

## 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	
<a href="#">Garvey Manor</a>	
2. STREET ADDRESS	
<a href="#">1037 South Logan Boulevard</a>	
3. CITY	4. ZIP CODE
<a href="#">Hollidaysburg</a>	<a href="#">16648</a>
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
<a href="#">Sr. Joachim Anne Ferenchak</a>	<a href="#">(814) 695-5571</a>

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	
<a href="#">August 10, 2020</a>	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</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 <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>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
<a href="#">Yes</a>	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
<a href="#">March 26, 2020 and July 8, 2020</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](#)

6/30/2020 to 7/23/2020

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

The facility has testing supplies on site and can administer tests immediately upon need.

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

The facility has testing supplies on site and can administer tests immediately upon need. In addition, the facility has an agreement with occupational health provider who can test staff at the facility or at their location.

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

The facility has testing supplies on site and can administer tests immediately upon need. In addition, the facility has an agreement with occupational health provider who can test staff at the facility or at their location.

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

The facility has testing supplies on site and can administer tests immediately upon need. In addition, the facility has an agreement with occupational health provider who can test staff at the facility or at their location. All staff are included in this testing, both essential and non-essential.

Volunteers will be used on a limited basis to assist with visitation in Steps 2 and 3. Volunteers will be screened before having access to residents or staff. Volunteers will not be used if testing is required.

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

Residents: These residents, if potentially exposed to COVID-19, would be cared for in a Yellow zone until at least 14 days after exposure. If symptoms develop, testing would be revisited with the resident/responsible party.

Staff: Any employee who refuses to be tested will not be able to work until the PA DOH directive is lifted. Absences due to refusal to test will be counted against an employee's overall attendance record and may result in termination of employment.

An applicant who refuses to be tested will not be considered for employment and the offer of employment will be rescinded.

Failure to comply with this policy will result in disciplinary action up to and including termination of employment.

**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.**

Residents who meet criteria based on the below guidelines will be tested for COVID-19 and place in quarantine:

Residents who have been newly admitted, have returned from the hospital or from another facility (unless they have had two negative tests within 7 days of admission).

Residents admitted from a home environment (unless they have had two negative tests within 7 days of admission).

Residents who have had a positive COVID-19 screen based on the criteria in the electronic health record.

Upon discovery of a positive COVID-19 test result, testing will expand to include all possibly exposed residents based on contact tracing and resident cohort zones will be established.

Residents will be placed in cohorting zones based on the following criteria as the facility is able:

Red zone – COVID positive test: For residents with a positive SARS-CoV-2 PCR test and still having symptoms indicative of COVID-19. These residents must remain in their rooms unless it is medically necessary to leave the room.

Yellow Zone – COVID negative test and potentially exposed: Residents with a negative test who remain asymptomatic but are within 14 days of possible exposure. These residents should remain in their rooms unless medically necessary to leave.

Green Zone – Unexposed: Any resident in the facility who has or has not been tested and is thought to be unexposed to COVID-19.

**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)**

Garvey Manor maintains an inventory of all PPE and updates this daily. We have frequent communications with our suppliers regarding availability of PPE. We have been diligently purchasing and stockpiling PPE as able.

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

We strive to maintain staffing at levels consistent with our own standards of care, which consistently exceed the requirements set by our licensing agencies.

Garvey Manor currently maintains contracts with five staffing agencies for direct care staffing, if needed.

Each department is to have Just In Time training plans in place to be able to repond efficiently and effectively to staffing shortages.

**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 restrictions that Garvey Manor implemented in response to the COVID-19 pandemic are able to be re-initiated upon notice and communicated to residents, families, and employees immediately.

**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.

## SCREENING PROTOCOLS

### 21. RESIDENTS

Residents are screened in their rooms on each shift.

The screening includes vital signs (temperature, O2 stats, pulse) and presentation of common symptoms (fever, dry cough, shortness of breath) and less common symptoms (confusion/change in mental status, muscle aches or headache, sore throat, runny nose, chest pain, diarrhea/nausea/vomiting more than 3 times). The screening also indicates if a resident has been exposed to COVID-19 or had visitors that have been exposed to COVID-19 in the last 14 days. If the screening indicates possible virus, the resident will be tested immediately and the cohorting plan will be implemented.

### 22. STAFF

All employees are screened at the employee entrance or main reception desk at beginning and end of shift. Masks are required at all times on premises and in the building. Employees are reminded to perform hand hygiene frequently and as required.

Each employee's temperature is taken and recorded and each employee must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure.

Thresholds determine if employee is permitted to work; if screening outside of acceptable thresholds, the employee is sent home until cleared by Infection Control Preventionist.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Any healthcare personnel not on staff are screened at the employee entrance or main reception desk at beginning and end of shift. Masks are required at all times on premises and in the building.

Employees are reminded to perform hand hygiene frequently and as required.

Each personnel's temperature is taken and recorded. They must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure.

Thresholds determine if HCP is permitted to work; if screening outside of acceptable thresholds, not permitted entry.

### 24. NON-ESSENTIAL PERSONNEL

All non-essential personnel are screened at the employee entrance or main reception desk at beginning and end of shift. Masks are required at all times on premises and in the building.

Employees are reminded to perform hand hygiene frequently and as required.

Their temperature is taken and recorded. They must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure.

Thresholds determine if employee is permitted to work; if screening outside of acceptable thresholds, sent home until cleared by Infection Control Preventionist.

### 25. VISITORS

Screening will be done prior to entry to visitation sites. Masks are required at all times on premises and in the building. Visitors are reminded to perform frequent hand hygiene.

Their temperature is taken and recorded. They must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure.

Thresholds determine if visitor is permitted to visit; if screening outside of acceptable thresholds, visitation not permitted.

### 26. VOLUNTEERS

Volunteers will be screened at the entrance or main reception desk at beginning and end of shift.

Their temperature is taken and recorded. They must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure.

Thresholds determine if volunteer is permitted to perform services; if screening outside of acceptable thresholds, sent home until cleared by Infection Control Preventionist.

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)**

Breakfast: Tray Service 8-8:30 am; Dining Room Service begins at 8:30 am

Lunch: Tray Service 12-12:30 pm; Dining Room Service begins at 12:30 pm

Supper: Tray Service 5:30-6 pm; Dining Room Service begins at 6:00 pm

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

All residents participating in communal dining will be seated 6 ft apart, including face-to-face, side-to-side and back-to-back. Additional tables have been supplied to the dining rooms to achieve social distancing.

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

All residents and staff are performing hand hygiene when entering and exiting the dining rooms.

Dietary employees are required to wear masks and either face shields or goggles.

Nursing staff, when assisting more than one resident at one meal, are performing hand hygiene between assisting residents.

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

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)**

The following activities can be done in groups of no more than 5 residents: Spiritual, physical, creative arts, sensory awareness, cognitive educational activities, entertainment (TV, iPad, radio, CD player, Alexa, IN2L, etc.), one-to-one, independent, small group, and outdoor (weather permitting). Possible locations include Carmel Hall, family rooms, dining rooms, Chapel, courtyards and patios.

Social distancing will be arranged and areas marked for 6 foot distance where needed. Signage is posted in outdoor areas reminding residents to maintain social distancing. Residents and staff will perform hand hygiene prior to and after the activity and will mask.

Activities props able to be cleaned/disinfected will be sanitized following established procedures after each use. Props unable to be sanitized will be store in a plastic container with a lid or in a bag for five days prior to re-use.

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

The following activities can be done in groups of no more than 10 residents: Spiritual, physical, creative arts, sensory awareness, cognitive educational activities, entertainment (TV, iPad, radio, CD player, Alexa, IN2L, etc.), one-to-one, independent, small group, outdoor (weather permitting), social, and on campus outings. Social activities such as BINGO, ice cream social, discussion group, exercise, spiritual exercises in Chapel, Mass, prayers, devotions, trivia, and word games will be able to be offered multiple times during the week and broadcast on the facility's closed circuit TV. On campus outings could include picnic/lunch on the patio, concert or outside entertainment.

Possible locations include Carmel Hall, family rooms, courtyards and patios.

Social distancing will be arranged and areas marked for 6 foot distance where needed. Signage is posted in outdoor areas reminding residents to maintain social distancing.

Residents and staff will perform hand hygiene prior to and after the activity and will mask.

Activities props able to be cleaned/disinfected will be sanitized following established procedures after each use. Props unable to be sanitized will be store in a plastic container with a lid or in a bag for five days prior to re-use.

Attendance at Mass in Chapel: Will be available on assigned days to ensure that no crossover occurs between personal care and skilled nursing facility residents. No missals will be used. Seating will be marked to ensure social distancing. Communion will be distributed to residents at their seats; no processing to altar. Residents are to mask at all times in the Chapel. Mask can be removed to received Communion, but must be put on again after receiving. Residents will be required to leave the Chapel when Mass is completed; no personal prayer time will be offered at this time. Pews will be disinfected after Mass.

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

The following activities can be done in groups that can be socially distanced based on the number of residents and size of location: Spiritual, physical, creative arts, sensory awareness, cognitive educational activities, entertainment (TV, iPad, radio, CD player, Alexa, IN2L, etc.), one-to-one, independent, socially distanced group, outdoor. Social activities with live entertainment and outings could be included.

Possible locations include Carmel Hall, family rooms, Chapel, courtyards, and patios.

Attendance at Mass in Chapel: Will be available on assigned days to ensure that no crossover occurs between personal care and skilled nursing facility residents. No missals will be used. Seating will be marked to ensure social distancing. Communion will be distributed to residents at their seats; no processing to altar. Residents are to mask at all times in the Chapel. Mask can be removed to received Communion, but must be put on again after receiving. Residents will be required to leave the Chapel when Mass is completed; no personal prayer time will be offered at this time. Pews will be disinfected after Mass.

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

The 14 passenger bus will be used utilizing spots for 6 people: 4 residents, 1 staff person, and 1 driver (social distancing on bus). The bus can be used for scenic rides or shopping trips.

Multiple outings will occur within a day. Cleaning of the bus and equipment will be completed after each outing.

Social distancing will be arranged. Residents and staff will perform hand hygiene prior to and after the activity and will mask.

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**

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

Universal policies for all staff address social distancing, hand hygiene, and masking. The plan for re-opening the beauty salon addresses the number of residents able to receive service at one time to ensure social distancing. Chairs and other surfaces will be disinfected after use. A clean cape will be used for each resident. Residents, staff, and any volunteers (permitted in Step 3 only) will be masked at all times. Beauty salon services will be scheduled to avoid days assigned to personal care and independent living residents. Cleaning/disinfecting of the salon will be completed before SNF residents access this area after PC/IL residents have received services.

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

Cohorting plan addresses rooms/zones based on resident symptomology or potential exposure. Residents in yellow or red zones would be isolated. No non-essential staff would come in contact with these residents.

**VISITATION PLAN**

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Step 2: Staffing and weather permitting – Three visits possible at each time slot. Schedule of visitation hours: 9:00-9:30 am, 10:00-10:30 am, 11:00-11:30 am, 2:00-2:30 pm, 3:00-3:30 pm, 4:00-4:30 pm, 7:00-7:30 pm. Time between visits will be used to disinfect areas and transport residents to and from visitation area.

Indoor option (inclement weather) – Neutral zones – Lobby by windows, rear of Chapel, Admission Parlor, café (during closed hours).

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

Visitation will be scheduled through the activities department. Visitors will be required to schedule a visit, which will be prioritized by resident need, staff availability, location availability, or order in which the request was received. Staff or volunteers will monitor visitation. Visitors will be screened (temperature and questionnaire) and instructed on protocol to be followed to ensure social distancing, masking, and other protective requirements. The staff/ volunteer will complete a form indicating resident, number of visitors, location, compliance with instructions/guidelines, length of visit, and documentation of disinfection of area upon completion of visit. The visit will be ended immediately if any breach of protocol occurs.

## VISITATION PLAN

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

We will provide seats and tables which will be placed in a manner to create a physical or spacial barrier between visitors and resident. Visitation will occur under staff supervision. Instructions will be provided to each visitor prior to visit (mask at all times, perform hand hygiene, maintain 6 ft social distance, no touching/hugging/kissing). Visitors will be instructed prior to the visit that no items can be brought to deliver to the resident. Disinfecting of chairs/tables/high touch areas will be done by staff supervising the visit or other staff using a medical grade/EPA-registered disinfectant.

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

Ordinarily two (no more than 3) visitors will be permitted per resident. Children must be accompanied/supervised by an adult and are included in visitor count. Masks will be required of all visitors over the age of 2. No pets will be permitted to visit. Visitors who refuse to be screened will not be permitted to visit in-person; they will be informed of the procedure to schedule a window or virtual visit.

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

Visits will be prioritized for residents residing in green zones. Qualified staff will assess the resident's with focus on those residents who have experienced mental anguish, who did not have virtual/window visits during shutdown as well as qualified staff assessment of cognitive decline, expressed feeling of loneliness, etc.

**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)**

Garvey Manor will assess a resident's ability to accept visitors based on the resident's health screening, medical status, vulnerability to possible exposure, ability to tolerate conditions in visitation area (location, weather, stimuli, etc.). We will also determine the safety of route to and from the visitation area so as to prevent entry or exposure to a yellow zone, if present. In-person visitation will not be permitted for residents in a yellow zone, if present. These residents will be able to participate in virtual visits.

**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**

Outdoor visitation spaces ordinarily will be under roofing or a tent near the main entrance to the building. Access to these areas is through a neutral zone. At no time will a resident be transported to the visitation area by entering through a yellow zone, if present.

**STEP 2**

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

Six-foot distances will be determined in advance of visitation. If tables are used, the length of the table will be no smaller than 6 feet and chairs will be placed at the ends of the table to ensure maintenance of social distancing. If benches or chairs are used with no table, decals or some other signage will be present to indicate a 6 foot distance between the visitor and resident. Visitors and residents will be required to mask at all times during the visit and perform hand hygiene.

**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**

If indoor areas must be used, the facility may need to reschedule visits to ensure that social distancing can be maintained or restrict length of visits to permit more opportunities for more residents while maintaining social distancing and time to disinfect the area between residents.

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



**VISITATION PLAN**

Six-foot distances will be determined in advance of visitation. If tables are used, the length of the table will be no smaller than 6 feet and chairs will be placed at the ends of the table to ensure maintenance of social distancing. If benches or chairs are used with no table, decals or some other form of signage will be present to indicate a 6 foot distance between the visitor and resident. Visitors and residents will be required to mask at all times during the visit and perform hand hygiene.

**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)**

Garvey Manor will assess a resident's ability to accept visitors based on the resident's health screening, medical status, vulnerability to possible exposure, ability to tolerate conditions in visitation area (location, weather, stimuli, etc.). We will also determine the safety of route to and from the visitation area so as to prevent entry or exposure to a yellow zone, if present. In-person visitation will not be permitted for residents in a yellow zone, if present. These residents will be able to participate in virtual visits.  
Crossover visitation between PC and SNF residents may occur, but only when both facilities have achieved this step. If there is any conflict of step, window/virtual visitation will be provided.

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

Outdoor visitation will be utilized, as needed and as weather permits.

**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")**

Same

**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")**

Same

**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")**

Same

**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**

This would apply only for compassion visits. Visitors will be screened upon entry – temperature taken and recorded, answer questions to determine if symptomatic or exposed. If thresholds are not within facility limits, visitation will not be permitted. If thresholds acceptable, the visitor will be given instructions on masking at all times, performing hand hygiene, proceeding directly to resident's room, remaining in resident's room for entirety of visit, maintaining 6 ft distance during visit with no hugging/touching/kissing, avoiding touching of resident furniture/belongings, and exiting directly to facility exit upon completion of visit. Immediately upon exit, facility staff will use approved disinfectant to clean high touch areas in the rooms, the seats used by visitors, and will have resident perform hand hygiene.

**STEP 3**

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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**

Volunteers will be screened at the entrance or main reception desk at beginning and end of shift. Their temperature will be taken and recorded. They must answer COVID-related questions to determine if symptoms are present or if they have had a possible exposure. Thresholds determine if volunteer is permitted to perform services; if screening outside of acceptable thresholds, sent home until cleared by Infection Control Preventionist. Volunteers will receive infection control training, especially related to hand hygiene, masking, and social distancing, upon return to the facility and prior to performing any duties. Instruction will be given at this time to ensure that duties are performed only involving residents in green zones. Volunteers will be informed of any yellow zones, if present, and that they are not to enter such zones at any time. If volunteers will be responsible for any disinfecting duties, they will be instructed on the proper use of the solutions, the proper procedures to follow, and the use of PPE, if needed.

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

Volunteers will assist in screening visitors, transporting residents to and from visitation areas, monitoring visits to ensure social distancing, and disinfecting areas used during visitation.

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**

Sr. Joachim Anne Ferenchak

**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

08/05/2020  
DATE