

## Reopening Implementation Plan for the Pennsylvania Department of Human Services’s Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19

This template is provided as a suggested tool for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities to use in developing their Implementation Plan for reopening in accordance with the Pennsylvania Department of Human Service’s *Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19*. 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. The facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening or is operating under a contingency staffing plan, the facility will cease reopening immediately.

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 Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
<b>1. FACILITY NAME</b>	
Souderton Mennonite Homes	
<b>2. STREET ADDRESS</b>	
207 W. Summit Street	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Souderton	18964
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Ruthie Stubblebine	215-723-9881

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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).
<b>7. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS</b>
8/10/2020

## DATE AND STEP OF REOPENING

8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)

**Step 1**

*The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19*

**Step 2**

*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 26, 2020, Order of the Secretary of Health](#))*

**AND**

*Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing*

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

Yes

## 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 enter the reopening process).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

6/29/2020 to 6/30/2020

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

The facility can order Resident testing from either of two labs as needed.

If there is a suspect case (a resident displaying new symptoms of COVID-19 including, fever, cough, shaking, chills, lethargy, muscle aches, sore throat, headache, new loss of taste or smell, congestion or runny nose, nausea, vomiting, diarrhea and/or new shortness of breath) test the resident immediately upon notice of symptoms. Place resident and roommate (if applicable) in isolation and on contact/droplet precautions. Perform contact tracing and plan to conduct further testing based on contact tracing.

12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

The facility can order Resident and Staff testing from either of two labs as needed.

Test all residents and staff in the affected facility even if testing has been completed in the past. If testing capacity is limited, test residents and staff on the same unit or floor of a new confirmed case or as indicated by contact tracing.

**Follow up Testing in response to a confirmed resident case:**

After testing all residents and identified staff in response to a confirmed case, continue follow-up testing to ensure transmission has been terminated as follows:

Continue repeat testing of all previously negative residents or staff once a week until the testing identifies no new cases of COVID-19 among residents or staff through at least one 14-day period since the most recent positive result. Day zero for the most recent positive result is the day of symptom onset (or the date of the positive test if asymptomatic).

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

### 13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

To address the health and safety threats posed by COVID-19, in order to protect individuals at Living Branches, including residents, employees, volunteers, and independent contractors from exposure to infection, Living Branches requires COVID-19 testing when required by governmental or regulatory agencies or requested by Living Branches for operational purposes. All individuals working or volunteering in any capacity at Living Branches, including but not limited to employees, volunteers, and independent contractors are required to submit to COVID-19 testing upon request. Failure to agree to and undergo testing will result in counseling on his/her opportunity to comply with the testing requirement or will otherwise face termination of employment.

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

For residents who are currently living in PC or HC and refuse testing:

- If there is no exposure and no symptoms there is no change in infection prevention strategies and resident can remain in the green zone
- If there is known exposure, but no symptoms, the resident is considered yellow zone and has to be quarantined for 14 days post exposure
- If the resident is symptomatic and family refuses a second offer of testing, then they will be treated as positive and moved to the red zone.

For staff who refuse testing:

- Failure to agree to undergo testing will result in counseling on the need to comply with the testing requirement, otherwise face termination proceedings.

### 15. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECTION 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities DURING COVID-19*.

#### **Traditional Personal Care**

Residents in Traditional Personal Care will be isolated in their residence and PPE will be used based on Red, Yellow status. If a resident is in Red or Yellow a sign denoting such will be placed on their door and PPE will be at the entrance to the residence. The use of N95 masks will be required by all essential staff entering restricted zone.

#### **Personal Care Memory Support**

Attempts will be made to quarantine residents in memory support in their room. When resident is out of room, resident must be masked. Resident may be considered for transfer to Red or Yellow Zone in Healthcare if care needs warrant transfer. The use of N95 masks will be required by all essential staff entering restricted zone.

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

### 16. 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)

PPE inventory is taken weekly; critical supply (masks, goggles, gowns) inventories are taken twice per week. CRT reviews the inventory and ensures Purchasing is continually sourcing supplies to prepare for future needs.

#### **Limited access to surgical masks/respirators procedure:**

When multiple residents present with COVID-19, based on existing supply levels, the unit will dedicate staff to care for those residents.

Dedicated means, HCP are assigned to care only for these patients during their shift. Dedicated HCP will utilize same surgical mask/respirator and goggles and gown while caring for multiple residents with a COVID-19 diagnosis. They will change gloves and perform hand hygiene between all residents. Healthcare personnel are to perform hand hygiene anytime they touch their surgical mask/respirator or goggles.

Remove goggles when soiled or before leaving the unit and disinfect using a 1:10 bleach solution. Goggles are to be soaked in the 1:10 bleach solution for 2 minutes and air-dried for 10 minutes before rinsing with water. Hand hygiene is required after removing goggles. When utilizing a face shield, the face shield will be disinfected with bleach wipes or fusion for the designated contact time after any obvious soiling is removed.

A damaged, soiled surgical mask will be disposed of before leaving the unit. All surgical masks will be removed and disposed of at the end of a shift.

Perform hand hygiene after removing and disposing of a mask.

Continual education to staff and residents related to infection control and the importance of not touching face.

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

Current status – Staffing levels are in line with requirements for residents with and without mobility needs per the regulations.

Plan - If staffing levels drop below what is acceptable for our PCH , facility will contact staffing agencies with who we have a contract. Emergency staffing plan consists of list of contingency resources to call upon if needed.

### 18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

1. Send Communication (via email, phone, USPS, web site, inside TV) to Staff, Residents, Families, Contractors, Volunteers, and Vendors; Communicate to staff via ADP Dashboard, email, text, and cell#.

2. Post status and guidelines on 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. Include how the data will be submitted to the Department.

## SCREENING PROTOCOLS

### 19. RESIDENTS

Residents residing in personal care have their BP and Temp taken daily. Residents are monitored for the signs and symptoms of COVID-19 (cough, sore throat, fever, shortness of breath, diarrhea, chills with repeated shaking, muscle aches and new weakness/lethargy) every shift. The Infection Preventionist/designee monitors residents by reviewing the 24-hour report, temperature and pulse oximetry report daily in order to determine if 3 or more residents and/or employees are presenting with respiratory or other covid-19 symptoms within a 72 hour period. Symptomatic residents and employees are entered onto the COVID-19 line listing provided by Montgomery County Office of Public Health.

### 20. STAFF

Screening stations are established at the entrance to the community. There is one designated entrance, therefore capturing all persons entering the community for screening.

The individual requesting access to the community will have their temperature taken and will be asked to answer the established screening questions. Anyone refusing screening will not be given access to the community. Hand sanitizer will be made available for the individual to perform hand hygiene prior to applying mask.

Note: Visitor badge is given to identify those who have been screened.

If an individual passes screening, they will be given a colored dot for the day indicating they have been cleared. A new color of dot will be used each day. A calendar will be maintained for the month showing the color for the day. Completed screening forms will be kept by Human Resources for a period of 3 months.

A mask will be given to those passing screening if they do not have their own mask. Employees working in the healthcare or personal care units will be supplied with a surgical mask. Employees working in non-patient care areas will be supplied with a cloth mask.

Any individual who does not pass screening will not be given access to the community and will be asked to leave. If the person who does not pass screening is a staff member, the staff member will be referred for testing of COVID – 19 and will not be able to resume job activities until negative test results are received or they can be cleared from symptoms based on the symptom-based strategy.

### 21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Refer to #20

### 22. NON-ESSENTIAL PERSONNEL

Refer to #20

### 23. VISITORS

Refer to #20

### 24. VOLUNTEERS

Refer to #20

## 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.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

### 25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)

Each meal will have two separate seating times to maintain proper social distancing and in support of one person per table as appropriate based on table size and configuration.

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

Tables will be properly spaced to meet the recommended 6 ft. social distancing guideline, each table will seat one resident in compliance with the recommended distancing.

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

Staff will utilize the recommended PPE as per guidelines of the CDC, state and county department of health, continuous hand hygiene will be practiced, hand sanitizer will be provided and resident use strongly encouraged at entrance to the dining areas, tables will be cleansed, and sanitized between seatings, utensils and china will be properly cleansed and sanitized at each seating, meals will be served to residents, salad bars and ala carte items will not be available to residents in traditional self-serve manner. Staff will have presence in dining area each meal to diminish incident of improper social distancing and close contact of residents. Residents that are quarantined will continue to receive meals in their private residence. Menu's will be printed on paper and disposed of after single use. Individual one time use of condiments will be made available to residents as desired/requested.

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

See #27

## 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.

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

Activities will be conducted with 5 or less unexposed residents, outdoors, social distancing, using hand hygiene, and universal masking. These activities consist of exercise, games, puzzles, social grouping, crafts, bingo, mindfulness meditation and listening to music. There will be 2 outdoor activities per day, which will be ½ hour- 45 minutes long. There will also be virtual activities available for residents on in house T.V. system which include exercise, games, National Geographic/Planet Earth videos, movies, and church services.

## ACTIVITIES AND OUTINGS

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

Activities will be conducted with 10 or less unexposed residents, outdoors, social distancing, using hand hygiene, and universal masking. These activities consist of exercise, games, puzzles, social grouping, crafts, bingo, mindfulness meditation and listening to music. There will be 2 outdoor activities per day, which will be ½ hour- 45 minutes long. There will also be virtual activities available for residents on in house T.V. system which include exercise, games, National Geographic/Planet Earth videos, movies, and church services.

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will resume as normal both indoors and outdoors. Social Distancing, using hand hygiene, and universal masking will still be in effect. These activities consist of exercise, games, puzzles, social grouping, crafts, bingo, mindfulness meditation and listening to music. There will be more activities added to the calendar throughout the day. There will still be an option of virtual activities available for residents on in house T.V. system which include exercise, games, National Geographic/Planet Earth videos, movies, and church services.

### 32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings in the future will consist of country rides, where a limited number of residents will get on a bus, and will not get off the bus the entire ride. The residents will be socially distant with 1 per seat, and will have a mask on. Residents will wash hands before entering the bus and after getting off the bus. Residents will be 6 ft. of distance inside and outside. Resident will not be able to participate in activity unless wearing a mask. All resident will have their own materials, if materials need to be shared residents will have gloves on and all materials will be sanitized afterwards. Throw away materials that can be used for games will be, for example; using paper bingo cards, and using markers instead of bingo chips. Residents will wash hands before and after an activity. Hand sanitizer will be readily available on the bus for individual use.

## 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 Personal Care Homes, Assisted Living Residences and Intermediate Care 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.

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

Pastoral Care, Hair Care

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

All staff have been educated on policy related to proper infection control measures, outlining social distancing requirements. All staff are provided mask upon entry of facility as part of the screening process, proper hand hygiene products are provided at numerous sites throughout the building and personal sized products are available at nurse's station for all staff.

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

Any resident residing in yellow or red zones will not be leaving their rooms. These rooms are marked with zone signage (Stop Sign) on the door frame: 'Check with Nurse before entering this room'. Non-essential staff will be instructed to follow any Stop Sign steps.

**VISITATION PLAN**

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care 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.

**36. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Outside chat box visitation is set up in 30 minute increments allowing for approximately 20 minutes of visitation time and 10 minutes to cleanse/sanitize the visiting area. Inside facility Visits times will be established in hourly increments allowing for 45 minute visitation time and 15 minute cleansing/sanitizing of the visitation area between visits. Visitors will be able to sign up for blocked periods of time via the facility web site. Visitation hours are between the hours of 8 am and 8 pm

**37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Visitors will have the capability to register for on- site visits via web site, with continuation of SKYPE visits sign up to accommodate those unable to visit on-site. This will be managed by community personnel for added ease to the resident and families.

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

Any chairs/tables, entrance door to include handles will be cleansed with approved product prior to the admittance of any visitors and residents, hand sanitizer will be present at entrance to visiting area for use by visitors, residents and staff. Hand sanitizer will be present in the visiting area for use during visit as needed. Room is well ventilated. Complete cleaning with proper product/s will be conducted between visits.

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

Visiting space allows for up to 4 visitors at one time to maintain proper social distancing.

**40. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Visitation is open and prioritization given to those residents or visitors who may have greater psychosocial needs as identified through social services who would initiate /facilitate the visit, outside of the priority identified by social services the visitation would be on first registered first served with extenuating circumstances given consideration on individual basis.

**41. 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)**

Skype visits occur in resident room, outside visits are limited to 20 minutes to prevent exposure to extreme heat and or cold, residents are appropriately dressed and fluids are available at the visitation site, inclement weather would prompt visitation rescheduling. The outside area is handicap accessible. Only residents who are unexposed to COVID-19 are able to have visits. Cross over visitation from a spouse or significant other will be permitted for any resident who is expressing loneliness or who is impacted by a disease that causes progressive decline, as long as the area they are coming from has no reported COVID-19 cases in their living area.

**42. 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 outdoor structure is outside of handicap accessible doors and has a handicap accessible sidewalk leading to the structure able to accommodate a wheelchair, the enclosed structure has an open door that is monitored by staff persons to ensure no admittance of visitors or exit by residents, the structure is established in an extension off the garden area for some shading, however in severe weather it would not protect from rain/snow nor is it climate controlled.

**STEP 2**

**VISITATION PLAN**

	<p>During these weather events out door visits would have to be cancelled and arrangements made for rescheduled visit or skype visit to occur or to utilize the indoor space established.</p>
	<p><b>43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>The visitation area is a plexiglass structure that provides barrier between resident and visitor, which given dimensions the structure satisfies the recommended 6 foot barrier, the visitation has staff oversight to ensure proper social distancing in that they do not allow visitors to enter the structure nor are residents allowed to leave the structure to physically engage with the visitors.</p>
	<p><b>44. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE</b></p> <p>The indoor visitation space is directly off the front lobby thus preventing any visitors from entering into the resident care areas, the facility has elevators that accommodate wheelchair use in transporting residents, the space will accommodate resident and up to 4 visitors. Seating and table space will be arranged to support the 6 foot distancing requirement and staff/volunteer presence during visitation will provide oversight to ensure restrictions are being upheld.</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>A table will be placed in the visitation area that would provide a natural barrier in meeting the 6 foot distance and staff would provide oversight of visit to ensure distancing is maintained.</p>
<b>STEP 3</b>	<p><b>46. 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)</b></p> <p>All residents will be properly wearing facial mask as well as have an understanding of the use of hand sanitizer. Any resident not able to follow direction, staff will be present to assist to ensure proper protocol. Resident/s on isolation or quarantine precautions, will not be permitted to have direct visitors during this time. Arrangements will be made for Skpye visitations.</p>
	<p><b>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Yes</p>
	<p><b>48. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</b></p> <p>Click or tap here to enter text.</p>
	<p><b>49. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</b></p> <p>Same</p>
	<p><b>50. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</b></p> <p>Same</p>
	<p><b>51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</b></p> <p>Same</p>
	<p><b>52. 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</b></p> <p>Same</p>

**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.

**53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Any resident residing in yellow or red zones will not be leaving their rooms. These rooms are marked with zone signage (Stop Sign) on the door frame: 'Check with Nurse before entering this room'. Non-essential staff will be instructed to follow any Stop Sign steps.

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

Volunteers would be used to facilitate outdoor/indoor visitation only via oversight.



8/7/2020

SIGNATURE OF ADMINISTRATOR

DATE