



## Implementation Plan for Reopening In Accordance with the Pennsylvania Department of Health's Interim Guidance for Personal Care Homes During COVID-19

FACILITY INFORMATION	
<p>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.</p>	
<p><b>1. FACILITY NAME</b></p> <p>The Residence at Willow Lane</p>	
<p><b>2. STREET ADDRESS</b></p> <p>30 Heckel Road</p>	
<p><b>3. CITY</b></p> <p>McKees Rocks, PA</p>	<p><b>4. ZIP CODE</b></p> <p>15136</p>
<p><b>5. NAME OF FACILITY CONTACT PERSON</b></p> <p>Angela Waddell</p>	<p><b>6. PHONE NUMBER OF CONTACT PERSON</b></p> <p>412-331-6139</p>

DATE AND STEP OF REOPENING
<p>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).</p>
<p><b>7. DATE THE FACILITY WILL ENTER REOPENING</b></p> <p>Step 1 – July 16, 2020 and Step 2 – August 25, 2020</p>

## DATE AND STEP OF REOPENING

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

### Step 1

*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](#))*

### X 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

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 JUNE 12, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)**

July 7, 2020 to July 12, 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 entered into an agreement with Pathnostics, Inc. to provide all testing. Testing supplies are available onsite for testing to be performed within 24 hours of the onset of symptoms of COVID-19. Pathnostics, Inc. has the capability to test all staff and residents routinely and periodically, if needed, with results available within 48 hours.

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

The facility has entered into an agreement with Pathnostics, Inc. to provide all testing. Testing supplies are available onsite for testing to be performed for all Residents and Staff if the facility experiences an outbreak of COVID-19. Pathnostics, Inc. has the capability to test all staff and residents routinely and periodically, if needed, with results available within 48 hours.

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

The facility has entered into an agreement with Pathnostics, Inc. to provide all testing. Testing supplies are available onsite for testing to be performed for all Staff including asymptomatic staff. Pathnostics, Inc. has the capability to test all staff and residents routinely and periodically, if needed, with results available within 48 hours.

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

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

The facility has entered into an agreement with Pathnostics, Inc. to provide all testing. Testing supplies are available onsite for testing to be performed for Non-Essential Staff and Volunteers, as needed, with results available within 48 hours. Non-Essential and Volunteers providing services to the Residents of The Willows 3 or more days per week will be required to provide a negative COVID-19 test result or consent to having testing performed with a negative result prior to entering the facility.

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

Residents that decline or are unable to be tested for COVID-19 will be moved to the “Yellow Zone” of the facility and placed in full transmission based precautions. The resident will remain in full precautions until the resident meets the CDC and PA Department of Health criteria for discontinuing transmission based precautions. In the event a resident develops symptoms, the facility will reapproach the resident for testing.

Staff that are ill or unable to be tested will not be permitted to work until they are able to be tested and a negative result is received.

**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 diagnosed with COVID-19 will be moved to the “Red Zone” of the facility, which is located in a separate wing of the facility and placed in full transmission based precautions. The resident will remain in full precautions until the resident meets the CDC and PA Department of Health criteria for discontinuing transmission based precautions. Dedicated staff will be assigned to work on the Red Zone unit with dedicated entrance/exit, breakroom, and bathrooms located within the unit.

**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)**

The facility currently utilizes surgical masks and gloves for care of Residents without signs and symptoms of COVID-19. In the event that a resident is suspected of or tests positive for COVID-19 staff will utilize N95 masks, gloves, gowns, and face shields for care of these Residents. These residents will also be moved to the “RED ZONE” of the facility until the resident meets the CDC and PA Department of Health criteria for discontinuing transmission based precautions. The facility receives deliveries of Personal Protective Equipment (PPE) from Heritage Valley Health System when needed. Facility inventory of PPE is taken on a weekly basis with orders placed to the System weekly for needed supplies. Currently The Willows has a 2 week supply of Personal Protective Equipment at the facility.

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

The facility is fully staffed with Resident Care Aides and Medication Technicians. The facility has contracts with five Nursing staffing agencies in the event of a staffing shortage. Per our staffing contingency plan, staff have also been cross-trained to perform other essential functions within the building such as housekeeping, maintenance, and dietary services. The facility utilizes the PA state waiver for training of Medication Technician’s and Direct Care Staff as needed.

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

### 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

Should Allegheny County revert to the Red Phase of the Governor's Reopening Plan the facility will cease outdoor and inside facility visitation, communal dining and activities. Residents, staff and families will be notified if the facility reverts back to restrictions with visitation and communal dining and activities

## 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 will be screened via temperature, pulse, respirations, and blood pressure along with the questionnaire for common and less common COVID-19 symptoms every shift. If a Resident displays symptoms of the virus, the resident will be quarantined in their apartment and tested for COVID-19 within 24 hours of symptom onset with test results available within 48 hours. While quarantined in their apartment, the resident will be placed in isolation with full precautions until their test results are received. In the event the resident tests positive for COVID-19, the resident will be transferred to the facility designated red zone, placed in full precautions, and cared for by dedicated staff. The resident will remain in full precautions until the resident meets CDC and PA DOH criteria for discontinuation of transmission based precautions. Once criteria is met to discontinue precautions, the resident may return to their apartment.

### 22. STAFF

Staff will undergo the symptom questionnaire and temperature upon entering and leaving the facility. Staff that display symptoms per the questionnaire or a temperature of greater than 100°F will not be permitted to work and will be referred to the their Primary Care Physician for evaluation. All staff will be required to wear a mask and perform hand hygiene upon entrance to the facility. Staff with positive screening will remain off work until CDC and DOH criteria are met to return to work

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare Personnel who are not staff will undergo the symptom questionnaire and temperature check upon entering and leaving the facility. Healthcare Personnel who are not staff that display symptoms per the questionnaire or a temperature of greater than 100°F will not be permitted to enter or work in the facility and will be referred to the their Primary Care Physician for evaluation. All healthcare personnel who are not staff will be required to wear a mask and perform hand hygiene upon entrance to the facility, between residents and upon departure.

### 24. NON-ESSENTIAL PERSONNEL

Non-Essential Personnel will undergo the symptom questionnaire and temperature check upon entering and leaving the facility. Non-Essential Personnel that display symptoms per the questionnaire or a temperature of greater than 100°F will not be permitted to enter the facility and will be referred to the their Primary Care Physician for evaluation. All non-essential personnel will be required to wear a mask and perform hand hygiene upon entrance to the facility between residents and upon departure.

## SCREENING PROTOCOLS

### 25. VISITORS

Visitors will undergo the symptom questionnaire and temperature check upon entering and leaving the facility. Visitors that display symptoms per the questionnaire or a temperature of greater than 100°F will not be permitted to enter the facility and will be referred to their Primary Care Physician for evaluation. All visitors will be required to wear a mask and perform hand hygiene upon entrance to the facility between residents and upon departure.

### 26. VOLUNTEERS

Volunteers will undergo the symptom questionnaire and temperature check upon entering and leaving the facility. Volunteers that display symptoms per the questionnaire or a temperature of greater than 100°F will not be permitted to enter the facility and will be referred to their Primary Care Physician for evaluation. All volunteers will be required to wear a mask and perform hand hygiene upon entrance to the facility between residents and upon departure.

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

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

Communal dining will resume beginning with one meal per day and progress to all three meals. Dining areas will include the main dining room, the Pub, and the Small Dining room. Dining hours will be staggered and capacity will be limited to allow service to residents while maintaining a 6-foot distance between residents. Daily each resident will choose their menu and seating for the next day, with no more than 2 residents per table and tables spaced at least 6 feet apart. Residents will be required to wear a mask and perform hand hygiene when entering and leaving the dining area. Residents that are free from respiratory signs and symptoms will be permitted to participate in communal dining. Any resident that exhibits signs and symptoms of respiratory illness or is positive for COVID-19 will receive in room dining service until criteria is met to discontinue the use of isolation precautions.

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

Tables and chairs in the designated dining areas above will be separated to maintain a 6-foot distance between Residents.

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

Dietary service staff will utilize masks and gloves during meal service. Residents will be required to wear a mask when they are not eating while in the dining area.

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

Tables and chairs will be sanitized and disinfected by housekeeping and dining staff before and after each dining/meal service.

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)**

Step 1 activities will include no more than 5 residents per activity in the Pub and Activity room. Activities will include, but not limited to, small group manicures, movies, and trivia. Residents will perform hand hygiene prior to and upon leaving an activity. Residents will be separated 6 feet apart in order to maintain social distancing. Masks will be required for all activities unless a medical condition prevents the use of a mask. Disposable items will be utilized when possible. Any item that is handled by residents that is not disposable will be sanitized and disinfected with an EPA registered disinfectant before and after resident use. Residents who are free from respiratory signs and symptoms and are COVID-19 negative will be invited to participate in communal activities. Residents in the yellow or red zones of the facility will receive individual in room activities until the criteria is met to discontinue precautions per the CDC and PA DOH guidelines.

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

Step 2 activities will include no more than 10 residents per activity in the Pub, Main Dining Room and Activity room. Activities will include, but no limited to, rosary, exercise, and bingo. Residents will perform hand hygiene prior to and upon leaving an activity. Residents will be separated 6 feet apart in order to maintain social distancing. Masks will be required for all activities unless a medical condition prevents the use of a mask. Disposable items will be utilized when possible. Any item that is handled by residents that is not disposable will be sanitized and disinfected with an EPA registered disinfectant before and after resident use. Residents who are free from respiratory signs and symptoms and are COVID-19 negative will be invited to participate in communal activities. Residents in the yellow or red zones of the facility will receive individual in room activities until the criteria is met to discontinue precautions per the CDC and PA DOH guidelines.

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

Step 3 activities will include no more than 25 residents per activity in the Main Dining Room. Activities will include, but no limited to, music entertainment, church services, and resident council. Residents will perform hand hygiene prior to and upon leaving an activity. Residents will be separated 6 feet apart in order to maintain social distancing. Masks will be required for all activities unless a medical condition prevents the use of a mask. Disposable items will be utilized when possible. Any item that is handled by residents that is not disposable will be sanitized and disinfected with an EPA registered disinfectant before and after resident use. Residents who are free from respiratory signs and symptoms and are COVID-19 negative will be invited to participate in communal activities. Residents in the yellow or red zones of the facility will receive individual in room activities until the criteria is met to discontinue precautions per the CDC and PA DOH guidelines.

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

Outings/Van trips will be scheduled and include no more than 4 residents/van in order to provide 6 foot distancing between residents. Outings will consist of rides/tours within the community. Masks will be required unless a medical condition prevents the use of a mask. Residents will perform hand hygiene prior to and upon exiting the van. The van interior will be sanitized and disinfected with an EPA registered disinfectant prior to and after resident outings.

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**

Three non-essential personnel will be allowed into the facility at a time. Non-essential personnel deemed necessary by this facility include the facility beautician, clergy, carpet installers, electricians, cable tv/internet persons, painters, entertainers, and movers.

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

During Steps 2 and 3 non-essential personnel will be required to complete symptomatic screening, temperature, and hand hygiene prior to entering the building. Non-essential personnel will maintain social distancing from Residents and be required to wear a mask at all times while in the facility. Non-essential personnel will be educated to maintain 6 feet social distancing at all times while working in the facility. Two residents will be allowed in the salon at a time. Both residents and the beautician will be required to wear a mask during salon services. Beauty shop equipment will be disinfected before and after each resident.

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

Non-essential personnel will not be permitted to work in the "Red or Yellow Zones" of the facility or provide services to residents who have been exposed to COVID-19. Non-essential personnel will be educated on restrictions and not entering the yellow or red zones of the facility.

**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**

The facility will offer two visitation times daily (9-11am and 2-4pm). Visits will be no longer than 45 minutes each and all visits will be scheduled and timed through the Activities Department staff. Visitors will be requested to arrive 15 minutes prior their scheduled visit time in order to complete the screening and check in process and to perform hand hygiene. Visits will be restricted to three designated visitation areas; the Lanes Parlor room, the Lanes Private Dining room, and Pathways Living room, the designated courtyard or front porch seating area. Visits are limited to the designated visit location and limited to only visiting their family member. Compassionate care visits will be scheduled on an individual and as needed basis.

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

Visits will be scheduled through the Activities Department at 412-875-1606 or [lconnor@WillowsSeniorLiving.com](mailto:lconnor@WillowsSeniorLiving.com). Visit dates and times may be limited in order to accommodate all families.

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

Visitation areas (tables, chairs, door knobs/handles will be sanitized with an EPA registered disinfectant and disinfected between visits by housekeeping, resident care, or activities staff between visitation.

**VISITATION PLAN**

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

A resident may have no more than two visitors per resident at a time. A maximum of 6 visitors will be allowed in the facility at a time (4 in the Lanes and 2 in Pathways). Visitation may take place in the three designated visitation areas; the Lanes Parlor room, the Lanes Private Dining room, and Pathways Living room, in the courtyard, or on the front porch areas. Visitors will be screened upon entrance and acknowledge receipt of education related to hand washing, 6 foot social distancing, wearing of face masks while in the facility, and limiting touching of surfaces within the facility.

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

Residents with end of life situations, progressive cognitive decline, families visiting from out of the area, and those expressing feelings of loneliness will received priority visitation times. Priority will also be considered for those residents receiving few and intermittent visits as compared to those who receive several and frequent visits.

**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)**

Residents that are free of signs and symptoms of respiratory illness and are COVID-19 negative will be able to safely accept visitors. Residents will be permitted to receive visitors in the Private Dining Room and/or be required to reschedule their visit if the designated visitation areas are already occupied in the event of inclement weather. Residents participating in visitation will be required to wear a mask unless a medical condition prevents the use of a mask.

**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 Courtyards for the Lanes and Pathways is open for visitation and provides sitting areas that are covered by a canopy or umbrella. In the event of inclement weather, the resident can be transported inside via the Courtyard doors in both areas. Visitors will access the outdoor courtyard areas via the exterior gates of the courtyard.

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

Social distancing will be maintained via visual cues, chairs, and signage placed 6 feet apart in the courtyard for visitation. Visitation chairs that can be sanitized and disinfected will be provided and placed 6 feet from the resident in order to accommodate visitation.

**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**

In the event of severe weather, residents and visitors will be transported to the Private Dining Room and/or be required to reschedule their visit if the designated visitation areas are already occupied for visitation.

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

Indoor visitation will be permitted in one of three designated visitation areas; the Lanes Parlor room, the Lanes Private Dining room, and Pathways Living room. A visitation chair will be placed 6 feet away from the resident with signage indicating 6 feet distancing. Visitors will be required to wear a mask. Residents participating in visitation will be required to wear a mask unless a medical condition prevents the use of a mask. Visitation chairs and high touch areas such as door knob/handles will be sanitized with an EPA registered disinfectant and disinfected after visitation.

**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)**

Resident Care and Activities staff to ensure that the resident can safely participate in visitation/transportation to visitation will assess residents. Residents without respiratory signs

STEP 2



## VISITATION PLAN

and symptoms or COVID-19 negative will be permitted to accept outside visitation. Residents that are unable to tolerate an outdoor visit will receive in facility visitation. A visitation chair will be placed in the visitation area 6 feet away from the resident with signage indicating 6 feet distancing. Visitation chairs and high touch areas such as door knob/handles will be sanitized with an EPA registered disinfectant and disinfected after visitation. Virtual visits, such as Skype and FaceTime will continue to be offered for residents residing in the yellow or red zones of the facility. Once precautions have been discontinued, outside visitors will be permitted. Outside visitors participating in facility visits are requested to go directly from the main entrance to the designated visitation area and avoid gathering in the corridors, activity room, and dining areas.

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

Yes

**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 RESIDENTS ROOM.**

Residents unable to be transported to a visitation area will be offered compassionate care visitation in their private apartment. A visitation chair(s) will be placed in the resident's apartment 6 feet away from the resident with signage indicating 6 feet distancing. Visitation chairs and high touch areas such as door knob/handles will be sanitized with an EPA registered disinfectant and disinfected after visitation. Visitors will be required to wear a mask. Residents participating in visitation will be required to wear a mask unless a medical condition prevents the use of a mask. Outside visitors participating in apartment visits are requested to go directly from the main entrance to the resident apartment and avoid gathering in the corridors, activity room, and dining areas. Staff will assist visitors to don and doff Personal protective equipment as needed.

Virtual visits, such as Skype and FaceTime will continue to be offered for residents when on-site visits are not possible.

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 not be permitted to enter the “Red or Yellow” Zones of the facility in order to not come into contact with residents exposed to COVID-19. Volunteers will be screened prior to entrance into the facility. Volunteers who do not pass the screening process will be requested to leave and seek medical care from their Primary Care Physician. All volunteers must wear a mask for the duration of their visit, practice social distancing throughout the facility, and perform hand hygiene upon arrival, between residents/tasks, and upon leaving the facility.

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

Volunteers will be permitted to assist in activities such as outdoor visitation.

The Personal Care Home Administrator (PCHA) 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**

Angela Waddell

**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 PERSONAL CARE HOME ADMINISTRATOR

\_\_\_\_\_  
DATE