

**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	
The Quadrangle	
2. STREET ADDRESS	
3300 Darby Road	
3. CITY	4. ZIP CODE
Haverford, PA	19041
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Lisa Rossino	610-658-7663

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	
September 8, 2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input checked="" 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 <u>June 8, 2020, Order of the Secretary of Health</u>)</i>	
<input checked="" 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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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)

Yes – the first case was identified on April 3, 2020 and the last case on May 24, 2020.

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

4/23/20 – DOH remote survey; 5/26/20 - CMS survey; and 6/29/20 – DOH survey.

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

June 5, 2020 to July 9, 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

Community can collect a specimen within 24 hours; using either Staff Nurses or Lab Personnel

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

Community has a contract to do testing on specimens with Mainline Labs for residents and staff

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

Community can collect a specimen within 24 hours; using Staff Nurses to conduct swabbing

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

We are not permitting Volunteers in the community currently. All staff are considered essential.

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

Residents that are symptomatic are assumed to be COVID-19 positive and placed on transmission-based isolation precautions. Symptomatic staff members are sent home and may return to resume work based on community return to work guidance which aligns with the CDC return to work criteria for healthcare workers. Resident declination of mandatory testing is documented in a progress note in their electronic health record. Staff must submit in writing their reason for declining testing and then they are placed on administrative leave. This is escalated to the Regional Human Resources Director and Regional Operations leaders for review and decision making.

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

Whenever possible residents with known or suspected COVID-19 will be grouped together for care purposes within rooms or within a designated isolation area of the community. Residents with known (tested positive) COVID-19 are not mixed together with suspected (not tested) COVID-19 residents in rooms or designated isolation areas. Movement of the residents outside of their suites is limited, and only for medically necessary purposes.

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

- 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 has at least a two-week supply of PPE for staff to provide care safely. SNA (or designee) conducts a weekly inventory check to assure inventory is at Par. Team will replenish as needed from the organization's warehouse which has a sufficient supply of PPE on-hand

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

The facility is not experiencing any staffing challenges. The facility is contracted with multiple short-term staffing agencies to assure adequate staffing levels.

- 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**

Team members, residents and families will be communicated to in a timely manner via phone, email and traditional mailing regarding any changes in our reopening plan.

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 screened daily by checking their temperature and evaluating them for symptoms of COVID-19
- Any resident who develops any of the symptoms of COVID-19 will be placed on standard, contact and droplet isolation precautions and the community mitigation protocols will be followed.
- If there is a confirmed case of COVID-19: Residents are screened at least twice daily for fever and symptoms of COVID-19.
- If a resident has a roommate, the roommate is isolated
- Roommates will be directly exposed to the virus and treated as such, with full isolation precautions until known otherwise.

SCREENING PROTOCOLS

22. STAFF

- Team members must monitor themselves for fever and symptoms of COVID-19 and call their supervisor and not report to work if they are feeling sick or have had direct contact with a person confirmed to have COVID-19.
- At the beginning of every shift, team members will have their temperature taken to screen for fever and will be asked if they are experiencing symptoms of COVID-19.
 - Team members are not asked to take their own temperatures while at work.
 - Screening for recent travel history and known exposure to COVID-19 is also done.
 - Within the U.S. team members are following the state of Pennsylvania travel guidelines posted on <https://www.health.pa.gov/topics/disease/coronavirus/Pages/Travelers.aspx>
 - **Travel to any state within the U.S. If return-to-work criteria have been met, screen the team member prior to return to work consistent with all established protocols for:**
 - Fever and/or other symptoms consistent with COVID-19
 - Close contact with another person suspected or confirmed to have COVID-19
 - Adherence to Sunrise's Safety Rules during the COVID-19 pandemic while outside of work, including practicing social distancing, wearing a mask in public places, practicing good handwashing/hand hygiene, etc.
 - **Travel to any country outside of the U.S. There are two scenarios under which a team member may return to work following travel to any country outside of the U.S.:**
 - Time-Based Strategy –
 - The team member must remain at home under self-quarantine for 14 days following their return from an international vacation to monitor for symptoms of illness. The team member may return to work on day 15 if no symptoms have developed.
 - The team member may return to work on day 15 if no symptoms of illness have developed.
 - If symptoms of illness develop while on quarantine the team member should be advised to seek medical attention and COVID-19 testing.
 - Test-Based Strategy -
 - Prior to returning to work, and following the conclusion of the vacation, a team member not showing any symptoms of illness must receive negative results of two COVID-19 tests done greater than 24 hours apart.
 - Test results must be provided to the community who will make the determination on the timeline for return to work.
- If the team member tests positive, they must stay home and follow the Sunrise Return to Work guidance for team members with known or suspected COVID-19 illness. If a team member is working a double shift, screening is done at the beginning of each shift
- When a team member develops symptoms of COVID-19 at work, we assure they are wearing a face mask. and then immediately send them home to contact their medical provider.
 - Community will follow up with the team member regularly.
- Team members will have consistent assignments whenever possible. Crossover between floors and neighborhood will be limited. Hand hygiene is performed prior to leaving and upon entry to neighborhoods, units, and floors.

SCREENING PROTOCOLS

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

- The Community limits points of entry into the building and keeps all entrance doors locked.
- All visitors entering the community undergo screening for fever, symptoms of COVID-19, recent travel and exposure to someone with known or suspected COVID-19.
- Essential medical visitors coming from an outside healthcare agency are asked to supply their own personal protective equipment for moving through the community (mask) or for care of residents on isolation precautions (mask, gown, gloves, goggles/face shield).
- Visitors who do not have personal protective equipment are provided it as indicated by the condition of the resident they are visiting.
- Essential visitors are directed to wash their hands or use an alcohol-based hand sanitizer upon entry to the community.
- Essential visitors are instructed to remain within resident suites at all times and not spend any time in common areas of the community. When moving through the community a facemask must be worn on the mouth, nose and chin must be covered.
- Essential Visitors are permitted to access the skilled nursing facility, who are:
 - Physicians, nurse practitioners, physician assistants, Emergency Medical Services, and other clinicians;
 - Home Health;
 - Department of Human Services Adult Protective Services investigators;
 - Visitors to include but not be limited to family; friends, clergy, and others during end of life situations.;
 - Compassionate Caregivers (refer to 25 below).
 - Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the facility.
 - Department of Health, designees working on behalf of the Department, and local public health officials; and
 - Law Enforcement
- Signage is posted on community entry doors notifying visitors of the policy.

24. NON-ESSENTIAL PERSONNEL

- N/A

SCREENING PROTOCOLS

25. VISITORS – COMPASSIONATE CARE VISITORS

- **“Compassionate care”** refers to caregiver access necessitated to maintain or improve a resident’s health and well-being based on two or more documented “significant changes” in the resident’s care plan.
- **“Compassionate Caregiver” (or “Caregiver”)** refers to a family member, friend, volunteer, or other individual identified by a resident, the resident’s family or facility staff to provide the resident with Compassionate Care.
- Compassionate Care visitation is allowed in limited situations per CMS’s FAQs on Nursing Home Visitation.
 - a) Two or more documented “significant change(s)” in a resident condition. A significant change is defined as “A major decline or improvement in a resident’s status that: 1) will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; the decline is not considered “self-limiting”; 2) impacts more than one area of the resident’s health status; and 3) requires interdisciplinary review and/or revision of the care plan.
 - b) Residents who qualify for Compassionate Caregiving will have it added to their care plan.
 - c) Compassionate Caregivers must show proof of a negative COVID-19 test that was administered within the prior 7 days, preferably 72 hours if testing turn-around times allow, before initiating Caregiver duties. Those Compassionate Caregivers who are unwilling to get a COVID-19 test according to these guidelines will not be permitted entry.
 - d) Caregivers are subject to all ongoing testing requirements that apply to the facility staff pursuant to all guidance and Orders.
 - e) Caregivers are responsible for arranging and covering the cost of testing.
 - f) When applicable, the community will permit up to three responsible parties per resident to be considered Compassionate Caregivers, however, on any given day, each resident will have one 2-hour compassionate visit with the maximum of two caregivers at a time. This is to prevent unnecessary risk to the resident by an increased number of individuals entering the facility
- The first Compassionate Care visit for each Caregiver should be observed by facility staff in the setting in which Caregiving will typically happen (e.g., the resident’s room) to orient Caregivers to specific safety measures the Caregivers need to take to protect residents and staff.
- Upon subsequent visits, staff should check-in, as possible, to ensure safety measures are being adhered to.
- The Community limits points of entry into the building and keeps all entrance doors locked.
- Compassionate Caregivers entering the community undergo screening for fever, symptoms of COVID-19, recent travel and exposure to someone with known or suspected COVID-19 and must adhere to universal masking with a cloth face covering or face shield, frequently practice hand sanitation, and social distancing from staff and other residents.
- Compassionate Caregivers are instructed to remain within resident suites at all times and not spend any time in common areas of the community.
- Social distancing from the resident receiving Caregiving is strongly preferred, but not required if distancing would not achieve the intended health outcomes of the visit.
- Caregivers should not visit more than 2 hours per day, and there should not be more than 2 caregivers per resident at a time.
- If a Caregiver does not comply with one or more of the above public health practices, they will be asked to leave the facility, and their Caregiver status will be reassessed by the community in order to protect staff and other residents.
- Supplies for respiratory and hand hygiene are readily available throughout the community.
 - Soap and paper towels at every sink
 - Alcohol-based hand rubs (containing 60-95% alcohol)
 - Tissues
- The community will keep a log of all Caregivers who enter the facility to include their name, address, phone number, e-mail address, date, time in, and time out, in the event contact tracing is necessary.

SCREENING PROTOCOLS

26. VOLUNTEERS

- No volunteers are permitted during Step 1 except for Compassionate Caregivers as outlined above.

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)

Initial limited resumption of dining (not full communal dining):

- Allows for residents without an active confirmed diagnosis of COVID-19 and without symptoms of COVID-19 to take meals in the dining room in small groups of 10 or less following all social distancing and infection control measures.
- Restricted to 10 people (combined residents and team members) at a time in the dining room.
- Residents are scheduled in advance to assigned times in the dining room through a RSVP process
- Residents may decline eating in a dining room and receive meals in their room.
- Lunch and dinner are served in the main dining room during normal hours of operation.

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

- To foster social interaction, two tables may be pushed together, seating a resident at each end of the table.
- Strict social distancing of 8 ft. while eating unmasked is maintained.
- Bistros, private dining rooms and activity rooms may be used to create additional distinct dining spaces. Large dining rooms may be partitioned off into smaller distinct dining spaces. Each distinct dining seat will allow for strict social distancing of 8 ft. and a maximum of 10 people total.
- Couples or roommates that cohabitate may dine together at the same table.

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

- Residents wash hands or use an alcohol-based hand sanitizer when arriving to and departing from the dining room or other common area.
- Team members wash hands prior to serving and after clearing tables, and wear gloves during meal service.
- Single use paper table menus are used, and menu covers are not used.
- There are no condiments and décor on the tabletop. Condiments are served on the side at the time of service.
- Only disposable aprons are used in the dining rooms.
- High touch surfaces are sanitized between seatings.
- For dining room service, china, glassware and flatware is used and limited place settings are set before service. All dishes, glassware, and flatware are machine washed.
- Additional items are brought as needed throughout service. Unused items are removed after each seating and wash/sanitize.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

- 1:1 assistance with dining is provided in a distinct location (e.g., bistros, private dining rooms, activity rooms).
- Team members only assist one resident at a time.
- Team members must wear a mask, wash their hands and change gloves before assisting each resident, and must wash hands again when done providing assistance.
- Strict social distancing of 8 ft. while unmasked is maintained, other than between the resident and team member providing assistance.

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)

Outdoor Activities

- Residents, or as applicable, residents' legal decision maker must sign the appropriate version of the Acknowledgement and Agreement for Residents to Leave Suite prior to residents participating in Resident Outdoor Activity.
- Team members must wear masks at all times and appropriate PPE, as required.
- Residents will wear masks as tolerated in communities without the presence of COVID-19, and must wear masks in communities with the presence of COVID-19 when outside of their suite, except while eating.
- Social distancing is maximized; 6 ft. or more at all times if a mask is used, or 8 ft. or more at all times if a mask is not tolerated.
- Social distancing is maintained during elevator use; one resident with one team member at a time. Couples and roommates may travel in an elevator together.
- Residents without an active confirmed diagnosis of COVID-19 and without symptoms of COVID-19 may walk around and sit on community grounds only, following all social distancing and infection control measures.
- Residents must wash hands or use an alcohol-based hand sanitizer when arriving to and departing from their outdoor activity.
- All hard surfaces, high touch areas and seating are sanitized using approved products prior to and following the outdoor activity.
- One team member may accompany more than one resident on a walk (2 residents, max), or a grouped seating arrangement (max – 3 residents, social distancing requirements permitting).
- Residents "schedule" their outdoor activity with the Activity & Volunteer Coordinator.
- Residents who are currently assessed and documented in their care plan as able to go outdoors unaccompanied, i.e., will be compliant with staying on premises, maintaining social distance, hand hygiene, and wearing a face mask, may go outside unattended.
- Residents must check in with the concierge on exiting and re-entering and are reminded to wash their hands upon return to their room.
- Residents who are assessed and documented in their service plan as needing supervision to go outside, are accompanied by a team member for outdoor activities.
- No more than 3 people should walk at one time, so that social distance may be maintained. (2 residents + 1 TM; 3 independent residents).

Indoor Activities/Programming:

- Same infection control and precautionary measures as above – with the following:
- Five or fewer residents will participate in an activity or program
- Signed copies of the Acknowledgement and Agreement for Residents will be collected and kept in resident files prior to participating in Limited Resumption of Activities.
- Resident RSVP lists will be printed no later than the day before the program.
- The Maintenance Coordinator, in collaboration with other Coordinators and Directors will use the community floor plans to measure, mark and keep track of how each room should be set up prior to the start of programming to maintain social distancing.
- Programming areas and schedules are coordinated with maintenance team members and housekeepers to ensure proper sanitation throughout the day. This includes common area restrooms near the dining room and other pre-selected programming areas.
- Exercise and other programs in common areas are rotated and scheduled to give everyone a chance to come out of their rooms as frequently as possible and per resident preferences.
- Paper bags with resident names are provided during programming to ensure that they use their own set of activity supplies.

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

Community is entering reopening at Step 1.
When the community is ready for Step 2, the above in #31 applies, with 10 or fewer residents social distancing by at least 6 ft., hand hygiene, and universal masking is required.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Community is entering reopening at Step 1.
Once the community is in step 2, and is ready for step 3, information will be provided.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Community is entering reopening at Step 1.
Once the community is in step 2, and is ready for step 3, information will be provided.

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

VENDORS and CONTRACTORS: (step 1)

- Interior access to the community is limited to vendors providing emergency or life safety services. All other vendors, including delivery personnel, may not enter the community.
- Vendors must pass mandatory screening protocols before entering the community.
- Upon entering the community, vendors must:
 - Wash hands and/or use an approved alcohol-based hand sanitizer, and
 - Maximize social distancing; 6 ft. or more at all times, and
 - Wear a medical mask or cloth face covering at all times.
- Replacement installation of carpet/flooring in resident units will occur only if damaged, unsafe or uncleanable.
- Elevators: Repair/replacement for compromised units only.
- Delivery of furniture where required to provide resident room furniture.
- Repair of compromised HVAC systems affecting common areas or occupied resident rooms.
- Service calls to repair network infrastructure or connectivity issues, a down telephone switch, or down telephone system.
- Kitchen equipment - Emergency repair/replacement only.
- Interior treatment of infestations only. Otherwise, routine exterior preventative applications.
- Pharmacy deliveries and required consultant visits.
- Repair of compromised plumbing systems affecting common areas or occupied resident rooms.
- Service calls to repair resident safety systems (i.e., E-Call, perimeter safety).
- Installation of pre-approved or priority enhanced door security to automate the locking and unlocking of exterior doors.
- Emergency sprinkler system routine maintenance. No interior access generally required.

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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

Community is entering reopening at Step 1. During Sept 2, non-essential personnel will not be allowed. Information will be provided for Step 3 when the community is ready to move forward.

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

Community is entering reopening at Step 1. During Step 2, non-essential personnel will not be allowed. Information will be provided for Step 3 when the community is ready to move forward.

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

Outdoor visitation:

- Family visits may be scheduled 6 days a week Sun-Fri 10am - 4:00 pm, or as frequently as the community is able. Each resident may have a maximum of 1 scheduled visit per week.
- Visits are scheduled for 30-minute blocks with an additional 15 minutes dedicated to transporting residents and sanitizing surfaces prior to the next group's arrival.
- Visits are scheduled with one resident at a time and two family members.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

- Visits are scheduled outside of mealtimes. Potential visitation times are 9:00–11:00 am and 1:30–4:30 pm
- Visitors contact the concierge to schedule visits at least 48 hours in advance. The concierge maintains the master visitation list.
- A team member trained in resident safety and infection control will accompany the resident to and from the designated outdoor visitation space and remain with the resident(s) at all times during the visit. Team members will provide as much privacy for the resident and their visitor(s) as possible while still providing supervision.
- If a visitor has symptoms or has tested positive for COVID-19, the visit will not take place.

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

- Hard surfaces, high touch areas, and seating is sanitized using approved products prior to the first visit of the day and again after each group's visitation.
- A hand sanitizing station is available at the outdoor screening station for use before and after visits, as well as the indoor visitation common area. Team members assist residents with hand hygiene prior to entering the outdoor visitation space. Visitors perform hand hygiene at the screening station prior to entering the outdoor visitation space. Team members and residents sanitize hands prior to reentering the community.

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

- Each resident may have up to two visitors at a time. Visitors must be 12 years of age or older. Visitors including the children must be able to wear a face covering during the entire visitation and follow social distancing protocols.
-

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

Scheduled visits will be by reservation; however, visitation will be prioritized for residents with diseases that cause progressive cognitive decline (e.g. Alzheimer's disease) and residents' feelings of loneliness.

VISITATION PLAN

STEP 2	<p>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)</p> <ul style="list-style-type: none"> Residents without an active confirmed diagnosis of COVID-19 and without symptoms of COVID-19 to receive visitors outdoors on community grounds following all social distancing and infection control measures Visitors of residents actively dying and/or on Hospice will continue to be permitted inside the community
	<p>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</p> <ul style="list-style-type: none"> Outdoor visitation areas are accessible without the visitor having to enter the community. Visitors may not enter the community for any reason, including for use of a restroom. Visitation will occur in an area that does not conflict or comeingle with residents participating in outdoor programming Location of visits are determined by the community team. Potential locations include an outdoor porch or courtyard, or a tented location in the parking lot or lawn. Location will be shaded and weather tolerant. Location will be considered a neutral zone.
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <ul style="list-style-type: none"> Visitation areas include seating for the resident and all visitors. Seating will be clearly and visibly marked (e.g., with yellow tape, roped off, chalk, etc.) to indicate appropriate social distancing. Visitation will occur in an area that does not conflict or comeingle with residents participating in outdoor programming. Location of visits are determined by the community team. Potential locations for visits include an outdoor porch or courtyard, or a tented location in the parking lot or lawn. Location will be shaded and weather tolerant.
	<p>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</p> <p>Community is entering reopening at Step 1. Information will be provided for Steps 2 and 3 when the community is ready to move forward.</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>Indoor visitation:</p> <ul style="list-style-type: none"> Indoor visits will be considered based on the following conditions: <ul style="list-style-type: none"> Inclement weather, including excessive heat or humidity, cold, rain, snow, wind or a risk of a storm, or to meet a regulatory requirement. The location will be the nearest interior small common area – nearest to the entrance, which is the 1st floor bistro. It is located immediately to the left of the facility entrance and is considered a neutral zone.
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>Community is entering reopening at Step 1. Information will be provided for Step 3 once the community has entered step 2 and is ready to ready to move forward.</p>

VISITATION PLAN

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

Community is entering reopening at Step 1. Information will be provided for Step 3 once the community has entered step 2 and is ready to ready to move forward.

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")

Community is entering reopening at Step 1. Information will be provided for Step 3 once the community has entered step 2 and is ready to ready to move forward.

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

Community is entering reopening at Step 1. Once the community has entered Step 2, information will be provided for Step 3.

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

Community is entering reopening at Step 1 and will not be allowing volunteers in Step 2. Once the community is ready for Step 3, information will be provided.

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

Community is entering reopening at Step 1 and will not be allowing volunteers in Step 2. Once the community is ready for Step 3, information will be provided.

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

Lisa Rossino

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.

Lisa Rashine, NHA

SIGNATURE OF NURSING HOME ADMINISTRATOR

9-11-2020

DATE