

Sarah Reed Senior Living

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	
Sarah Reed Senior Living	
2. STREET ADDRESS	
227 West 22nd St.	
3. CITY	4. ZIP CODE
Erie	16502
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Karen Karle, Administrator	814-878-2611

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
7/27/2020
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)

In May 2020, one resident tested positive for COVID. Four staff members also tested positive. In June 2020, four additional staff members tested positive. Since the first positive diagnosis, we have routinely tested residents and have offered staff testing weekly. We have had two consecutive weeks with no new positive diagnoses.

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

6/11/2020

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](#)

6/11/2020 to 6/25/2020

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

All residents are monitored once per shift (three times daily) for signs and symptoms of COVID-19. Collection kits are available on site for immediate testing.

13. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK

Sarah Reed has sufficient collection kits available in the facility to test all residents and staff in the event of an outbreak. Teams of test collectors are trained and experienced in test collection.

14. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF

At this time, Sarah Reed has enough collection kits in the facility to test all staff members at any time. We are able to request additional kits from a private contracted lab.

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

Non essential staff and volunteers will be required to have a baseline COVID-19 test with negative results prior to contact with residents. After baseline testing is completed, non essential staff and volunteers may request further testing during employee testing clinics. They may also request testing at any time if they become symptomatic.

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

Residents and staff are encouraged to be tested. The residents' right to refuse is respected. If the resident is considered to have been potentially exposed to COVID-19 and refuses testing, they will be placed in a "Yellow Zone". A Yellow Zone means that the resident had a potential exposure to COVID-19. They are then quarantined in their room for 14 days per PA Department of Health guidelines.

The staff member must sign a declination but their right to refuse testing is also respected. If a staff member declines testing, they may not work in "Green Zones". Residents in a Green Zone are unexposed to the virus.

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*.

Sarah Reed has 102 private rooms with private bathrooms. If a resident tests positive for COVID-19, the resident is placed in a “Red Zone”. A “Red Zone” is reserved for those residents with a positive diagnosis. A resident in a “Red Zone” is cared for with full PPE and is quarantined within their private room for a length of time determined by symptoms.

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 currently has enough PPE to protect the staff in the event of an outbreak. The purchasing manager is continually ordering additional PPE in the event of a need for extended PPE use.

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

Sarah Reed currently has enough staff in all departments. Sarah Reed has contracts with several staffing agencies for nursing staff. Sarah Reed staff members have also been cross trained to provide supportive services as needed.

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

In the event of Erie County returning to the Red Phase, a NO VISITOR policy will again be implemented. Families will be notified via the automated One Call Now system.

All non-essential workers and volunteers will be restricted from entering the building. Communal dining and activities will be restricted. The Activities staff will resume window visits and electronic visits through resources such as Skype, Facetime, etc.

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

All residents are screened in their room for fever, cough, sore throat and shortness of breath each shift. The results are documented in the resident’s electronic record. If screening reveals signs or symptoms, the resident is placed in “Yellow Zone” and quarantined. The physician is notified of the change in condition and subsequent orders are followed.

22. STAFF

All staff are screened upon entrance for fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the screener follows the decision tree of symptoms based on PA Department of Health guidelines. If a staff member does not pass screening, they are denied entry and the staff member is contacted by the Infection Prevention Nurse for further investigation.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare care personnel who are not staff are screened upon entrance for fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the screener follows the decision tree of symptoms based on PA Department of Health guidelines. If health care personnel do not pass screening, they are denied entry and instructed to contact their physician.

SCREENING PROTOCOLS

24. NON-ESSENTIAL PERSONNEL

All non-essential personnel will be screened upon entrance for fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the screener follows the decision tree of symptoms based on PA Department of Health guidelines. If non-essential personnel do not pass screening, they are denied entry and instructed to contact their physician.

25. VISITORS

All visitors will be screened upon entrance for fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the screener follows the decision tree of symptoms based on PA Department of Health guidelines. If visitors do not pass screening, they will be denied entry and instructed to contact their physician.

26. VOLUNTEERS

All volunteers will be screened upon entrance for fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the screener follows the decision tree of symptoms based on PA Department of Health guidelines. If the volunteer does not pass screening, they will be denied entry and instructed to contact their physician.

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)

Residents will remain socially distanced with a minimum of 6 feet between each resident and seating limited at each table. Residents will have assigned seats. Due to resident choice and culture change, residents naturally stagger their mealtime with preferences considered.

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

Seating will be limited by table and tables will be spaced to allow a minimum distance of 6 feet between each resident.

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

All residents will be offered and encouraged to use hand sanitizer or wash hands prior to each meal. Staff will wear gowns and eye protection in addition to masks when assisting any resident on aspiration precautions or who is inclined to cough with food or liquids.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Staff members who are assisting more than one resident at the same time will perform hand hygiene with hand sanitizer each time when switching assistance between residents.

ACTIVITIES AND OUTINGS

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

ACTIVITIES AND OUTINGS

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

Sarah Reed is entering the Re-opening Phase at Step 2. See below.

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

The Activities department will resume small group activities of less than 10 residents. The Activity worker will be responsible for hand hygiene prior to the start of the Activity. The Activity worker will direct residents for social distancing. Any resident who wishes to participate in the group activity must wear their mask. Activities with shared materials are not permitted in Step 2. Some activities will continue to be virtual and live streamed.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

The Activities department will resume activities with residents who have been unexposed. The Activity worker will be responsible for hand hygiene prior to the start of the Activity. The Activity worker will direct residents for social distancing. Any resident who wishes to participate in the group activity must wear their mask. Activities with shared materials may resume with the Activities department disinfecting shared materials prior to the next resident's use. Some activities will continue to be virtual and live streamed.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene and universal masking are required.

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

Sarah Reed has determined that the beauty shop personnel and Sarah Reed's chaplain, as well as other clergy, are necessary for the emotional and spiritual well being of our residents. Beauty shop personnel is limited to three persons. Visiting clergy will consist of Sarah Reed's chaplain (one person) and a local priest. Other visiting clergy will be limited to compassionate care situations while Sarah Reed is in Step 2. The beauty shop personnel and clergy will need to have a baseline COVID test with negative results.

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

The beauty shop will have a physical barrier between stations and capacity will be limited to 50%. Prior to starting any service, the beautician will perform hand hygiene and will offer hand sanitizer to the resident. The beautician and resident will wear a mask at all times. Residents in the Beauty Shop will be spaced six feet apart. Church services conducted by the chaplain and priest will begin in August and be done virtually for the entire month of August, even as Sarah Reed enters Step 3. In September, the Chaplain and priest will offer in-person services. Prior to entering the Chapel, residents will be offered hand sanitizer. Chairs in the Chapel will be spaced 6 feet apart for social distancing. The Chaplain or priest will monitor residents for the use of facemasks. The Chaplain will hold small group activities of less than 10 people. The Chaplain will wear a facemask and monitor for all facemasks as well. Residents will be offered hand sanitizer prior to the start of the activity. Residents will be placed 6 feet apart during this activity.

NON-ESSENTIAL PERSONNEL

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

Those residents who have been exposed to COVID 19 are placed in a Yellow Zone. Residents who are positively diagnosed with COVID 19 are placed in a Red Zone. Per guidelines, all zones are marked accordingly within the facility. Non essential personnel will be educated as to the meaning of each sign.

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.

VISITATION PLAN

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

Per guidelines from the PA Department of Health, the reopening of facilities and visitation plans are broken into three Steps. Sarah Reed is entering the visitation plan at Step 2, which means that Sarah Reed has met the prerequisites for reopening and has not had any new cases of COVID 19 for 14 consecutive days. Sarah Reed will remain in Step 2 for the entire month of August. Provided that there are no new positive cases of staff or residents in the facility, Sarah Reed will enter Step 3 of visitation on September 1st. Should there be any new cases amongst residents or staff, Sarah Reed will return to a No Visitors policy with the goal of reopening to Visitors after 14 days. Effective Monday, July 27th, 15 minute visits will initially be scheduled for weekdays from 9:00 to 11:00 a.m and 1:00 to 4:00 p.m. Visits will occur in the Atrium which has designated visiting stations. These stations have been marked out to maintain a social distance of 6 feet between stations. If weather permits, two families per time slot may choose to have their visit under the two canopies in the courtyard adjacent to the Atrium. Visits will be scheduled via phone call to the Nursing Home Administrator (Karen Karle at 814-878-2611.) Each resident will be limited to two visitors per resident. Prior to entering the building, visitors will undergo screening for signs and symptoms of COVID-19, which include fever, cough, sore throat, shortness of breath, loss of senses of taste and smell and for exposure to COVID-19. If screening reveals any of these signs or symptoms, the visitor will be denied entry. The visitor is instructed to contact their physician.

A monitor will be assigned to the Atrium to observe visits and remind visitors to maintain a social distance. A timer will be used to alert visitors of the 14 minute mark and allow visitors to wrap up their visit and say goodbye.

All visitors are required to perform hand hygiene prior to visiting and are required to wear a mask while in the building. All visitors will be required to sign in with their name and contact information. Upon the end of the visit, visitors will be asked to sign out and advised to perform hand hygiene. Visitors are directed to Sarah Reed's website to review information from the Pennsylvania Department of Health, entitled *Information for Long-term Care Visitors*.

Visits between residents who live within Sarah Reed will be treated in the same manner. For example, a resident who lives in the Nursing Facility and has a spouse in the Personal Care/Independent Living will need to arrange for a visit in the Atrium. Visits to resident rooms is not permitted until Step 3 and will then only be permitted in special circumstances (ie – a resident is confined to bed or cannot leave their room due to specialty medical equipment.) At this time, Sarah Reed does not have any residents who are unable to leave their room.

Visitors who do not comply with the above mentioned guidelines will be asked to leave the premises and future visits may be restricted. Violations include: refusal to be screened or perform proper hand hygiene, not adhering to the six foot distance, refusing to wear a face mask, increasing the number of visitors to more than 2 per resident, extending visits beyond the 15 minutes, initiating physical contact with residents. Visitors will be reminded of the rules once by the monitor. Should a visitor continue to violate any of the rules, they will be asked to leave.

Questions about the visitation plan can be directed to Karen Karle, Administrator, at 814-878-2611.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits beginning July 27 and until the end of August, visits will be scheduled via phone call to the Nursing Home Administrator (Karen Karle @ 814-878-2611.) Visits will be scheduled for a 15 minute block. At the start of September, visits will be arranged through the Activity Director (Shirleen Dowd @ 814-878-2631.)

VISITATION PLAN

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

Following the completion of the visit, the monitor will be responsible for disinfecting each station with EPA approved disinfectant that is known to kill COVID 19 germs. The monitor will wipe the area used by the visitors, including chairs and the floor. The chair used by the resident (if applicable) will also be disinfected.

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

Visitors will be limited to two visitors per resident. This is subject to change.

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

Sarah Reed has set up a visiting schedule that allows for approximately 20 residents to receive visitors per day. With a maximum census of 106 and a current census below 100, this allows all residents to receive visitors in the first week. With restricted visitors to two per resident, Sarah Reed anticipates that families will request more than one visit per resident. Staff will prioritize to ensure that each resident has an opportunity for one visit before additional visits are planned for residents.

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)

Due to Sarah Reed's re-opening at the end of July and the projection for hot and humid weather, all visits can be scheduled in the Atrium, which is a neutral area within the facility that offers air conditioning. Should the weather be more mild and conducive to an outdoor visit, Sarah Reed has two covered canopies in an area adjacent to the Atrium. These two canopied areas are separate. Only one resident/family will be permitted under the canopy. The same parameters related to screening, hand hygiene, time of visit and limited visitors will apply. If a resident cannot accept visitors in the neutral area because they are physically incapable of travelling to the neutral location, the Activity department will continue to offer virtual visits via Facetime, Skype, etc.

STEP 2

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

The canopy is located in a courtyard adjacent to the Main Entrance to the facility. Residents will be transported to this space by staff. The route involves staff bringing residents to the Ground floor via elevator, through the Atrium and outside to the canopy.

45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS

The distance of six feet will be measured and marked. This will be observed by the staff monitor who will intervene as necessary if visitors or residents do not adhere to the 6 foot distance.

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

The Atrium is located on the Ground floor of the facility. All residents will be escorted to this area by staff. The area is accessible by the four nursing neighborhoods via the elevators. The Atrium has air conditioning that will provide comfort to the residents and visitors.

47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS

The Atrium will be taped off in sections that will allow six foot distances between the resident and visitor as well as between groups of visitors. Plexiglass barriers will also be used between visiting stations.

STEP 3

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)

VISITATION PLAN

As Sarah Reed is using a neutral space indoors, visits in Step 3 will be conducted in the same manner as visits in Step 2. Any resident who is unable to be out of bed will be considered a compassionate care situation and visits will be permitted in the resident's room. If the visit must occur in the resident's room, the visitor will need to pass the screening questions as outlined in the plan. The visitor must also perform hand hygiene and wear a facemask. The floor will be marked at six feet from the resident's bed. Visits will be limited to 15 minutes and staff will monitor.

49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52

Outdoor visitation will be permitted in Step 3 at the request of the resident or family. Outdoor visits must occur under the canopy adjacent to the Atrium and all above screenings and guidelines outlined above will be followed.

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

Please refer to #48 above. Additionally, the room will be disinfected by the monitor following the visit.

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

Those residents who have been exposed to COVID 19 are placed in a Yellow Zone. Residents who are positively diagnosed with COVID 19 are placed in a Red Zone. Per guidelines, all zones are marked accordingly within the facility. Non essential personnel will be educated as to the meaning of each sign.

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

Volunteers will be utilized to monitor visitation and sanitize the 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

Karen Karle

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

DATE