

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.	
1. FACILITY NAME	
The Willows of Living Branches	
2. STREET ADDRESS	
2343 Bethlehem Pike	
3. CITY	4. ZIP CODE
Hatfield	18964
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Cheryl Loftus	215-822-0688

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).
7. DATE THE FACILITY WILL ENTER THE REOPENING PROCESS
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](#)

6/25/2020 to 7/22/2020

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 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 resident/family refuses a second offer of testing, then resident will be treated as positive and moved to the red zone.

For staff who refuse testing:

- 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

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*.

Residents 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 status will be placed on their door and PPE will be at the entrance to the residence.

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 (Coronavirus Response Team) 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 not touching your 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 (if applicable) to Staff, Residents, Families, Contractors, Volunteers, and Vendors; Communicate to staff via ADP Dashboard, email, text, and cell#. Email Designated Regulatory Agency, DHS of Positive COVID-19 case(s) and Reopening halted, returned to Step 1.

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.

19. RESIDENTS

Residents residing in personal care have their Temp & Pulse Ox 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 Bucks County Office of Public Health.

20. STAFF

The screening station is at our South Wing Entrance. Staff have badges to enter that area 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 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 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.

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

We will begin with two seatings for the lunch meal and then phase in other meals and times in the first few weeks. We have two Dining Rooms, total of 17 tables. In order to maintain proper social distancing there will be one person per table. Each meal will have two separate seating times.

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. Distance from table to table will be measured and sticker placed where person can sit to meet requirement.

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

All staff are screened for symptoms, temperature, contacts, and travel prior to every shift. Residents will be required to wear masks as they are going to and from the dining areas, and only remove their mask when eating or drinking. A hand hygiene station will be set up at each dining area and staff will monitor residents to insure they use sanitizer prior to meals. All tables, chairs, and high touch surfaces will be sanitized with an EPA approved disinfectant prior to meal service, and prior to any resident being seated for a second seating. Menus will be printed on paper and disposed of after single use. No condiments or linen will be placed on the table to facilitate proper sanitization. There will be individual use condiments provided upon request. Staff are to wear surgical masks and practice proper hand hygiene at all times.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Dining service team will collaborate with PC staff to determine residents that are appropriate for each seating. We will accommodate couples that live together with appropriate seating arrangements.

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, trivia, word puzzles, social grouping, bingo –paper copies and listening to music. There will be 2 activities per day, which will be ½ hour- 1hour long. There will also be trivia, word search, Sudoku, history challenge given to residents to do in their rooms.

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 and in hallways with social distancing, using hand hygiene, and universal masking. These activities consist of exercise, U tube videos, travel logs, Name that Tune, trivia – computer/projector shown on wall or screen. Throw away materials that can be used for games like -Bingo disposable paper bingo cards and markers disinfected before hand-out. Bingo papers throw out and markers disinfected as collected. Any items used are disinfected prior to use and after use. There will be 2 activities per day, depending on weather outdoors or in hallways. Two activities a day, which will be ½ hour- 1 hour long.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will be conducted with unexposed residents, outdoors and in hallways with social distancing, using hand hygiene, and universal masking. These activities consist of exercise, U tube videos, travel logs, Name that Tune, trivia – computer/projector shown on wall or screen. Throw away materials that can be used for games like -Bingo disposable paper bingo cards and markers disinfected before hand-out. Bingo papers throw out and markers disinfected as collected. Any items used are disinfected prior to use and after use. There will be 2 activities per day, depending on weather outdoors or in hallways. Two activities a day, which will be ½ hour- 1 hour long.

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, 6ft distance or as required by state guidelines at the time. They 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.

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*

VISITATION PLAN

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. Visitors can also visit out side of chat box with social distancing marked off and visit up to 45mins.
 Inside facility visit 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 9:45am and 2:45 pm

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will have the capability to register for on- site visits via Community web site, as well as continuation of SKYPE visits sign up to accommodate those unable to visit on-site. Staff, Volunteers will manage visits.

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

Any chairs/tables, Chat Box, 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.

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

Inside visitation space allows for up to 3 visitors plus children from the same household. Outdoor visitation in Chat Box can accommodate up to 4 visitors. Outdoor visitation not using the Chat Box can accommodate up to 4 visitors, plus children from the same household.

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 a resident apartment or community area that is private. Outside Chat Box 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.

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 our patio 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 has EZup tent structure over top of Chat Box for some shading, however in severe weather it would not protect from rain/snow nor is it climate controlled. During these weather events outdoor visits would have to be cancelled and arrangements made for rescheduled visit or skype visit to occur or to utilize the indoor space established.

STEP 2

VISITATION PLAN

	<p>43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>The visitation area is a plexiglass structure (Chat Box) that provides barrier between resident and visitor, 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. If out door visit is outside of Chat Box there would be 6 ft distance marked off. Resident chair at one end and visitors at other end of marked area. Staff, Volunteer would provide oversight to ensure proper distancing.</p>
	<p>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</p> <p>The indoor visitation space is directly off our Patio Entrance to Activity room. Room will be partially enclosed by plastic, framed on wood and door attached. Hand sanitize will be placed at entrance door of room. Area will be sanitized after each use. Visitors will be screened before entering.</p> <p>This area will prevent entrance into the resident care areas. The facility has elevators that accommodate wheelchair use in transporting residents, the dimension of the space will accommodate resident and up to 4 visitors plus children from same household. 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>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>A 6ft. table will be placed in the visitation area that would provide natural barrier in meeting the 6 foot distance and staff would provide oversight of visit to ensure distancing is maintained.</p>
<p>STEP 3</p>	<p>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)</p> <p>Resident would wear required PPE to get to Visitor Location. Hand sanitizer will be present in the visiting area. Staff person will present near visiting location to make sure Social distancing is maintained.</p>
	<p>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>It will be the same as in Step 2 except depending on time of year if cold, winter weather we would not use outdoor visitation only Indoor visitation area described in Step 2.</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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</p>

VISITATION PLAN

Room would be properly disinfected prior to visitation and after. Proper PPE would be worn, social distancing would be marked off in room and staff person would be present.

VOLUNTEERS

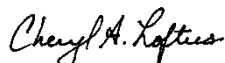
In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, 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.



SIGNATURE OF ADMINISTRATOR

August 6, 2020

DATE