



# At-A-Glance Reopening Plan

As we plan for the reopening of Chapel Pointe, we want to continue to keep residents healthy by following mandates and making wise decisions. We've created this document to help family members and friends quickly understand the aspects of the reopening plan that are most relevant to you. You may scroll down to read the full detailed 8-page reopening plan on the state forms.

## Step 2—August 5

### Skilled Care & Personal Care

- Begin another **14-day waiting period** to ensure no new cases and to evaluate the County positive case statistics.
- Up to **10 residents may gather** for group activities with social distancing and wearing masks.
- Pre-scheduled visitation continues through outside **Chatter Boxes** with temperature taking and screening questions. Visitation is limited to 2 visitors at a time between the hours of 9:30—11:30 am and 12:45—3:30 pm. Sunday visitation is afternoon hours only.
- Video chats, mail, and phone calls are still encouraged.

## Step 3—Target is August 19

### Skilled Care & Personal Care

- This is the final reopening phase outlined by the PA Department of Health.
- Necessary **non-essential medical appointments** can resume.
- Resident gatherings are limited in size by social distancing requirements and must wear masks.
- **Pre-scheduled visitation continues primarily in outside Chatter Boxes and may be allowed** in Household Parlors, the Personal Care North Parlor, and the Garden View Front Living Room if the outside weather becomes too cool. Screening questions and temperature taking continues with a limit of 2 visitors at a time.
- Video chats, mail, and phone calls are encouraged.
- **Activities outings** permitted in Chapel Pointe bus (residents remain on bus).

**IN ALL STEPS:** Visitors must wear masks, stay 6 feet apart, focus on hand hygiene, stay home if you have any symptoms of illness, and self-isolate for 10 days if you've come in contact with COVID-19. Screening will be conducted for anyone entering Chapel Pointe's main building.

**If we identify a case of COVID-19 at Chapel Pointe, we will no longer be in the reopening process. After a period of immediate response to the virus, including eradication at Chapel Pointe, we will begin the qualification process again.**

**Implementation Plan for Reopening  
In Accordance with the Pennsylvania Department of Health's  
Interim Guidance for Skilled Nursing Facilities During COVID-19**

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	
Chapel Pointe	
2. STREET ADDRESS	
770 South Hanover Street	
3. CITY	4. ZIP CODE
Carlisle	17013
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Stacy Smith, RN, NHA	717-249-1363

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	
8/5/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 ( <u>CHECK ONLY ONE</u> )	
<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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
No	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
6/23/2020	

## 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**

7/1/2020 to 7/20/2020

**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**

Facility works with UPMC/Quest Laboratory for testing. Test kits are available at facility and residents will be tested if showing signs and symptoms of COVID-19 within 24 hours.

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

Facility works with UPMC to obtain needed test supplies, and they send to Quest Laboratory for testing. If there is a new confirmed case of COVID-19 in staff or residents, we will re-test the facility and staff. If testing capacity is limited, we will test residents and employees on the household of the confirmed case. Testing will continue weekly until the testing identifies no new cases of COVID-19 among residents or employees at least one 14-day incubation period since the most recent positive result.

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

Facility works with UPMC to obtain needed test supplies, and they send to Quest Laboratory for testing. Facility will test staff for baseline testing as needed and/or repeat testing of all previously negative employees when new cases are confirmed. If testing capacity is limited, we will test residents and employees on the household of the confirmed case. Testing will continue weekly until the testing identifies no new cases of COVID-19 among residents or employees at least one 14-day incubation period since the most recent positive result.

Staff with an exposure outside of facility or experiencing symptoms independently of testing will be directed to their healthcare provider for further evaluation.

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

Non-essential staff/personnel and volunteers with a possible exposure or experiencing symptoms will be directed to their healthcare provider for further evaluation.

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

Residents that refuse testing will be treated as asymptomatic carriers. Staff members who decline testing will not be permitted to work.

**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*.**

The facility will follow HAN-509 as well as CDC guidance on co-horting residents exposed to COVID-19. All residents reside in private rooms but will be cohorted based on test results/symptoms/exposure as able to a hallway/household. Residents with cognitive issues, that are at end-of-life, or with certain medical conditions in which cohorting to another room may impact overall social well-being will be taken into consideration. Positive residents should not share common areas such as bathrooms, showers, or other communal areas with non-exposed residents. Dedicated equipment will be utilized or properly cleaned/disinfected in accordance with CDC recommendations. Staff are already assigned to specific households but further consideration will be given as much as possible to minimize risk to other residents between the households.

## 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)

Residents wear cloth masks during care and when it is necessary to come out of their rooms. Staff wear face masks while on duty. Other personal protective equipment that is provided includes gloves, isolation gowns, eyewear, face shields, and N-95s when needed. Our supply chain will be utilized in an attempt to have an adequate supply of PPE. The facility will follow strategies for optimizing the supply of personal protective equipment as outlined by the Centers for Disease Control and Prevention and reach out to emergency management services, when supply levels are limited.

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

The current staffing status exceeds regulated levels, and assignments are reviewed and adjusted as needed before each shift to meet resident's needs. We utilize a household team approach when providing care. When vacancies cannot be covered by scheduled staff, other facility staff are contacted to work and existing licensed staff may be assigned to provide ADL care for a group of residents. Supervisory and administrative nurses then assume the duties of the licensed staff as needed. Auxiliary staff in the households (such as homemakers and activities staff) will assist in non-direct care such as making beds, serving meals, and pushing wheel chairs as needed. While we typically do not use agency staffing, consideration will be given if there is a need.

### 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

The facility will follow the PA Department of Health guidance for advancing to and regressing from one step to another. If the county reverts to a red phase, we will again restrict visitors in the building except medical professionals, area regulatory agencies, and during end-of-life situations. We will provide in-room meal service and activities as able. If this is not possible, we will maintain social distancing and stagger meal times to allow fewer residents in the common areas at one time. As the county moves back into a yellow phase, we will re-evaluate.

## 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 screened daily including, symptoms, temperature, oxygen saturation, and other possible exposures. If screening reveals a possible exposure, the resident is isolated to their private room and diagnostic testing is conducted. Contact tracing is conducted to determine other possible exposures.

### 22. STAFF

Staff are screened at the beginning of their shift to include symptoms and temperature. If screening reveals a possible exposure, the staff member is sent home immediately and asked to follow up with their medical professional. Staff members that take off work for illness are screened for symptoms and asked to follow up with medical provider as appropriate. Contact tracing is conducted when deemed necessary to determine possible exposures.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare personnel who are not staff entering the building are screened as they enter for possible symptoms and temperature. If screening reveals a possible exposure, the healthcare personnel is not allowed to enter the building.

## SCREENING PROTOCOLS

### 24. NON-ESSENTIAL PERSONNEL

All non-essential personnel who are entering the building are screened as they enter for possible symptoms and temperature. If screening reveals a possible exposure, the non-essential personnel is not allowed to enter the building.

### 25. VISITORS

All visitors who are entering the building are screened as they enter for possible symptoms and temperature. If screening reveals a possible exposure, the visitor is not allowed to enter the building.

### 26. VOLUNTEERS

All volunteers who are entering the building are screened as they enter for possible symptoms and temperature. If screening reveals a possible exposure, the volunteer is not allowed to enter the building.

## 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.

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

Communal dining is limited to those unexposed to COVID-10. Meal times are staggered to maintain social distancing (at least 6 feet apart). Breakfast is staggered as the resident arises with social distance maintained. There are two staggered times for lunch and supper and the table area is disinfected between resident use. A substantial snack is offered later in the evening.

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

Tables are placed to ensure residents are 6 feet apart with one resident at a table.

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

Staff wear face masks and perform hand hygiene between each resident assistance/encounter. Tables/chairs are disinfected between resident use. Eye protection and gowns are provided for staff feeding residents at high risk for choking.

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

Residents are offered alternative seating in other common area locations as needed.

## 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.

## ACTIVITIES AND OUTINGS

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

Activities will be held in the sunroom/dining room/outdoor spaces and living room to ensure residents are at least 6 feet apart. Activities will only be provided in a group setting to those residents who are not known to be exposed to the virus. Cloth masks will be worn by residents when out of room and staff will wear face masks. Hand hygiene will be performed by both residents/staff as needed. Any items utilized will be disinfected/cleaned between residents or single-use/disposable items will be offered. Activity times will be staggered to provide activities to 5 or less residents in a group. Types of activities that will be provided include current events, arts/crafts, socialization, music, exercise, massage, etc. One to one's will be provided to those residents staying in their rooms.

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

Activities will be held in the sunroom/dining room/outdoor spaces and living room to ensure residents are at least 6 feet apart. Activities will only be provided in a group setting to those residents who are not know to be exposed to the virus. Cloth masks will be worn by residents when out of room and staff will wear face masks. Hand hygiene will be performed by both residents/staff as needed. Any items utilized will be disinfected/cleaned between residents/staff or single-use/disposable items will be offered. Activity times will be staggered to provide activities to 10 or less residents in a group. Types of activities that will be provided include current events, arts/crafts, socialization, music, exercise, massage, etc. One to one's will be provided to those residents staying in their rooms.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will be held outside or in the facility and staff will ensure residents are at least 6 feet apart. Activities will only be provided in a group setting for those residents who are not know to be exposed to the virus. Cloth masks will be worn by residents when out of room and staff will wear face masks. Hand hygiene will be performed by both residents/staff as needed. Any items utilized will be disinfected/cleaned between residents/staff or single-use/disposable items will be offered. Types of activities that will be provided include current events, arts/crafts, socialization, music, exercise, massage, etc. One to one's will be provided to those residents staying in their rooms.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will only be allowed for residents unexposed to COVID-19. Staff will ensure the outings are limited to no more than the number of people where social distancing between residents can be maintained. Cloth masks will be worn by residents when out of room and staff will wear face masks. Hand hygiene will be performed by both residents/staff as needed. Types of outings considered may include van rides, visiting local parks, getting ice cream, etc.

## 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

Contractors

NON-ESSENTIAL PERSONNEL	
<b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b>	All non-essential personnel who are entering the building after successfully passing screening protocols will be required to wear a mask when in the building. Hand sanitizer/handwashing will be encouraged after tasks and upon arrival/departures. Non-essential personnel will be asked to social distance themselves from residents/staff. Resident interactions with other personnel and contractors such as plumbers, electricians, etc. will be minimized. Deliveries will be dropped off where there is limited person-to-person interaction.
<b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b>	Non-essential personnel will be required to check in with receptionist/nursing staff upon arrival and escorted by staff, to ensure they are not entering an area with a resident exposed to COVID-19.

VISITATION PLAN	
For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i> ), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.	
<b>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</b>	Visitation hours are from 9:30 AM to 11:30 AM and 12:45 PM to 3:30 PM at 30-minute increments. Sunday visitation is afternoon hours only.
<b>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b>	Schedules are kept in designated team rooms. Family will contact household staff to schedule an appointment
<b>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</b>	Staff will clean either the indoor or outdoor visitation area using a disinfectant cleaner and cloth between visits and at the end of the day.
<b>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b>	2 visitors per resident. Children are permitted to visit when accompanied by an adult visitor. Adults must be able to manage children and all visitors over the age of 2 must wear a face mask.
<b>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b>	Non-exposed residents and families will be scheduled on a first come/first serve basis and will be prioritized as needed to ensure everyone has equal opportunity to have family visits. Other items taken into consideration for visits are those with progressive cognitive decline and residents expressing feelings of loneliness.
<b>STEP 2</b>	<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>
	Residents who are in isolation/quarantine for a possible exposure, have certain medical conditions, or when leaving the household may increase issues with cognitive impairment will not be transported to designated visitation areas. Visitors will be screened for signs and symptoms of COVID-19 before visiting residents and will be educated to remain in designated area. Visitors will sign in and sign out upon arrival/departure. Staff will ensure residents/visitors are wearing their mask to/from visitation area and provide hand hygiene before and after visit. Staff will transport resident to the visitation area. Sunscreen will be applied to resident before



VISITATION PLAN	
STEP 3	outing when it is possible there may be exposure to the sun. If there is inclement weather, the visitation area will be moved to a neutral area indoors.
	<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>  The outdoor visitation space is a wooden structure with a plastic insert, which is between the resident and family member to provide a barrier and can be disinfected between visits. The structure is located off the household/building entrance with signs on campus designating locations for specific area. The structure is covered to protect from inclement weather and direct sun exposure.
	<b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b>  Staff supervision will be provided to ensure both the residents/families maintain social distancing with at least 6 feet between them or with use of visitation booth to provide a barrier.
	<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>  A neutral zone is located inside each household entrance for the skilled households and in the north living room for personal care when there is severe weather. Staff will direct visitors to the location after passing successful screening and ensuring visitor is wearing a mask. Residents will also wear a mask and hand hygiene will be provided at the start and end of the visit. Limited furniture will be in the area, but will be wiped down with a disinfectant between visits.
	<b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b>  A glass door provides privacy for the visit while allowing staff the ability to supervise to ensure social distancing. Residents/Families will be encouraged to maintain at least 6 feet apart, and markings will be placed to designate the proper distance.
	<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>  Residents who are in isolation/quarantine for a possible exposure will not be transported to designated visitation area. Visitors will be screened for signs and symptoms of COVID-19 before visiting resident and will be educated to remain in designated area. Visitors will sign in and out upon arrival/departure. Staff will ensure residents/visitors are wearing their mask to/from visitation area and provide hand hygiene before and after visit. Staff will transport resident to the designated visitation area. Sunscreen will be applied to resident when needed if visitation is outdoors. If there is inclement weather, the visitation area will be moved to a neutral area indoors.
STEP 3	<b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b>  Yes, same as step 2.
	<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>  Same
	<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>  Same
	<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>  Same
	Same



### VISITATION PLAN

**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 upon entrance to the building and will be required to wear masks. Hand hygiene will be provided and staff will escort visitor to resident's room. The door will be closed to the resident room and visitor/family will be educated to provide social distancing. Visitors will ring the call bell when they have concluded with visit, and staff will escort back to the entrance. Resident room visits will be considered for bedfast residents, including those at end of life. Technology will continue to be utilized such as Skype, Zoom, and phone calls.

### 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**

At step 3, volunteers who pass successful screening will be allowed to conduct duties with residents unexposed to COVID-19. Volunteers will wear a mask when in the building and practice hand hygiene between tasks and upon arrival/departure. Social distancing of volunteers/residents will be maintained to ensure maintaining 6 feet.

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

N/A

### 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**

Stacy Smith, RN, NHA

## ATTESTATION

### 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.

*Stacy Smith RN, NHA*

SIGNATURE OF NURSING HOME ADMINISTRATOR

**8/3/2020**

DATE