

## 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> Berks Heim Nursing and Rehabilitation	
<b>2. STREET ADDRESS</b> 1011 Berks Road	
<b>3. CITY</b> Leesport, PA	<b>4. ZIP CODE</b> 19533
<b>5. NAME OF FACILITY CONTACT PERSON</b> Terence Brennan, Nursing Home Administrator	<b>6. PHONE NUMBER OF CONTACT PERSON</b> 610-376-4841 ext. 7461

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>  6/16/2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>  <input checked="" 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 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>
<b>9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)</b>  Yes, however noting that currently all residents that previously tested positive are recovered.

## 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**

6/16/2020

## 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](#)**

5/28/2020 to 5/31/2020

**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 has the capacity to administer COVID tests to any residents presenting with symptoms of COVID-19. Facility has the capacity to test all residents within a 24 hour period in the case of positive results in residents or staff.

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

Facility has the capacity to administer tests within 24 hours to all residents and staff showing symptoms of COVID-19. This would be pursued with our current Lab provider at Reading Hospital Tower Health.

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

The facility has the capacity to administer testing within 24 hours to all facility staff, including asymptomatic staff. All staff have been tested on a weekly basis that began on 5/28/2020. Weekly universal testing of all staff has continued on an ongoing weekly basis.

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

Infection Preventionist will discuss the need for COVID-19 testing and coordinate testing with all non-essential staff and volunteers. Facility has the capacity to administer tests to all non-essential staff and volunteers (physicians/contracted staff/consultant pharmacist/nursing students and anyone in the building 3 or more days per week). Infection Preventionist will coordinate testing of these individuals. Additionally the facility will conduct testing on any volunteers before they would be permitted to return to the facility. Negative test results will be required.

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

Occasionally asymptomatic residents and/or responsible party/legal representative of these residents may refuse testing. If the resident was potentially exposed to COVID-19, the resident will be relocated to a designated "Yellow Zone" – potentially exposed / status unknown for a period or 14 days quarantine. Facility staff are required to be tested. Staff will not be permitted to enter facility until testing is complete.

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

### 17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

The facility has established green, yellow, and red zones in accordance with the PA HAN 509. The green zone is identified as an unexposed area with residents that have tested negative and have no symptoms. The yellow zones are for residents that are unknown (refused testing), have tested negative but are a new admission and are potentially exposed. The red zone is for residents that have tested positive and are in the 14 day exposure/quarantine period.

### 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)

Facility currently has 30+ days of all needed PPE to provide routine care and COVID positive case care. The supply is maintained in a secure area and is monitored by Materials Management Staff.

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

The facility has not experienced staff shortages but does have an emergency staff plan in place if necessary. Facility currently has adequate staffing. Nursing Administration along with Nursing Schedulers review and manage staffing numbers.

### 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 direction of the Governor's reopening plan along with guidance from the Berks County Commissioners. The facility will also follow the Interim Guidance for Skilled Nursing Facilities During COVID-19 dated 7.20.2020 which details reopening plans and criteria for advancing to and regressing from steps of reopening for Skilled Nursing Facilities.

## 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 monitored twice daily for temperature elevation and/or signs and symptoms of COVID-19. Residents presenting with potential symptoms will be placed in contact and droplet precautions and quarantined to his/her room and tested for COVID-19.

### 22. STAFF

Staff entering the facility must have a face covering/cloth mask on and in place before entering the facility. Staff enter through approved employee entrances and complete a screening questionnaire in the entry area. Staff will not proceed unless screening is passed. Staff screening includes temperature checks and hand hygiene with the use of alcohol hand based rub. If staff do not pass screening, the staff member will be sent home immediately and advised to consult with their physician. Staff will return to work following the guidance of PA HAN 516.

## SCREENING PROTOCOLS

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Essential Healthcare personnel such as physicians, contracted staff, hospice providers, and agency staff will enter through approved entrances and complete a screening questionnaire, including temperature check, and completion of hand hygiene with the use of alcohol based hand rub. Should they trigger for one of the criteria preventing entrance they will not be granted access and will be referred to their employer and primary care physician for further direction. If symptoms are consistent with COVID-19, the individual will not be permitted into the facility until criteria is met per PA HAN 516. Healthcare personnel with the exceptions of emergency/ambulance personnel and hospice staff are required to be tested for COVID-19, obtain a negative result, and provide results to facility Infection Preventionist. Healthcare personnel are required to wear a face covering/cloth mask when entering the facility and will be provided with a surgical mask and will be required to wear the surgical mask throughout their entire visit, use alcohol based hand rub before and after visit, stay in designated facility locations; and adhere to screening protocols.

### 24. NON-ESSENTIAL PERSONNEL

Non-essential personnel such as vendors will enter through approved entrances and complete a screening questionnaire, including temperature check, and completion of hand hygiene with the use of alcohol based hand rub. Should they trigger for one of the criteria preventing entrance they will not be granted access and will be referred to their primary care physician for further direction. Non-essential personnel are required to wear a face covering/cloth mask when entering the facility and will be provided with a surgical mask and will be required to wear the surgical mask throughout their entire visit, use alcohol based hand rub before and after visit, stay in designated facility locations; and adhere to screening protocols.

### 25. VISITORS

Visitors have not been permitted in the facility except for compassion/end of life visits. As the facility moves forward with opening for visitation, all visitors will enter through approved entrances and complete a screening questionnaire, including temperature check, and completion of hand hygiene with the use of alcohol based hand rub. Should they trigger for one of the criteria preventing entrance they will not be granted access and will be referred to their primary care physician for further direction. Visitors are required to wear a face covering/cloth mask when entering the facility and will be provided with a surgical mask and will be required to wear the surgical mask throughout their entire visit, use alcohol based hand rub before and after visit, stay in designated facility locations; and adhere to screening protocols. Any visitor refusing to comply with the screening and facility process will either be denied access or asked to leave the facility.

### 26. VOLUNTEERS

As the facility moves forward with opening for visitation, volunteers may be necessary to assist with the visitation process. Volunteers will enter through approved entrances and complete a screening questionnaire, including temperature check, and completion of hand hygiene with the use of alcohol based hand rub. Should they trigger for one of the criteria preventing entrance they will not be granted access and will be referred to their primary care physician for further direction. Volunteers are required to wear a face covering/cloth mask when entering the facility and will be provided with a surgical mask and will be required to wear the surgical mask throughout their entire visit, use alcohol based hand rub before and after visit, stay in designated facility locations; and adhere to screening protocols. Volunteers will also be expected to be tested for COVID-19 at the facility prior to volunteering. Any volunteer refusing to comply with the screening and facility process will either be denied access or asked to leave the facility.

## 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)

Communal dining will take place for lunch and supper only. Residents that require assistance and cueing with meals will be prioritized to participate in communal dining. Lunch begins at approximately 11:20am (unit meal cart arrival times vary based on unit location) and Supper begins at 4:50pm (unit meal cart arrival times vary based on unit location). Units alternate days residents may attend in order to accommodate appropriate social distancing in the space allotted in our dining room.

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

Facility has set up the unit dining rooms so that one (1) resident will sit at each table. Table arrangement allows for 6 feet distance between tables.

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

Facility environmental staff will disinfect all dining tables and chairs between meals. Residents will be assigned to a seat and will eat all meals in the same place to reduce chance of exposure to others.

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

Facility will use regular dishes and utensils. Facility dish machine reaches 180 degrees to effectively sanitize all dishes. Facility will use condiment packets for salt, pepper, mayonnaise, sour cream, creamer, and sugars.

## 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)

All residents utilize face coverings when leaving their rooms for activities. Facility will have small group activities in dining room area. 5 or less residents will be seated in this area, maintaining social distancing and wearing a mask at all times. Hand sanitizer will be provided to each resident. All group activities will have direct supervision from staff to ensure masking and social distancing are followed. All exposed tables and chairs will be sanitized between use. Activity staff will use disposable supplies when able (bingo cards, craft supplies), sanitize all supplies that are reusable, or dedicate supplies to each resident (each resident will have their own weights and resistance bands for exercise). Facility will not use supplies that require multiple touching of items. Additional communicative technology has been utilized including access with FaceTime, Google Duo, Skype, and other social media opportunities are provided with the assistance of the Activity and Social Service staff.

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

Facility will have small group activities in dining room areas on each unit or in the facility auditorium on the first floor. 10 or less residents will be seated in this area, maintaining social distancing and wearing a mask at all times. All group activities will have direct supervision from staff to ensure masking and social distancing are followed. All exposed tables and chairs will be sanitized between use. Activity staff will use disposable supplies when able (bingo cards, craft supplies), sanitize all supplies that are reusable, or dedicate supplies to each resident (ex. each resident will have their own weights and resistance bands for exercise).

## ACTIVITIES AND OUTINGS

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Facility will have group activities in dining room areas on each unit or in the facility auditorium area with a maximum of 30 residents. Identified areas for activities will be set up to accommodate social distancing for residents. Activities will also utilize outside areas that residents are able to remain in social distance situations. All group activities will have direct supervision from staff to ensure masking and social distancing are followed. All exposed tables and chairs will be sanitized between use. Facility will resume music, religious and educational activities. Facility will encourage residents to schedule residents for activities and when needed facility will have more than one session of an activity to accommodate all residents who choose to attend. Activity staff will use disposable supplies when able (bingo cards, craft supplies), sanitize all supplies that are reusable, or dedicate supplies to each resident (ex. each resident will have their own weights and resistance bands for exercise).

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Facility will plan resident outings using facility transport bus to safely accommodate social distancing. Resident will wear masks for any facility outings.

## 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 be tested for COVID-19, obtain a negative result, and provide results to facility Infection Preventionist, prior to coming into facility. Non-Essential Personnel include (dentist, audiologist, eye doctor). They will also be required to meet the screening requirements and will be denied entry if the screening is failed.

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

Non-essential personnel will be tested for COVID-19, obtain a negative result, and provide results to facility Infection Preventionist, prior to coming into facility. Facility will meet with non-essential personnel prior to entering the facility, provide education on social distancing, hand hygiene, universal masking and appropriate PPE. They will also be required to meet the screening requirements and will be denied entry if the screening is failed.

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

Covid Positive Red and Yellow Zones will be clearly identified. At no time will non-essential personnel be permitted into the Red or Yellow Zones.

## 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.

**VISITATION PLAN**

**38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Visitation Schedule Monday through Friday: 10am – 12pm and 3pm to pm or as schedule permits. Weekend visitation will be provided based on requests and availability to provide the required monitoring and disinfecting. Visits will be limited to 2 visitors per resident. Visits will be limited to 15 minutes in order to accommodate all residents receiving visitors. Visit will be permitted to continue for longer than 15 minutes should the schedule allow. Facility has established visitation areas which allow for social distancing, the facility auditorium, outdoor court yards, individual unit dining room/multipurpose rooms and other is located in the front of the facility main entrance. Each area will be clearly defined to ensure compliance with hand hygiene, social distancing and universal masking. Any family requesting privacy will be assisted individually and appropriately to accommodate request as able to do so. Alcohol based hand rub will be provided at each visitation area. Resident and visitor will be required to wear masks and will be directed to use hand based hand rub before and after visit. All visits will be scheduled through the Social Service and/or the Activity Department. Weather will be monitored, with excessive temperatures or inclement weather effecting the ability to visit.

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

Visitors will be made aware of visitation options and the need to contact facility Social Service and/or the Activity Department in order to schedule a time for visitation. Notice will be placed on the County of Berks website.

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

Facility will disinfect all seating and tables between each visit. Disinfectant and cleaning supplies will be available near each station. Facility will keep a log at each station and staff/volunteers will sign that disinfecting has been completed prior to starting the next scheduled visit.

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

2 visitors are permitted at a time. Please Note: Children are permitted to visit only 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 older than 2 years of age 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**

Residents who express feelings of depression, anxiety or anger regarding being isolated from family will receive scheduled visit as soon as approved and scheduled. Facility will make every attempt to schedule a visit for all residents desiring a visit.

**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)**

In Step 2, visits will be scheduled for outdoors. Residents that reside in COVID green zones will be able to have scheduled visitors. However, residents in the COVID Yellow and Red zones will not be permitted to have visitors until they are relocated to a Green zone. The facility will have an established indoor area to use in certain situations such as weather or resident inability to be outside. In inclement weather, the indoor area will be utilized however, this may impact the schedule and visitors may be asked to have an abbreviated visit if necessary. Facility will provide transportation and supervision during visitation for all residents in the facility. Facility will also monitor weather conditions. Weather will be monitored, with excessive temperatures or inclement weather effecting the ability to visit.

**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**

Facility has established an outdoor visitation area. It is covered and offers some protection from the weather. If inclement weather occurs, space inside the facility auditorium on the first floor will be provided.

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

**STEP 2**

VISITATION PLAN	
<b>STEP 3</b>	<p>Ground will be marked with lines defining the 6 foot barrier/spaces. Staff/volunteer will educate visitor and resident at the beginning of each on social distancing. Staff/volunteer will visually monitor visit from a distance that allows for privacy, while maintaining compliance.</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>Indoor visitation will occur in auditorium or other indoor space(ie. Conference Rooms) as determined by the facility. Furniture arranged to accommodate 6 ft social distancing. Area can accommodate one resident with 2 visitors. If visitor passes screening visitor will be permitted access through that entrance. Front entrance leads directly into main lobby which is attached to the auditorium.</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>Furniture will be arranged to accommodate social distancing and provide visual reminders of visitation requirements.</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>Residents who have cognitive deficits that may affect their ability to follow social distancing, universal masking and hand hygiene will have visits visually supervised to assure compliance.</p>
	<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Outdoor visitation will continue to be encouraged in Step 3.</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</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</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</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</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>The facility is able to transport all residents to visitation area.</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>	

**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**

If volunteers are used, volunteers will be provided with written education on social distancing, hand hygiene, and universal face masking. Volunteers will not be permitted in COVID Yellow and Red zones. Volunteers will enter through approved entrances and complete a screening questionnaire, including temperature check, and completion of hand hygiene with the use of alcohol based hand rub. Should they trigger for one of the criteria preventing entrance they will not be granted access and will be referred to their primary care physician for further direction. Volunteers are required to wear a face covering/cloth mask when entering the facility and will be provided with a surgical mask and will be required to wear the surgical mask throughout their entire visit, use alcohol based hand rub before and after visit, stay in designated facility locations; and adhere to screening protocols. Volunteers will also be expected to be tested for COVID-19 at the facility prior to volunteering. Any volunteer refusing to comply with the screening and facility process will either be denied access or asked to leave the facility.

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

Volunteers may provide visual supervision during visitation to ensure universal masking, hand hygiene and social distancing are maintained.

**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**

Terence Brennan, NHA Updated 9.28.2020

**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**

\_\_\_\_\_  
**DATE**