

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 Souderton Mennonite Home	
2. STREET ADDRESS 207 W Summit Street	
3. CITY Souderton	4. ZIP CODE 18964
5. NAME OF FACILITY CONTACT PERSON Jill Arroyo	6. PHONE NUMBER OF CONTACT PERSON 215-723-9881

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

DATE AND STEP OF REOPENING

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

7/2/2020

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](#)

6/9/2020 to 6/30/2020

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 29 and 30. 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 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 and undergo testing 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

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, memo, 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 have vital signs, including pulse oximetry, monitored daily and temperature monitored 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 and vital sign 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

A screening station is established at the main entrance of the building.

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)

All 3 meals will have 2 seatings of up to 36 residents at each seating in three different dining areas on the unit. Breakfast will be served from 0730 to 0830 & 0900 to 0945, Lunch will be served from 1100 to 1200 & 1230 to 1330. Supper will be served from 1600 to 1645 & 1715 to 1800.

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

Tables will be spaced six feet apart with one or two seats at a table depending on table size. Tables with 2 seats will have the spaces marked on the table indicating where the resident is to sit to maintain social distancing. The HC DR will be able to serve 23 residents, the TV lounge will have 6 tables each serving 1 resident and the visual area will have 1 table that can serve 2 residents. There will be up to 4 residents served in the Yellow Zone.

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

Staff will follow infection control & PPE procedures, including hand hygiene, mask use, glove use, hairnets or coverings, and aprons. The server is separate from the cleaner during meal service. Touch point cleaning is in place for all dining areas. Disinfecting and sanitizing of tables will occur before and after each meal following appropriate manufacture's directions.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Continental breakfast carts are available in the morning. Snacks/beverages are always available at all hours. Tray service will continue for residents in the yellow zone and those who request trays.

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 Morning exercise, afternoon high functioning – reminisce, craft, game; sensory stimulation through music, tablets; hand massages; music therapy visits; Montessori kits, MP3 players. Skpe visits will continued to be offered through Sign-up Genie. The activity room will be used for programming where groups will include 5 or fewer residents. For morning exercise, tables will be pushed to the side so residents have room to be in a circle and socially distanced. For the afternoon program, tables will be set-up in a square formation to allow residents to sit around and be socially distant. Tables/chairs will be sanitized prior to program start as well as at the end of the program. Hands will be sanitized as residents are brought into the room and at the end of program. Any items that may be touched will be sanitized after use. Residents will be encouraged to wear masks and sit at least six feet apart.

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

Same as above where groups will include 10 or fewer residents including morning exercise, afternoon high functioning – reminisce, craft, game; sensory stimulation through music, tablets; hand massages; music therapy visits; Montessori kits, MP3 players. Music therapy will be offered on both a 1:1 basis as well as in hallways. Residents will be able to go into the enclosed courtyard with a mask, maintaining social distancing. Resident council meetings will be offered.

ACTIVITIES AND OUTINGS

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above, including morning exercise, afternoon high functioning – reminisce, craft, game; sensory stimulation through music, tablets; hand massages; music therapy visits; Montessori kits, MP3 players and music therapy. Cooking and baking groups will resume. Volunteers will be allowed to come and assist with programs for those residents who have not been exposed to COVID-19. Skype sessions will decrease in availability to mainly those who have family members who are unable to visit in person. Off campus outings will be permitted with the ability to social distance, universal masking and hand hygiene.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

As we schedule future off-campus outings, we will incorporate social distancing, universal masking and hand hygiene.

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 & barber and beautician

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 expectations and frequent hand washing.

37. 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 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

Scheduling will be done via Sign-Up Genius through the company website. Life Enrichment will provide assistance with sign-ups as needed.

VISITATION PLAN

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

A sanitization station is in close proximity to the visitation area that includes: trash can, disinfectant wipes, gloves. The visitation area is sanitized on both interior/exterior, tables/chairs are sanitized after every use.

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 resident plus any children in the visitor's household.

42. 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.

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)

Residents who can get out of bed and sit up in a chair along with residents who can tolerate changes in outdoor weather with appropriate clothing will be included in the group that can safely 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 is provided in a plexiglass enclosure near to an entrance of the facility. Visitors access the space from outside of the building and residents access the space from an outside access point.

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

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.

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 indoor visitation space is in a conference room directly off of the main entrance of the facility preventing any visitors from entering into the resident care areas. Visitors pass through the screening station and can then access the visitation area. The facility has elevators that accommodate wheelchair use in transporting residents. The space will accommodate the resident and up to 4 visitors. Seating and table space will be arranged to support the six foot distancing requirement and staff/volunteer presence during visitation will provide oversight to ensure restrictions are being followed.

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

6ft tables will be used in this space to help identify the clearly defined six-foot distancing, with chairs placed in front of identified areas on each table.

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)

STEP 2

STEP 3

VISITATION PLAN

Residents who can get out of bed and sit up in a chair along with residents who can tolerate changes in outdoor weather with appropriate clothing will be included in the group that can safely accept visitors.

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

Yes

50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

Same as Step 2

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 as Step 2

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

Visitors will be screened prior to entrance to facility. Visitors will be required to wear full PPE (gown, gloves, mask and eye protection) and follow proper hand hygiene protocols. Visitors will be limited to 2/resident for 1 hour in length. Residents will be asked to wear a mask during the visit. High touch surface areas in the resident's room will be disinfected after each 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

Volunteers will be screened prior to entrance to facility. Volunteers will be required to mask and maintain social distance and follow proper hand hygiene protocols. Only residents determined to be able to have visitation would be assisted/transported by a volunteer. No one in a red or yellow zone would be participating in visitation or out of room activities.

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

Volunteers would be used to Assist with indoor/outdoor visitation protocols only

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.

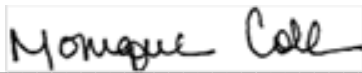
ATTESTATION

57. NAME OF NURSING HOME ADMINISTRATOR

Monique Cole

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

08/06/2020
DATE