

**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 Dock Woods Healthcare – Dock Terrace	
2. STREET ADDRESS 275 Dock Drive	
3. CITY Lansdale	4. ZIP CODE 19446
5. NAME OF FACILITY CONTACT PERSON Naomi Hawkins	6. PHONE NUMBER OF CONTACT PERSON 215-368-4438

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 8/10/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> <b>Step 1</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>	
<input checked="" type="checkbox"/> <b>Step 2</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <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)

Yes

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

6/19/2020

## 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](#)

6/18/2020 to 7/7/2020

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

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.

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

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).

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

The facility can order Staff testing from either of two labs as needed. Universal testing was completed of all staff June 24, 25 and 26. Any staff who could not attend the universal testing were sent to off-site testing locations for testing and required to produce their results to Human Resources.

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

### 15. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED 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.

### 16. 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:

- Refusal will result in counseling on his/her opportunity to comply with the testing requirement or will otherwise face termination of employment.

### 17. 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 SKILLED NURSING FACILITIES DURING COVID-19*.

#### **Red Zone: (PPE includes N95, goggles, gown and gloves)**

Residents with positive results will be cohorted in a Red Zone of the facility. Symptom based strategy is used to determine resolution of infection.

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

### 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)

PPE inventory is taken weekly; critical supply (masks, goggles, gowns) inventories are taken twice per week. The Coronavirus Response Team (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.

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

Current staffing levels are above 3.5 PPD which exceeds the state PPD requirement of 2.7. If staffing levels drop below 2.7 PDD, the facility will implement the state waiver of CNA's and contract with contingency staffing agencies. The Emergency Staffing Plan consists of a list of contingency resources to call upon if 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

Monitor county and state health department website for county status. When known:

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.

## SCREENING PROTOCOLS

### 21. RESIDENTS

Residents residing in skilled healthcare have vital signs recorded daily, and a temperature and pulse oximetry recorded every shift. 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.

### 22. STAFF

Screening stations are established at designated entrances.

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.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Refer to # 22.

### 24. NON-ESSENTIAL PERSONNEL

Refer to # 22.

### 25. VISITORS

Refer to # 22.

### 26. VOLUNTEERS

Refer to # 22.

## 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

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

Dock Terrace has 3 Dining areas, Ivy Lane, Willow View, and Country Cottage. Breakfast will remain unchanged in all 3 dining areas and continue to be come and go from 7:30a-9:15a. Lunch will be served in one seating in Country Cottage and Willow View at 1200p, Ivy Lane will have two seatings, 11:30a-12:30p & 12:30p-1:30p. Supper will be served in one seating in Country Cottage and Willow View at 5pm, Ivy Lane will have two seatings, 5p-5:45p & 5:45p-6:30p.

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

All dining areas will have 6 foot physical distance maintained. Willow View will not need any expanded space. Country Cottage will utilize additional tables in their living room area for meals. Ivy Lane will be able to seat 12 residents per seating with tables spaced around the perimeter of the room and a two tables in the middle of the room.

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

Alcohol hand wipes or alcohol hand sanitizer must be available to all residents in the communal dining area. All residents will be encouraged to perform hand hygiene when entering and leaving the dining area. Staff will assist residents, who are unable to perform hand hygiene independently. Staff members who are assisting more than one resident at the same time must perform hand hygiene with hand sanitizer each time when switching assistance between residents. Dining services staff will be sanitizing the tables between residents/seatings.

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

Tray service will continue for residents in the yellow zones and those who request trays. These trays will be prepared after serving the first seating in the Ivy Lane dining area.

## 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.

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

Activities offered include gardening, trivia, word games, exercise, storytelling, ice cream treats, nail care, Music Therapy and Pastor virtual visits and spending time outside on the activity room patio. We will continue to offer Skype sessions but at limited times. Alcohol hand wipes or alcohol gel must be available for residents and staff to utilize during all activities. Hand hygiene with alcohol hand wipes or alcohol gel will be encouraged for each resident at the beginning and end of each activity. Staff will assist residents, who are unable to perform hand hygiene independently. Residents will wear masks and sit at least 6' apart. We will use only disposable supplies.

## ACTIVITIES AND OUTINGS

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

Same as above but will add bingo using disposable cards and markers that can be sanitized. Crafts will be individually packaged. Resident's reading aloud will have their own copy of the story. Worship in the activity room will maintain social distancing and require masks. Resident Council meetings will be offered. We will have coffee hour with disposable dishes, utensils and cups. We will continue to offer Skype sessions but at limited times. Alcohol hand wipes or alcohol gel must be available for residents and staff to utilize during all activities. Hand hygiene with alcohol hand wipes or alcohol gel will be encouraged for each resident at the beginning and end of each activity. Staff will assist residents, who are unable to perform hand hygiene independently. Residents will wear masks and sit at least 6' apart. We will use only disposable supplies.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above. Allow volunteers back in to assist with programs. Skype with a very limited schedule, mainly for those family members who are out of town. Alcohol hand wipes or alcohol gel must be available for residents and staff to utilize during all activities. Hand hygiene with alcohol hand wipes or alcohol gel will be encouraged for each resident at the beginning and end of each activity. Staff will assist residents, who are unable to perform hand hygiene independently. Residents will wear masks and sit at least 6' apart. We will use only disposable supplies.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

As we schedule future off-campus outings, we will incorporate social distancing, universal masking and hand hygiene. Residents will be able to go out into the courtyard individually and in groups adhering to social distancing and universal masking.

## 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

Non-essential personnel will include Pastoral Care & Hair-Care staff

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

At the time of screening, all non-essential personnel will be provided with a cloth mask to use at all times until they exit the facility. They will be asked to use the alcohol based hand sanitizer before leaving the screening area and before leaving the facility; and will be reminded about social distancing

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

Any resident with potential exposure or active COVID will be residing in yellow and red zones respectively. These rooms or, areas of the facility, are marked with zone signage and "Stop Signs" on the door frame stating: 'Check with Nursing 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 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**

The visitation schedule will include week days and weekends with both day and evening hours available. The length of the visit will be determined by the location of the visit and which step of reopening the facility is currently in. Time frames range from 20 min to 45 min.

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

We will use Sign-up Genius with access through our website and provide assistance with signing up as needed.

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

Personnel responsible for facilitating the visits will also be responsible for cleaning the surfaces between visits with an approved cleaning agent.

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

The number of visitors allowed per resident will vary based on the location of the visit and the re-opening step the facility is in, with a maximum of 4 per residents plus any children in the visitor's household.

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

All families will be able to schedule visits with their loved ones and we will offer day and evening times each day to accommodate the need for visitation.

**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)**

If the resident is unexposed to COVID, is able to get out of bed to a wheel chair safely, and does not have any medical conditions that would contraindicate outside/inside visits they will be able to accept visitors.

**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**

Outdoor visitation will take place in our internal courtyard that has seating available. Visitors will arrive to the Welcome Center, be screened, sign in, and be provided with a mask and gown. They will then follow directional signs down a common space hallway to the courtyard entrance. If weather prohibits an outside visit, indoor visitation in the neutral zone will be offered as outlined in #46.

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

All visitation will be monitored by facility staff or volunteers to ensure physical distancing and compliance with infection control procedures.

**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 designated neutral zone visiting space will be located at the head of the Ivy Lane hallway directly inside the entrance to Dock Terrace. The space is a lounge area that is enclosed. Visitors will enter through the Welcome Center to be screened, and then proceed to the left, directly to the Dock Terrace doors.

**STEP 2**



VISITATION PLAN	
	<p><b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>The room will be arranged with chairs at 6 foot intervals. Social distancing marks will be placed on the floor to mark chair locations.</p>
<b>STEP 3</b>	<p><b>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)</b></p> <p>If the resident is unexposed to COVID, able to get out of bed and to a wheelchair safely, and does not have any medical conditions that would contraindicate leaving their room they can accept visitors in a neutral zone.</p>
	<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Yes</p>
	<p><b>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")</b></p> <p>Same as step 2</p>
	<p><b>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")</b></p> <p>Same as step 2</p>
	<p><b>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")</b></p> <p>Same as Step 2</p>
	<p><b>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")</b></p> <p>Same as Step 2</p>
	<p><b>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</b></p> <p>Any in-room visitation will continue to require full PPE for the visitor (gown, gloves, mask, and eye protection) and be limited to two visitors at a time.</p>

VOLUNTEERS	
<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><b>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</b></p> <p>Volunteers would be subject to the screening process prior to entering any facility. They will be wearing a mask at all times. Any resident with potential exposure or active COVID will be residing in yellow and red zones respectively. These rooms or, areas of the facility, are marked with zone signage and "Stop Signs" on the door frame stating: 'Check with Nursing before entering this room'. Volunteers will be instructed to follow any Stop Sign steps.</p>	
<p><b>56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</b></p> <p>Volunteers would be used to facilitate outdoor/indoor visitation only.</p>	

### 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**

Nancy Donnelly

**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

8/6/2020

\_\_\_\_\_  
DATE