

**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.	
<b>1. FACILITY NAME</b>	
Jewish Home of Eastern PA	
<b>2. STREET ADDRESS</b>	
1101 Vine Street	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Scranton	18510
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Mary Rose Applegate	570-344-6177 ext. 1102

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).	
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>	
Monday August 10, 2020	
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>	
<p><b>Step 1</b> 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>)</p> <p><input type="checkbox"/> <b>Step 2</b> 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>) <b>AND</b> Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</p>	

**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**

6/18/2020

**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](#)**

Universal Testing completed June 22, 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:**

Geisinger is our primary lab provider. They can accommodate us for any symptomatic testing on our residents. They have the capacity to complete 2100 tests daily. They are available to pick up within twenty four hours of testing and have a twenty hour turnaround.

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

If the total facility needs to be tested as a result of an outbreak, symptomatic residents would be accommodated. We would schedule with Geisinger lab for asymptomatic residents and staff dependent on their availability. Geisinger has a capacity for 2100 tests daily. In the event that they are above capacity, and only able to provide a limited amount of tests, we would go to a secondary lab, Pathnostics, located in California. They are available to accommodate full house testing if necessary. In the event that we had limitations on availability for full house testing from our primary and secondary lab, we would limit our testing to high risk residents and staff until full house testing can be accommodated.

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

Our Infection Preventionist coordinates with the lab specialist at Geisinger to schedule the testing. We have 300 swabs a week scheduled until the end of July at this time.

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

Non-essential staff such as a beautician will require testing prior to returning to our facility. . We are currently not utilizing volunteers in our building, as we move through the steps to reopening, volunteers will be required to go through the same screening process as visitors.

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

Residents who refuse to be tested will be moved to the yellow zone, in full precautions, and monitored for signs/symptoms of COVID. If weekly testing persists and the resident continues to refuse, the resident remains in the yellow zone for monitoring. The resident will remain in full precautions until CDC/ DOH criteria is met to discontinue transmission based precautions.

If a staff member refuses to be tested, he or she will be taken off of the schedule.

**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.**

4th floor accommodates our yellow (9 beds) and red (2 beds) zones, they have a physical plastic barrier separating the zones. The layout of the zones can be adjusted to accommodate additional beds. Upon return from the hospital or newly admitted from the hospital, residents will be monitored in the yellow zone for S/S of COVID for 10- 14 days. Anyone with S/S of COVID will be moved to the yellow zone and monitored.

Residents with lab confirmed + COVID-19 or admitted with active COVID-19 will be moved/ admitted to the red zone with dedicated staff in full PPE. Residents will remain in the red and yellow zones, in full precautions until criteria to discontinue precautions outlined by the CDC and DOH are met. Once criteria is met, residents will transition to the green zone.

**18. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)**

The facility has a 2 month supply of PPE in stock.

The facility utilizes a variety of vendors to maintain our PPE inventory. In the event of PPE shortage, the facility has policies and procedures outlining contingency strategies for extended use and re-use of PPE. Starting in the fall, the facility has entered into an agreement with a primary vendor for routine, monthly shipments of PPE

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

Current staffing is adequate to meet resident needs. In the event that staffing becomes compromised during an outbreak, the facility policy of Strategies to Mitigate Healthcare Personnel Staffing Shortages during Covid-19 Pandemic is implemented. This includes cross training of staff, evaluation of essential services and appropriate operational adjustments necessary, utilization of the waiver program to train additional staff, utilization of registry or travel nurses as available, crisis capacity staffing contingencies in conjunction with our regional emergency coalitions and Department of Health.

**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**

If Lackawanna county reverts back to the red phase, we would restrict outside non- essential vendors (except lab and x-ray) and restrict any advancements in visiting, communal dining and small group activities, which has been added in stage 2 or 3. All families, residents and staff will be notified in the event the facility re-initiates restrictions.

## SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus.

**21. RESIDENTS**

Residents are assessed every shift for S/S of COVID as well as vital signs every shift. If screening identified active illness or fever, the resident will be isolated and transitioned to the yellow zone and tested for COVID 19. The resident will remain in the yellow zone a minimum of 10- 14 days depending on clinical condition and resident meeting CDC and DOH criteria to discontinue precautions. If Covid 19 results are negative the resident will transition back to the green zone once criteria is met. If the Covid 19 test is positive, the resident will transition to the red zone, in full precautions and will remain isolated on the red zone until criteria to discontinue transmission based precautions is met per CDC and DOH guidelines.

**22. STAFF**

Staff are encouraged to stay home if they are not feeling well. Staff are screened Upon entry and exit from work, staff are asked if they were exposed to anyone with COVID-19 S/S and if they have any

signs or symptoms of COVID-19, visited any PA DOH identified hot spots for COVID 19. Staff perform hand hygiene and temperatures take upon arrival and departure. If a staff member fails the screening, the staff member will not be permitted to work and will be referred to their Primary Care Physician and PA Department of Health for follow up. If staff become ill during their shift, they will be sent home and requested to follow up with their Primary Care physician. Staff will not be permitted to return to work until criteria to return are met. Staff are required to wear masks at all times.

**23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

Anyone entering the building goes through the same protocol as staff.

**24. NON-ESSENTIAL PERSONNEL**

Anyone entering the building goes through the same protocol as staff

**25. VISITORS**

Anyone entering the building goes through the same protocol as staff.  
Visitors are educated to monitor their symptoms for 14 days after their visit and to contact the facility if symptoms occur. All visitors will be required to wear a mask and perform hand hygiene upon arrival and departure from the facility

**26. VOLUNTEERS**

Anyone entering the building goes through the same protocol as staff.

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

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

Only residents residing on the green zone may participate in communal dining services. At this time, dining is limited to resident rooms or unit dining areas where residents are spaced to provide social distancing. Residents that are in the red and yellow will continue to receive room service. Meal times remain the same at this time. Resuming meal service in the main dining room will be evaluated at a later time.

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

Tables are arranged to provide 6 feet social distance space. Limited to 1 or 2 residents at a table.

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

Staff will wear surgical masks in green zones and full PPE in yellow and red zones when caring for those residents. Staff assisting residents in the dining area will wear gloves and complete hand hygiene between residents. Staff will take appropriate precautions with eye protection and gowns when feeding a resident that has a high-risk for choking. Staff members who are assisting more than one resident at the same time will perform hand hygiene with at least hand sanitizer each time when providing assistance between residents. Residents that participate in communal dining are encouraged to keep mask on and in place during transport to and from dining area and can be removed when eating. Hand hygiene will be performed upon arrival and departure. All tables and chairs will be cleaned and sanitized after use.

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

Encourage hand hygiene before/after meals. If residents need to be fed or are a choking risk and there is not room available in the dining area, residents may be fed in the lounge area as long as 6 feet social distancing is maintained. .

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)**

On unit individual and small group activities for 5 residents or less for residents that reside in the green zones will be held in the activity rooms and dining areas on each unit. Residents are encouraged to keep mask on and in place during transport to and from activities and during activities. Hand hygiene will be completed upon arrival and departure from the activities and residents will be socially distanced. Activities such as independent activities such as magazines reading materials, watching television, cross words and word searches, individual material packets will be provided for residents in accordance with interest and participation ability.

Small group programs such as sing a longs, exercises programs. Dance parties, kickball, board games, shuffle board will be provided with precautions to prevent multiple touching of items such as game pieces.

Residents residing in the yellow and red zones will be provided with individualized, in room activities and can resume attending communal activities when transitioned to the green zone.

Use of technology such as iPad is available to assist with communication with family and friends, religious programs. Equipment will be sanitized between each use.

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

Limited activities will be conducted with ten or less residents unexposed or testing negative for COVID-19. Activities will be held on each unit in the lounges and dining areas. Programs and precautions similar to those in Step 1 small group arts and crafts programs will be added with individual supplies for each resident.

Residents are encouraged to keep mask on and in place during transport to and from activities and during activities Hand hygiene will be completed upon arrival and departure from the activities and residents will be socially distanced.

Residents residing in the yellow and red zones will be provided with individualized in room activities and resume attending communal activities when transitioned to the green zone.

**33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

Activities may be conducted with residents unexposed and testing negative for COVID-19. Social distancing, hand hygiene, and universal masking are required. Includes all activities in Step 1 and 2 Larger group on unit and on first floor or patio programs in spaces to maintain social distancing, Hand hygiene and universal masking required. Includes group entertainment and services such as live music / religious services with appropriate screening of entertainers, clergy and portioning/ adequate social distancing between resident group and entertainment. Any equipment or supplies used by residents will be individual or sanitized after use.

Residents residing in the yellow and red zones will be provided with individualized in room activities and resume attending communal activities when transitioned to the green zone.

**34. DESCRIBE OUTINGS PLANNED FOR STEP 3**

Outings are allowed only for residents residing in the green zone. Outings will be limited to no more than the number of people where social distancing between residents can be maintained. Residents will be required to wear a mask during transport to and from activities and during activities. Hand hygiene will be completed upon departure and upon return to the facility.

Will be planned when in Stage 3 and dependent on COVID 19 activity in the local community. Appropriate sanitation of the bus will be completed between uses.

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**

Beautician/barber services will be implemented for residents residing in green zones. Adherence to Infection control procedures specific to State licensure guidance to allowed services. All non-essential personnel must pass screening protocols upon arrival

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

Non-essential staff will be screened upon arrival and have their temperature checked. Those who are in the facility 3 or more days a week must be tested prior to first entry to the facility and will be a part of facility testing protocols moving forward. . All mail and/ or parcels will be left outside of the facility. Mail is dropped off by postal worker in between double doors at front entrance and parcels are delivered outside of service hallway. All nonessential personnel will be screened upon arrival, wear a mask while in the facility, and/or other personal protective equipment as directed, and maintain social distancing.

Nonessential personnel will be educated that they are to wear a mask at all times, perform hand hygiene, upon arrival, between residents and upon departure and maintain social distancing.

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

Services by the beautician will only be provided in the 1<sup>st</sup> floor beauty salon – one resident at a time or in resident rooms in green zones. Residents must wear a mask during salon services and all supplies and equipment will be disinfected by the beautician after use with each resident. Residents residing in yellow or red zones will not be eligible for services provided by the beautician/barber until they transition to the green zone.

All zones are clearly marked to avoid contact.

**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**

**Stage 2 – Patio visits on our 1<sup>st</sup> floor Vine Street Patio**

Effective August 10, 2020 patio visits will be scheduled for residents in green zones on the following days:

Monday – 3<sup>rd</sup> floor

Tuesday – 5<sup>th</sup> floor

Wednesday – 2<sup>nd</sup> floor

Thursday – 4<sup>th</sup> floor



Visiting times will be scheduled 9:30am – 11:15am concluding at 11:30 am and 2:30pm – 4:30pm. The last visit each day is 4:15 p.m., concluding at 4:30 p.m.

There are two time slots which may be available on Saturdays and Sundays, 10:30 a.m. and 2 p.m. Because these weekend time slots are very limited, we ask your understanding as we are providing this on a rotational basis and give priority to family members who have had limited opportunities to participate in our week day visits.

Visits will be limited to 20 minutes.

Visitors will be screened upon arrival before entering the patio area and educated to wear a mask, complete hand hygiene upon arrival and departure and are required to maintain social distancing of at least 6 feet for the duration of the visit.

Residents will be encouraged to wear masks and keep them in place. Masks must be worn by family/friends during visits.

Social Distancing 6 feet or more is to be maintained.

Adherence to the schedule. Jewish Home staff will assure next resident is ready to enter Patio area visiting area after prior visit.

We are limiting visits to adults and children over 12 at this time.

No pets please.

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

In order to accommodate the schedule and allow time for all residents to have an opportunity for a visit weekly, we can only accommodate visits that are scheduled by calling Lee Rutkowski at 570-344-6177 ext. 1175. Lee is there Monday through Friday from 8 am – 3:30 pm or drop an email to [lrutkowski@jhhep.org](mailto:lrutkowski@jhhep.org). We will be finishing up the visit schedule by the day before, so please do not wait until the last minute to schedule as slots may be filled.

When you call to schedule your visit, Lee will ask for a cell phone number so that we may call you to come to the visiting area after it has been sanitized and is ready for your visit.

Visits may be cancelled if their loved one is ill. Jewish Home staff will call as early as possible to alert family.

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

Tables and chairs in the visiting areas will be sanitized by staff with CAVI wipes and allowed to air dry between visits.

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

At this time we are able to accommodate 2 residents for each scheduled time slot with 2 visitors per resident will be allowed to provide adequate 6 foot social distancing. Children are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors as determined by the facility. Adult visitors must be able to manage children, and children must wear a facemask during the entire visit. Children must also maintain strict social distancing.

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

Visits will be scheduled on first come, first served bases. Priority will be given to residents with diseases that cause progressive cognitive decline (e.g., Alzheimer’s disease) and residents expressing feelings of loneliness and displaying emotional distress.  
Compassionate Care visits will be scheduled on an as needed basis.

<p><b>S T E P 2</b></p>	<p><b>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)</b></p> <p>Nursing will assess the resident’s clinical condition to participate in off unit visits, including the desire for visit. Residents who are not displaying signs and symptoms of illness and/ or reside on the green zone will be scheduled for off unit visits in a neutral zone. Video chat and Facetime visits will continue to be offered to Residents residing in the red and yellow zones.</p>
	<p><b>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</b></p> <p>For PATIO visits, parking areas are located in front of the facility for family members to park and wait in their cars until they are contacted to initiate visit. If unable to climb steps, a walkway is located off of the Webster Ave sidewalk. Family members should proceed to the front entrance of the facility where they will be screened at the entrance to the patio prior to the visit Outdoor visits on our front patio will provide canopy and umbrella coverage for residents and families</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>Floor areas will be marked off to provide social distancing. Use of heavy plastic or Plexiglas barriers will also be utilized. .</p>
	<p><b>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</b></p> <p>In the event of inclement weather the visits alternate visitation neutral spaces will be on first floor area in the TV room and in a section of the main dining room. When an indoor visit is scheduled, visitors should park in the rear parking lot which is accessed from Clay Avenue. Screening will be completed at indoor screening area at the rear lobby entrance door.</p>
	<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>Floor areas will be marked off to provide social distancing. Use of heavy plastic or Plexiglas barriers will also be utilized to maintain spacing.</p>
<p><b>S T E P 3</b></p>	<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>Nursing will assess the residents’ clinical condition to participate in off unit visits. Residents who are not displaying s/s of illness and/ or reside on the green zone will be scheduled for off unit visits in a neutral zone. Video chat and FaceTime visits will continue to be offered to Residents residing in the red and yellow zones. Staff will escort residents to and from visitation areas.</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 comments as above</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 comments as above</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 number # 46.</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. Same comments as above</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>Compassionate care visits will be permitted in yellow and red zones. Visitors will be screened on arrival to the facility and brought to the anteroom area outside of the yellow or red zone by staff and assisted to don and doff full PPE. A mask must be present at time of entrance into facility. If a resident is medically and cognitively capable of wearing a mask, they will have one on. Social distancing will be maintained, and monitored by staff. Visitor(s) and resident(s) will perform hand hygiene before and after visit. Visitors will be educated upon arrival to limit visitation to their loved one’s room and to avoid congregating in the corridors, activity areas and dining rooms. Compassionate care visits permitted in the green zone, in the event that a resident is unable to go neutral zone. In those instances, the visitors will be go through all screening and hand hygiene and will be required to wear a mask.</p> <p>Face time and video chat visits will continue to be offered for visitors that are unable to complete onsite visitation.</p>

<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 will be allowed access to residents who reside in green zones. Screening upon arrival and universal masking. Regular volunteers who are in the facility 3 or more days a week or 10 or more hours a week are required to have a COVID test prior to returning to volunteer. Volunteers will be educated upon arrival to wear their masks at all times, complete hand hygiene upon arrival between resident contacts and upon departure and to maintain social distancing. Volunteer services will be limited to limited first floor and will not be provided in the red and yellow zones at this time. In Step 3, the Life Enrichment Director will assign volunteers to assist with activities that include: Assisting</p>

with a group activity such as musical events, or socially distanced visits with one or small group of residents; green zone resident transports

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

In step 2, volunteers will only be assigned to assist with outdoor visits only for assistance with outdoor visitation protocols.

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**

Mary Rose Applegate

**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.

Mary Rose Applegate, MBA, RD, NHA, 8/28/2020  
**SIGNATURE OF NURSING HOME ADMINISTRATOR** **DATE**

59.