

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

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department.

FACILITY INFORMATION	
This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
Wesley Village (Partridge-Tippett Nursing Facility)	
2. STREET ADDRESS	
209 Roberts Road	
3. CITY	4. ZIP CODE
Pittston	18640
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Danielle Janeski	570-655-2891 ext. 5236

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
07/13/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i>
<input type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>

DATE AND STEP OF REOPENING

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

N/A

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

To ensure the facility has taken appropriate measures to protect residents and staff, descriptions of those strategies are required in this section (prerequisites to reopening).

11. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN MAY 24, 2020 AND JULY 24, 2020) IN ACCORDANCE WITH THE [JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

6/15/2020 to 06/23/2020

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 availability through public laboratories to administer COVID-19 diagnostic testing to any residents showing 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

The facility collaborates with MedTek and Geisinger Health System to administer COVID-19 diagnostic testing to all residents and staff.

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

As noted above, the facility has access to COVID-19 testing as needed through MedTek and Geisinger Health System.

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

Once permitted re-entry into the facility, we will complete on-going screenings for all non-essential staff and volunteers. Any non-essential staff or volunteers who fail the screening would not be granted access into the facility and asked to follow up with the Infection Preventionist and seek medical advise as deemed appropriate.

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

Staff who decline testing, or who decline to provide the facility with a testing result when requested, shall be prohibited from providing services in the facility until such testing is performed and test results provided. Any resident who refuses COVID-19 testing shall be moved to and monitored for symptoms in the step-down/cohort unit for a period of no less than 14 days after such refusal.

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*.

We have designated our 24-bed Short-Term Rehabilitation unit within Partridge-Tippett Nursing Facility as our stepdown/cohort unit. Within this unit, we have rooms designated to isolate any resident positive for COVID-19. These private rooms have been designed and engineered to be sectioned off from the other beds in the cohort and the rest of the facility. This unit has its own separate entrance from the outside. This area also has services and staff dedicated to this unit to eliminate any crossover.

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)

We maintain a supply of 42 days PPE at all times and have corporate staff dedicated to PPE acquisition. We have not experienced any difficulty in maintaining our supply of PPE. We evaluate our status related to PUI's or residents on enhanced contact droplet precautions on a bi-weekly basis and provide reporting on PPE needs to our corporate office. Corporate office then adjusts facility utilization rate to accommodate this need.

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

The facility has an average PPD (Per Patient Day) of 3.6. We have multiple agencies that we have contracts with to accommodate for additional staffing needs.

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

We have a mass communication plan in place to emergently notify all residents, staff and families if we have to reverse our reopening efforts. We will be closely monitoring the situation and will revert back to restrictions and policies that were in place when previously in a red phase/shutdown status.

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 actively screened for fever and respiratory symptoms by the Director of Nursing; Licensed Nursing Staff; Infection Preventionist. All residents are screened daily according to CMS and DOH guidance which includes COVID-19 symptom check and temperature. If a resident is a PUI we implement enhanced screening surveillance which includes COVID symptoms screening, temperature check, lung sounds, pulse oximetry, respirations and pulse, three times daily. Enhanced contact-droplet precautions are implemented for residents entering the building after an extended ER visit or hospital stay for a period of 14 days unless directed otherwise by the DOH.

SCREENING PROTOCOLS

22. STAFF

A check/screening of all essential personnel (i.e., all health care personnel including consultants and all other facility staff deemed essential for continued on-site facility operation) at the beginning of each individual's shift. Health checks shall be performed at the point of entry. During the check: 1. The employee shall be instructed to perform hand hygiene, don a mask, review risk factors for COVID-19, and indicate if any risk factors are present; 2. If risk factors are identified that clearly meet the criteria (e.g., close contact with an individual with a suspected or confirmed case of COVID-19 in the community or other healthcare setting without the use of PPE (gloves; mask; gown; eye shield); symptoms consistent with COVID-19; current travel criteria), the employee will be referred for medical practitioner or public health screening for clearance prior to being allowed to work and the administrator or designee updated; 3. If the staff member is unsure if symptoms or exposure type identified are consistent with COVID-19 exposure (e.g., if the employee has had contact with a suspected or confirmed COVID-19 case while wearing a partial PPE or a surgical mask instead of N95; travel to a domestic area with a high concentration of COVID cases), the administrator or designee shall be notified, review the symptoms/level of exposure with the individual, consult the telehealth and/or DOH if necessary, then make a determination if symptoms are consistent with the onset of COVID-19 and the individual should be sent home; 4. If risk factors are not present, the facility staff member overseeing the health check shall take the individual's temperature; 5. If the individual's temperature is 100.0 F or greater, the individual should be sent home. In addition, per PA DOH guidance, employees are completing health checks prior to leaving facility at the end of their shift.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Refer to response to 22 regarding staff. We handle all healthcare personnel in the same manner. Any healthcare personnel that does not successfully pass through the health screening check will not be permitted to enter the facility.

24. NON-ESSENTIAL PERSONNEL

Refer to response to 22 regarding staff. We handle all non-essential personnel in the same manner. Any non-essential personnel who does not successfully pass through the health check, will not be permitted to enter the facility and instructed to consult with their physician as appropriate.

25. VISITORS

A check of all visitors (including vendors/contractors providing essential services in the facility) at the point of entry and prior to entering designated visitation area in a neutral zone, health checks shall be performed at the point of entry. During the check: 1. The visitor shall be instructed to perform hand hygiene, don a mask, review risk factors for COVID-19, and indicate if any risk factors are present; 2. If risk factors are identified that meet the criteria, the visitation will be denied and the visitor will be sent home, encouraged to consult their healthcare provider when indicated, and the infection preventionist or designee updated; 3. If risk factors are not present, the facility staff member overseeing the health check shall take the individual's temperature; 4. If the individual's temperature is 100.0 F or greater, the individual will be sent home and encouraged to consult their healthcare provider.

26. VOLUNTEERS

At present, volunteers are still restricted. Upon entering step #2, volunteers will be utilized for the purpose of assisting with visitation protocols. The same screening and health check will be used for all volunteers consistent with employee screenings.

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)

Meal Schedule:

Breakfast- 7 Am- 8: 30 AM

Lunch- 11:30 AM- 1 PM

Supper- 5:00 PM- 6 :30 PM.

Our dining room can safely accommodate up to 27 residents unexposed to COVID-19 at one time while maintaining social distancing of at least 6 feet between residents. In addition, our unit lounges can accommodate residents unexposed to COVID-19 while socially distancing. Tables will be strategically placed to ensure social distancing guidelines are adhered to. Our current dining spaces can safely accommodate our current resident population. If we encounter a need to accommodate more than 27 residents in the main dining room at any given time, we will offer two seatings for all meals.

Maximum Residents Per Dining Area:

Dining Room: 27

Serenity Dining Room: 8

Serenity Lounge: 10

West Lounge: 9

East Lounge: 9

South Lounge: 5

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

Each table will be spaced 6 feet apart. Residents will be seated 1 or 2 per table to maintain appropriate social distancing in both the unit lounges and main dining room.

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

An EPA-registered disinfectant will be used to clean the dining room and it will be cleaned and sanitized thoroughly prior to reopening. Cleaning and sanitation of all tables, chairs and dining area will also occur after each meal. All staff will be wearing surgical masks. Residents will wear masks during transfer to and from the dining room unless medically unable to tolerate wearing a mask. In this instance, a resident will be asked to hold a tissue over their nose and mouth during transport. Residents will be assisted with use of hand sanitizer upon entering and exiting the dining locations. Gloves will be utilized if any food contact must occur. Arrival times will be staggered and social distancing maintained. Staff will take appropriate precautions and will don eye protection and gowns while feeding the resident population at high-risk for choking or coughing while eating. In addition, staff members who are assisting more than one resident at any time will perform hand hygiene with at least hand sanitizer when providing feeding assistance between residents.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Infection preventionists 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.

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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)

In step one, the lounges on the units, and courtyard patios will be used to accommodate small groups of 5 or less residents unexposed to COVID-19 while socially distanced and wearing of masks by activity staff and residents. Some sample activities at this level and in these locations would be exercise, reminiscing, word games, story time, bible study, arts and crafts with individually supplied items, and music programs. Any activities at this step will not involve sharing of items or supplies and residents will be spaced 6 ft. apart at all times. To accommodate resident participation and smaller group size, multiple activities sessions of any activities of high interest will be offered.

Televised religious services, room to room and 1:1 activities/visits will continue for those that need them.

Hand washing of all residents and staff will be mandatory before and after group activities and any areas that may be touched will be sanitized before and after the activity.

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

In step two, the lounges on the units and courtyard patios will be used to accommodate small groups of 10 or less residents unexposed to COVID-19 while socially distanced and wearing of masks by activity staff and residents. Some sample activities at this level and in these locations would be exercise, bible study, reminiscing, word games, story time, arts and crafts with individually supplied items, and music programs. Any activities at this step will not involve sharing of items or supplies and residents will be spaced 6 ft. apart at all times. Visitor pods will be used. Televised religious services, room to room and 1:1 activities/visits will continue for those that need them. To accommodate resident participation and smaller group size, multiple activities sessions of any activities of high interest will be offered.

Hand washing of all residents and staff will be mandatory before and after activities and any areas that may be touched will be sanitized before and after the activity.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

In step three, the lounges on the units and courtyard patios, activity room, and dining room will be used to accommodate groups of residents unexposed to COVID-19 while socially distanced and wearing of masks by activity staff and residents. Some sample activities at this level and in these locations would be parties, worship service, exercise, bible study, reminiscing, word games, story time, bingo, arts and crafts with individually supplied items, socials and music programs. Any activities at this step will not involve sharing of items or supplies and residents will continue to be spaced 6 ft. apart at all times. Maximum attendees for programs conducted for each area will be determined according to square footage and set up. Maximum attendees will be as follows:

- Chapel/Activity Room: 24
- Dining Room: 27
- Serenity Lounge Room: 10
- West Lounge: 9
- East Lounge: 9
- South Lounge: 5

Outdoor visitation with social distancing will be implemented (pods discontinued). Televised religious services, room to room and 1:1 activities/visits will continue for those that need them. Hand washing of all residents and staff will be mandatory before and after activities and any areas that may be touched will be sanitized before and after the activity.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

At this time, due to limited spacing on our vans and inability to socially distance the residents while in transport, we would opt to not offer off-campus outings but would hold activities outdoors.

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

Due to residents psychosocial well-being, the beautician has been 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 public (residents).

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

The beautician will follow all health and safety guidelines provided in the Cosmetology Law and Board's regulations related to COVID-19 and salon reopening including but not limited to: one resident at a time; donning proper recommended PPE; hand sanitizer dispensers; frequent sanitation of surfaces between each client including each station and chair, shampoo bowl and chair, all tools, equipment and implements used for the prior client, sweeping of the hair, and wiping down broom handle and dust pan.

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

No residents exposed to COVID-19 will be brought to the beauty shop.

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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

Upon entering step #2, we will be permitting visitor(s) outside in communication pods set up in neutral zones with overhead cover at designated visitation areas. These visits will be scheduled between the hours of 9:15 a.m. to 7:15 p.m. The activity staff will be responsible for the scheduling of visits on their respective units. If you would like to schedule a visit, please contact the activities department at 570-655-2891 ext. 5214. The length of each visit will be 15-20 minutes with ample time left between visits to allow for sanitation of the communication pods. The pods are constructed to enable safe visitation with social distancing requirements between the resident and visitor(s). Use of PPE will need to be worn by the resident and visitor(s). A secondary visitation neutral zone has been planned for inclement weather.

Upon entering step #3, we will be permitting visitor(s) outside social distanced with a 6 foot maintained. Refer to step #2 for scheduling and other details.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Ensure adequate staff or volunteers to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit. Activities staff will serve as the point of contact for all scheduling of visits and will review social distancing and hand hygiene requirements and infection control policies to ensure safe visitation including requirements of wearing PPE and limiting the number of visitors to 3-4 people per resident per visit. They will also be informed of what to expect upon visiting the campus including screening questions, temperature checks, and requirements for bringing a mask or face covering to be worn throughout the entire visit.

Prior to the actual on-campus visit and on the day of, the visitor(s) must call a designated number on the campus to answer the screening questions related to symptoms of COVID-19. If they do not pass the initial phone screening, they will not be permitted access to the facility or facility grounds. Furthermore, if they pass the screening questions, but do not pass the on-site portion of the screening which includes a temperature check, the visit will not be permitted and rescheduled accordingly. The screening process will also entail an educational component to families on how to properly use masks and hand sanitizer if necessary. Following screening, all visitors must sign in and provide contact information as well as signing out upon leaving.

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

As in step #1 and #2, at step #3 continued use of EPA-registered disinfectants will be used to wipe down visitation area between visits. The activities department have been provided education related to the EPA registered disinfectant and proper use of the cleaning agents. Hand sanitizer will be provided to both the resident and visitor(s). Masks will be provided for staff and residents, however, the visitor(s) will be asked to come prepared with their own mask or face covering. All frequently touched surfaces in visitation area will be properly sanitized per product specifications and sanitized between each visit.

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

Three to four visitors per resident can be permitted. 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 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

We will determine those residents who can safely accept visitors at Steps 2 and 3. Prioritization will be given for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer’s disease) and residents expressing feelings of loneliness.

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)

Every residents ability to safely receive visitors will be reviewed by the interdisciplinary team prior to scheduling visitation. All the residents comorbidities will be considered as well as their current health status.

STEP 2

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

The visitation will occur outside on the left of the main entrance in the designated communication pod. The pod will be located immediately outside an exit under a covering.

For extreme weather, the visitation space will be in the Partridge-Tippett Living room straight through lobby in a resident neutral zone. Furniture and markings will be provided to delineate the 6 foot distancing requirements.

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

The communication pod allows for a 6 foot distance between resident and visitors. The plexiglass surrounds the resident shielding them from the visitors. The chairs for visitors will also be placed strategically 6 feet apart on the opposing side of the plexiglass. Designated spaces will be marked accordingly.

46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE

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	<p>WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE</p> <p>Refer to response in #44. For extreme weather, the visitation space will be in the Partridge-Tippett Living room straight through lobby in a resident neutral zone. Furniture and markings will be provided to delineate the 6 foot distancing requirements.</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>During indoor visits, when safely permitted to progress to this, a resident neutral zone has been designated for indoor visits marking off space in which a 6 foot distance can be maintained. A 6 foot table will be utilized positioning resident and visitor on opposing ends.</p>
STEP 3	<p>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)</p> <p>Refer to response to #43. A residents comorbidities and current health status will be reviewed.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>YES, refer to responses above.</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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</p> <p>These visits would be conducted on a limited basis and scheduled in advance with coordination between activities staff and infection preventionists. Health check will be completed on visitors to identify risk factors for COVID-19. We would deny visitation to individuals with identified COVID-19 risk factors even in end-of-life situations. For individuals without identifiable risk factors, provide instruction/information at the point of entry to the facility including:</p> <ol style="list-style-type: none"> 1. Effective methods of hand hygiene and when to perform hand hygiene (encourage frequent hand hygiene); 2. Limiting surfaces touched; and 3. The proper use of required PPE; iv. Limiting physical contact with residents and others while in the facility (e.g., practice social distancing with no hand-shaking or hugging, and remaining six feet apart); 4. Directives to remain in the designated room for visitation. 5. Ensure the visitor performs hand hygiene using proper technique then dons a face mask and other PPE (if indicated) prior to advancing to the designated neutral space or resident room for visitation. [Note: Visitors unable/unwilling to comply with proper use of infection control techniques and interventions (e.g., appropriate use of PPE; compliant hand

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hygiene; limiting surfaces touched) shall be denied visitation.]
6 .Advise visitors, and any individuals who entered the facility to monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the facility. If symptoms occur, advise them to self-isolate at home, contact their healthcare provider, and immediately notify the facility of the date they were in the facility, the individuals they were in contact with, and the locations within the facility they visited.

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

The protocols would be the same as those established for employees. Refer to # 22. In addition, the volunteer coordinator or designee would notify all volunteers of residents/unit restrictions.

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

Duties will be to assist with scheduling of visits and conducting phone screenings of visitors prior to the scheduled visit.

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

Danielle Janeski

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.

Nonville Janiski, NHA
SIGNATURE OF NURSING HOME ADMINISTRATOR

9/3/2020
DATE