maintain strict social distancing.

Visitors will be screened prior to and at the completion of their visit. All visitors will be required to enter and exit the facility via the main door to conduct screening at the front desk. Screening includes symptom monitoring, exposure risks, testing status, compliance with PPE and social distancing, hand hygiene and obtaining temperatures. If a visitor screening reveals possible reveals signs and symptoms of COVID19, the visitor will not be permitted entrance into the facility, and will be referred to their Primary Care physician.

Visitors are educated to monitor their symptoms for 14 days after their visit and to contact the facility if symptoms occur.

Please note that visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness will be prioritized.

26. VOLUNTEERS

Please refer to protocol for staff

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) Residents residing in the Red and yellow zones will not have communal dining and will be provided in room service. If a resident resides in a green zone on the dementia unit, they will be spaced 6 feet apart as their cognitive abilities allow us to maintain. The remainder of residents residing in a green zone will have lunch and supper in the main dining room during one of two dining times, per their preference. Breakfast will be served in resident rooms for all residents.
28. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING Two residents, at maximum, will be seated at a either end of the table, allowing for six feet of social distance to be maintained. Furniture in lounges have also been rearranged to accomodate alternate dining options
29. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF Staff will take appropriate precautions with eye protection and gowns when feeding a resident that has a high-risk for choking. Staff members who are assisting more than one resident at the same time will perform hand hygiene with at least hand sanitizer each time when providing assistance between residents. All staff in the dining room will wear masks. Residents will wear masks during transport to the main dining room and while in the dining room except while thy are eating. Masks and gloves will be worn by staff who are cleaning after meal service is completed. Cleaning and disinfecting will occur between each scheduled dining time, and as needed. Cleaning and disinfecting will be completed with EPA approved products
30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING The facility may utilize lounges on resident hallways to allow for appropriate social distancing. Furniture in the lounges have been arranged to allow for socially distancing during dining services. Residents will have designated dining areas and times to allow for adequate monitoring and cleaning during and between meals.

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) Activities will occur on individual resident units, while maintaining social distancing and proper infection prevention. Residents are able to participate in their doorway, which meets the six feet social distance requirement. If there are two residents in a room that would like to participate the second resident will be placed in an area that maintains social distancing requirements while allowing for participation. The Activities department will ensure hand hygiene by utilizing alcohol based hand rub (ABHR) before and after activity and in between as needed. No communal game pieces will be utilized, ie. current practice is that all residents have their own individual Bingo chips in an individual container. Residents participating in communal activities will be required to wear a mask.

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

Communal activities for 10 or less residents will occur in the lobby. In addition to communal activities the residents will be offered activities as outlined above in number 31 if they are not agreeable to activities in the lobby/ hobby areas. The Activities department will ensure hand hygiene by utilizing ABHR before and after activity and in between as needed. No communal game pieces will be utilized. Activities will be provided at all steps of reopening and will be provided based on resident preferences as long as able to maintain social distancing. Such activities include, but not limited to, devotions, bingo, reminiscing. All resident participating in communal activities will be required to wear a mask.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Depending on the activity and number of participants the facility will utilize lobby, hobby room and/or lounges to provide activities during step three of the reopening plan. The Activities department will ensure hand hygiene by utilizing ABHR before and after activity and in between as needed. No communal game pieces will be utilized. Residents participating in communal activities will be required to wear a mask.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be evaluated according to medical needs of residents and ability to social distance. If a resident is on an outing, the facility will ensure hand hygiene prior to leaving the facility and when returning to the facility. The resident will wear a facemask during all planned outings. The facility will continue to look at opportunities for resident outings that will enable us to maintain social distancing, hand hygiene, and masking requirement. The Williamsport Home will utilize their own van to transport residents to any outings which will be cleaned and disinfected after each use.

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 vendors, such as FedEx, postal service, UPS and beautician.

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

Due to the services rendered by the beautician, social distancing can only occur between residents. There will only be one resident allowed within the beauty salon at a time. The beautician will have a check sheet to demonstrate compliance with cleaning equipment. The beautician will also be tested for COVID-19 prior to resuming duties. The barber, beautician, and all residents receiving their services will wear a mask during the service. The salon equipment/ chair will be disinfected between residents. All vendors will be screened upon arrival and have their temperature checked and will be required to provide a copy of their COVID-19 test results prior to coming into the facility. All mail and/ or parcels will be left outside of the facility. Mail is dropped off by postal worker in between double doors at front entrance and parcels are delivered outside of service hallway. All nonessential personnel will be screened upon arrival, wear a mask while in the facility, and/or other personal protective equipment as directed, and maintain social distancing.

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 restricted from access to the red zone. If non-essential personnel are to enter a yellow zone, they will be required to wear full PPE and be escorted by a current staff member. Residents experiencing signs and symptoms of respiratory illness or resident in the yellow or red zone will not be able to receive barber and beauty services until criteria are met for transmission based precautions to be discontinued.

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 Monday through Friday from 10am-5:45pm. Additional visitation days and times can be arranged based on a case by case basis. Each visit will be for 15 minutes. Compassionate care or end of life visits will be scheduled on a case by case basis.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

The family members or visitors will be able to schedule visits by calling the Activities Director.

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

There will be 15 minutes between each visit and a log maintained for cleaning and disinfection of the visitation area. The employee overseeing the visitation will screen in each visitor, to make sure face masks are worn and provide hand sanitizer. The employee will provide a mask for the resident, conduct hand hygiene before and after the visit and then wipe down all surfaces with an approved disinfectant.

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

There will be 2 visitors per resident allowed.

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

Please note that visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness will be prioritized. All other visits will be based on a first come first serve basis.

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)

Visitation is restricted for residents residing in a yellow or red zone. Any resident on a yellow or red zone may have visitation via video chat. Residents that reside in the green zone are able to participate in outdoor visits which are located under a covered area. Residents must wear a mask while being transported thru the facility to the visitation area. Social distancing of at least 6 feet will be maintained and the resident and visitor(s) must wear a mask during visits, unless unable to due to a medical condition. Visitors must wear a face covering or facemask during the entire visit, use alcohol-based hand rub before and after visit, stay in designated facility locations, sign in and provide contact information, sign out upon departure; and adhere to screening protocols.

44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER,

VISITATION PLAN	
	<p>THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE</p> <p>There will be multiple areas set up for visitation. Any resident residing on the second floor will have visitation on the porch outside of the main dining room. This area is already covered for any severe weather and will be entered by the side entrance off the main lobby. Any resident residing on Garden Terrace (dementia unit) will utilize the enclosed porch and a tent will be set up to protect any visitors from rain/sun. The visitors will notify the front desk that they are ready for their visit and then proceed to that designated area for screening. Any resident living on Hawthorne Terrace (200 hall) will utilize the covered area outside the end of the hall. The visitor will park directly across from this area and be screened by the staff member and then the resident will enter the area. Any resident residing on Ravine Ridge will utilize the porch area outside of the Ravine Ridge main entrance. Visitors will notify the facility of their arrival and a staff member will screen them and then proceed with bringing the resident out. All areas that do not have a covering will have a tent provided for protection. No visitor will walk to their location inside of the facility, they will get to their designated area by walking outside of the facility. Any resident coming to their location will not cross over into any other resident area other than their own.</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>Each visit will have a staff member present for monitoring. The staff member will make every attempt to maintain resident privacy.</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>In the event of excessively severe weather, the facility will encourage visitors to stay home to protect the well-being of the residents. If the visitation were to still occur and as space allows the facility will utilize the lobby or other non-resident care areas located on the first floor. The visitor will come to the front door, the receptionist will ask the purpose of the arrival and then proceed to screen the visitor. Video chats and facetime will continue to be available if in person visit cannot be completed. Only one resident and their visitors (2 maximum) will be able to utilize these areas at one time for visitation.</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>A staff member will be present during the visit, while attempting to maintain resident privacy and maintaining social distancing requirements.</p>
	<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>Any residents in yellow or red zones will not be able to have indoor visitation. Video chat and Facetime visits will continue to be offered. The Dementia unit residents will be reviewed on a case by case for visits based on current cognition and behaviors to allow to transport to a neutral zone. Residents that are free of respiratory illness and negative covid status will be eligible to safely accept visitors. If a resident is determined to not be eligible for neutral zone(lobby and first floor non- resident care areas) visits, staff will escort the visitor after the screening process to the resident room, ensuring that the roommate is not in the room. Visitors will be assisted with PPE for use during their visit. During transport and for the duration of the visit, resident and visitors will be required to wear masks, maintain social distancing, and complete hand hygiene upon arrival and departure from visit.</p>
STEP 3	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p>

VISITATION PLAN	
	Yes
	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")
	Same
	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")
	Same
	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")
	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
	<p>Visitors will be screened at the front desk. A mask must be present at time of entrance into facility. If a resident is medically and cognitively capable of wearing a mask, they will have one on. Social distancing will be maintained, and monitored by staff. Staff will also be wearing a mask. Visitor(s) and resident(s) will perform hand hygiene before and after visit. Visitors will be educated upon arrival to limit visitation to their loved one's room and to avoid congregating in the corridors, activity areas and dining rooms</p>

<p>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.</p>
<p>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</p> <p>All volunteers are required to have a baseline COVID-19 test before coming back to the facility. All volunteers will be screened upon arrival and if the volunteer does not pass the screen then entrance into the facility will be denied and volunteer will be referred to their primary care Physician. All volunteers will be required to wear masks during their visit and complete hand hygiene upon arrival, between residents, and upon departure. Volunteers may only assist residents that reside in the green zone. The yellow and red zones will be identified by postings, and the volunteers will be educated on the zoning and where they are and are not able to enter.</p>
<p>56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>Volunteer activities will be assigned by the volunteer coordinator that will include but not be limited to: Assisting in outdoor/indoor visits for those residents residing in the green zone and screening in and out staff members/visitors.</p>

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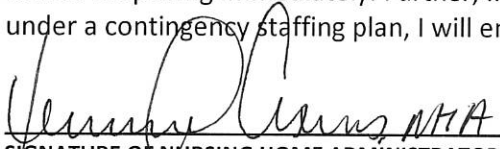
The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

57. NAME OF NURSING HOME ADMINISTRATOR

Jennifer Cisneros, NHA

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

7/23/2020
DATE