

# Reopening Implementation Plan for the Pennsylvania Department of Human Services’s Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19

This template is provided as a suggested tool for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities to use in developing their Implementation Plan for reopening in accordance with the Pennsylvania Department of Human Service’s *Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19*. 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. The facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening or is operating under a contingency staffing plan, the facility will cease reopening immediately.

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 Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
<b>1. FACILITY NAME</b>	
Wesley Village, Anderson Personal Care	
<b>2. STREET ADDRESS</b>	
215 Roberts Rd	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Pittston	18640
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Wendy Dzanis	570 655 2891 ext 5243

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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 THE REOPENING PROCESS</b>
8/17/2020

## DATE AND STEP OF REOPENING

8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (**CHECK ONLY ONE**)

**Step 1**

*The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19*

**Step 2**

*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 26, 2020, Order of the Secretary of Health](#))*

**AND**

*Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing*

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

No

## 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 enter the reopening process).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

7/13/2020 to 7/16/2020

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

Under the direction of the Infection Preventionist, Licensed staff wearing the appropriate PPE would collect the specimens on all residents. Specimens would be sent to the contracted lab Medtek/Pennant within 24 hours.

12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

Under the direction of the Infection Preventionist, Licensed staff wearing the appropriate PPE would collect the specimens on all residents and staff (including asymptomatic) and they would be sent to the contracted lab.

Medtek/Pennant.

13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

Once permitted into the facility, all who enter will continue to be screened. If any symptoms are identified, entry would be denied and they would be required to obtain testing as appropriate. Any volunteer exhibiting symptoms upon screening would be denied entry and would be advised to contact their health care provider.

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

Any staff member that declines would not be allowed to return to work until such time as they produce a negative COVID test. Residents that decline would immediately be placed on 14 day quarantine.

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

15. 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 Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19*.

There are currently only 2 rooms that are semi- private. All other rooms are private allowing resident to quarantine in their personal private room. We would not transfer any resident out of a semi private room as the resident roommate would be exposed and therefore under 14 day quarantine as well.

16. 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)

Currently, we maintain a 42 day supply of PPE. UMH has the necessary supplies required to conduct care consistent within infection control guidelines. We are committed to ensuring an adequate supply of PPE for our staff and are in communication with Corporate office who will then review our facility burn rate and adjust accordingly.

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

All full time positions remain filled. We continue to work in conjunction with Eklego recruiting firm to ensure interviews are conducted timely and we are prepared for any potential staffing issues.

18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

Resident responsible parties and residents will be notified via our mass communication plan that all visitation will immediately cease. There will be no communal dining or activities and we will revert to our pre-opening processes and 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. Include how the data will be submitted to the Department.

19. RESIDENTS

All residents are actively screened daily in accordance with current guidance. Symptoms are determined utilizing the screening form in my unity (EMR) and documentation is entered into my unity EMR. If the screening reveals any symptoms or possible exposure, the physician and resident responsible party are notified and the resident is placed on enhanced modified surveillance and quarantined for 14 days. Enhanced Contact-Droplet precautions are initiated.

20. STAFF

All staff are screened daily prior to entering the facility and upon exit. Documentation is completed on the staff screening log. Symptoms are determined utilizing the screening form. If the screening reveals any symptoms or possible exposure, staff is not allowed entry and are instructed to contact their medical provider, quarantined for 14 days or they may return if tested with a negative result. This process is overseen by our Infection Preventionist with strict adherence to all directives.

## SCREENING PROTOCOLS

### 21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare personnel are screened upon entry and documentation is completed on the screening log. If the screening reveals any symptoms or possible exposure, healthcare personnel are not allowed entry and are instructed to contact their medical provider.

### 22. NON-ESSENTIAL PERSONNEL

All non-essential personnel are currently restricted but when allowed will be screened upon entry and documentation is completed on the screening log. If the screening reveals any symptoms or possible exposure, personnel are not allowed entry and are instructed to contact their medical provider.

### 23. VISITORS

All visitors are currently restricted. However, when visitors are permitted, they will be screened initially via phone on their scheduled visitation day. If the initial phone screen reveals any symptoms or potential exposure, their visit will be rescheduled. Following passing of a phone screen, upon arrival an on-site screening for symptoms will occur including temperature checks and documentation will be completed in the visitor screening log. If the on site screening reveals any symptoms or possible exposure, visitors will not be allowed entry and will be instructed to contact their medical provider.

### 24. VOLUNTEERS

All volunteers are currently restricted but when allowed will be screened upon entry and documentation is completed on the screening log. If the screening reveals any symptoms or possible exposure, volunteers will not be allowed entry and will be instructed to contact their medical provider.

## 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.

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

Meal schedule: Breakfast-7:30 AM – 9:30 AM Lunch – 11:30 to 1:30 PM Supper- 4:30 to 6:30 PM Anderson Personal Care Dining Area Capacity: Main dining room at step 1= 12 residents Adjacent Lounge Area at step 1= 8 residents Residents are currently dining in their rooms. The meal schedule upon reopening will involve only allowing the number of residents that can maintain 6 foot social distancing in that communal area at that time and 1 resident per table. Meal service will continue until all residents are served.

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

The chairs and tables are placed in preparation for reopening to ensure social distancing 6 feet apart. Maximum resident capacity during phase one: 12 residents main dining room; 8 residents adjacent lounge as noted above.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

All staff received education on infection control measures as well as proper utilization of PPE. PPE is available to all staff. Housekeepers and dietary staff have the appropriate EPA registered disinfectant for use on all surfaces. Cleaning and sanitization will occur after each meal. Residents will wear masks while going to and from the Dining room unless unable to tolerate; in this instance, they will be asked to hold a tissue over their nose and mouth. All residents will hand sanitize upon entering and exiting the Dining area.

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

If at any time the county reverts to the red phase of the governors reopening plan, all communal dining will cease and resident meals will once again be served in their rooms. Infection Preventionist will be working with the dietary staff to ensure that all infection control protocols are implemented during the reopening process and recommend adjustments 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.

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

An adapted version of the regular activity calander will be implemented to accommodate 5 or less residents unexposed to COVID 19 , to ensure social distancing. Activity duration will be shortened to allow for multiple activity sessions so that all residents that wish to participate will be accommodated. All residents will be required to mask if tolerated and will hand sanitize prior to seating. Chairs will be maintained 6 feet apart to ensure distancing. Any supplies utilized by the residents for said activity will be sanitized after each use and will not be shared. For example residents will be given their own labeled BINGO card which will not be shared. Other examples may include exercise, arts and crafts, televised religious services, 1 to 1 visits/activities and music programs.

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

An adapted version of the regular activity calander will be implemented to accommodate 10 or less residents unexposed to COVID 19, to ensure social distancing. Activity duration will be shortened to allow for multiple activity sessions so that all residents that wish to participate can be accommodated. All residents will be required to mask if tolerated and will hand sanitize prior to seating. Any supplies utilized by the residents for said activity will be sanitized after each use and will not be shared. For example residents will be given their own labeled BINGO card which will not be shared. Other examples may include exercise, arts and crafts, televised religious services, 1 to 1 visits/activities and music programs.

## ACTIVITIES AND OUTINGS

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

An adapted version of the regular activity calendar will be implemented for residents to ensure continued social distancing. Activity duration will be shortened to allow for multiple activity sessions so that all residents that wish to participate will be accommodated. All residents will be required to mask if tolerated and will hand sanitize prior to seating. Any supplies utilized by the residents for said activity will be sanitized after each use and will not be shared. For example, residents will be given their own labeled BINGO card which will not be shared. Other examples may include exercise, arts and crafts, televised religious services, 1 to 1 visits/activities and music programs. Lounges, friendship room, outside areas and hallways will be utilized with social distancing maintained. Residents will be guided upon entering and exiting programs to ensure that they maintain distance and do not congregate together upon program start and dismissal.

Maximum Residents Per Area:

\*Friendship Room = 12 residents (only 5 during step 1 and 10 during step 2)

\*1st Floor Puzzle Area = 4 residents

\*Living Room space across from Anderson Personal Care Dining Room = 8 residents

\*1st Floor Anderson Personal Care Lounge and lobby = 7 residents (lounge 5 residents; 2 residents at chairs in the lobby area socially distanced)

\*2nd Floor Anderson Personal Care Lounge and adjacent table area = 6 residents

\*3rd Floor Anderson Personal Care Lounge and adjacent table area = 6 residents

\*Myers Manor 1st floor lounge = 9 residents

\*Myers Manor 2nd floor lounge = 9 residents

\*Myers Manor 3rd floor lounge = 9 residents

### 32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Any outings will be planned with social distancing in mind as well as consideration given to maintaining social distance during transportation. To accommodate for an outing type experience we will have planned outings that occur at various outside locations on our campus and with various themes. At this time, outings that require transportation to the community will not be offered due to inability to social distance in the facility vehicles.

## 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 Personal Care Homes, Assisted Living Residences and Intermediate Care 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.

### 33. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Non-essential personnel will be limited to 2 at a time and could include any worker required to make necessary repairs. Due to residents psychosocial well-being, the beautician will be deemed necessary and will follow the guidance for cosmetology and salons permitted to operate during the green phase to ensure the safety and health of employees and the residents.

## NON-ESSENTIAL PERSONNEL

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

All non-essential personnel entering at step 2 or 3 will be screened upon entry and documentation is completed on the screening log. Everyone that enters are required to have a mask in place and will need to hand sanitize prior to entry. If the screening reveals any symptoms or possible exposure, personnel are not allowed entry and are instructed to contact their medical provider. The beautician will follow all health and safety guidelines provided in the cosmetology Law Board's regulations related to COVID 19 and salon reopening including but not limited to : one resident at a time, donning proper and recommended PPE, hand sanitizer dispensers, frequent sanitation of surfaces between each client including each station and chair, shampoo bowl and chair, all tools, equipment used for the prior client, sweeping of hair, and wiping down of broom handle and dust pan.

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

Any resident exposed to COVID 19 would be placed on quarantine and only staff assigned to care provision would be allowed entry at that time. No non-essential staff would be allowed at that time. No residents exposed to COVID 19 would be allowed in the beauty shop.

## VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care 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.

### 36. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Monday from 9AM to 10:45 and from 2PM to 4PM , Tuesday from 9AM to 10:45AM and from 2PM to 4PM , Wednesday from 9AM to 10:45 and from 5PM to 7PM , Thursday from 9AM to 10:45 and from 2PM to 4PM, Friday from 2PM to 3PM and Sunday from 2PM to 4PM. Each visit will be approx. 15 to 20 minutes in length so that will allow staff enough time to sanitize the area as required between visits and allowing for the visits to be scheduled in ½ hour intervals.

### 37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

All responsible parties and residents will be made aware of the visitation plan and it will be explained that they need to contact us prior to the visit so they can be added to the schedule. Communication PODS will be set up in neutral zones with overhead cover at designated visitation areas. As we advance through the visitation stages we will replace the POD with a table that will be outside and will also be under cover for the protection of our residents and visitors. All responsible parties and residents will be made aware that no unscheduled visits will be allowed as staff will need to be present to screen as well as disinfect any areas following visitation. When a family requests a visit they will be added to the schedule at that time to ensure that visitation area is not " double booked". Our activities department will be handling the visitation schedule and serve as the family contact for scheduling of visits. They will also be instructed that the number of visitors is limited to ensure social distancing as well as to ensure that every resident and family has the chance to an in-person visit if they desire. Use of PPE will be required by the resident as well as the visitor.

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

Once the resident is escorted back into the building and the family departs, the staff member wearing the appropriate PPE will utilize the designated EPA registered disinfectant to wipe down the visitation area before the next scheduled visit.

**VISITATION PLAN**

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

Two visitors per resident will be allowed as the staff will need to be present to screen the visitors as well as to disinfect the area at the conclusion of the visit. Following screening, all visitors must sign in and provide contact information and then sign out when leaving. Children are permitted to visit when accompanied by an adult visitor. Children over age 2 must wear a mask during the entire visit and must be able to maintain strict social distancing.

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

We will make every effort to ensure that all residents and families that want to visit can safely do so. However, residents that are at end of life or have an emotional need would take priority.

**41. 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)**

At this time, all residents are determined to be able to safely visit. They can be assisted to the area if needed. If safety became a concern it would be reviewed on an individual basis at that time.

**42. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**

Visitation will take place in a communication pod outside the Anderson Personal Care Dining Room Entrance. As we advance through the visitation stages we will replace the POD with a table that will be outside and will also be under cover for the protection of our residents and visitors.

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

Visitation area will be clearly delineated and the chairs will be spaced prior to the initiation of visitation. All additional seating will be removed so that we can be sure the 6' spacing requirement is maintained at all times.

**44. 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 sun porch at the entrance of Anderson Personal Care will be utilized for inclement weather. Seating will be prearranged to allow for social distancing and a privacy screening will be set up. As we advance through the stages we will utilize the 1st floor lounge as our indoor visitation area and all screening and sanitization will occur as stated prior.

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

Visitation area will be clearly delineated with seating identified for each individual present. Residents and resident responsible party will be educated on the visitation scheduled as well as the mitigation efforts in place such as screening, wearing a mask and maintaining social distance prior to initiation of visitation.

**46. 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)**

Refer to response in #41.

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

Yes, weather permitting.

**48. 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")**

STEP 2

STEP 3



## VISITATION PLAN

Same

49. 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

50. 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

51. 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

52. 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

All visitors will be screened upon entry and documentation is completed on the screening log. If the screening reveals any symptoms or possible exposure, visitors will not be allowed entry and are instructed to contact their medical provider. If the visitor is determined to be safe to visit and are wearing a mask visitation will be allowed in the residents room following effective hand hygiene, limited touching of any surfaces, proper PPE, social distancing ( no hand shaking or hugging), directives to remain in that specific location only ( any visitor unable to comply will be denied visitation). All visitors will be advised to monitor for signs and symptoms of COVID 19 for 14 days after exiting the facility. If symptoms occur, advise to self isolate, contact their health care provider, and immediately notify the facility of the date they visited, the individuals they were in contact with and the location within the facility they visited.

## 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.


53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

All volunteers will be screened upon entry and documentation is completed on the screening log. If the screening reveals any symptoms or possible exposure, volunteers will not be allowed entry and are instructed to contact their medical provider. Any resident exposed to COVID 19 is placed under 14 day quarantine and only staff assigned to care provision would be allowed entry at that time. No volunteers would be allowed entry at that time.

54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING 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. The duties would include directing families to the designated seating; all other responsibilities would be performed by our staff.

  
SIGNATURE OF ADMINISTRATOR

  
DATE