

# The Village

AT PENN STATE



## 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 Village At Penn State	
2. STREET ADDRESS 160 Lions Hill Road	
3. CITY State College	4. ZIP CODE 16803
5. NAME OF FACILITY CONTACT PERSON Amy Comstock, NHA	6. PHONE NUMBER OF CONTACT PERSON 814-235-8915

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 8/10/2020	

## 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 8, 2020, Order of the Secretary of Health](#))*

**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 8, 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**

July 8, 2020

## 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](#)**

July 13, 2020 to July 15, 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**

We have test kits on site and our contracted labs have confirmed they have a sufficient supply. Our staff have demonstrated the ability to competently collect samples. Our contracted labs have confirmed the capacity to process samples.

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

Our staff are able to collect samples. Our contracted labs have sufficient numbers of test kits and sufficient capacity to process samples. If there would be an outbreak we would be able to test all residents and staff in a 24 hour period.

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

See number 12, above.

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

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

All Village At Penn State Staff are considered essential, have been tested and are screened before and at the end of each shift. Non-essential staff entering the community in Step 2 will be subject to the same screening as staff and must practice masking, eye protection, social distancing, and hand hygiene. Volunteers will not be present in the community until Step 3. When utilized, volunteers will be screened and will practice masking, social distancing, and hand hygiene. The need for testing of non-essential staff and volunteers would be based on the number of days per week the individual is in our building. Non-essential staff and volunteers who are in our building 3 or more days per week will be tested as our staff are tested.

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

Residents who decline baseline testing or are unable to be tested will be assumed to be potentially exposed and will be in transmission based isolation for 14 days from the date of the testing.

Staff who decline baseline testing or are unable to be tested will be assumed to be potentially exposed and cannot be assigned to work with residents in unexposed Green Zones, which may prevent them from working in the Health Center for 14 days from the date of testing.

### 17. ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19

Residents who test positive for COVID-19 or who are diagnosed based on symptoms will be in transmission based isolation for 14 days. All residents reside in private rooms with private bathrooms. Residents may be moved to a Red Zone that is physically separated from other rooms if there are a sufficient number of rooms available in the Red Zone. If capacity prevents moving one or more positive residents to a physically separate Red Zone, the rooms of each positive resident will become Red Zones. Staff will be assigned only to the Red Zone or only to positive / potentially positive residents. Additional commonly used equipment has been purchased to limit the need for shared equipment. In the event a piece of equipment must be shared it will be fully cleaned and disinfected prior to use.

### 18. TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED) DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN

PPE is inventoried at least weekly. Our current supply of masks, gowns and gloves would be sufficient for at least one month. We order from multiple suppliers to increase our ability to receive needed supplies.

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

Staffing is at normal capacity. We have not experienced shortages due to COVID-19 exposure or illness or child care issues. In the event staff are affected by COVID-19 in a way that prevents them from reporting to work we are prepared to change role responsibilities throughout levels of care in the community to meet the needs of residents. For example, nurses who are currently in administrative roles can be assigned tasks that require a nursing license and/or non-licensed nursing tasks. Administrative support staff can assist with meal service and resident socialization.

## 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

In the event Centre County is reverted to a Red Phase of the governor's opening plan the following changes will be implemented:

1. Visitor Policies will revert to restriction of visitors, volunteers, non-essential healthcare personnel, other nonessential personnel and contractors (ex. barbers and beauticians). There will be no crossover visitation from independent living and personal care residents to the skilled nursing residents. Exceptions to this restrictions may include: physicians; nurse practitioners; physician assistants; home health and dialysis services; Department Of Aging personnel; family, friends and clergy of residents at end of life; hospice services; Department of Health personnel.
2. Dining Services will revert to in-room meal service for residents who are assessed to be capable of feeding themselves without supervision or assistance. Residents who are at risk for choking or aspiration and who may cough at meal times should be assisted with meals in their rooms if possible. If unable to assist these residents in their rooms the residents will be seated at individual tables, separate from other residents and spaced at least 6 feet apart. Staff assisting these residents will wear appropriate PPE and perform hand hygiene each time they switch assistance between residents.

## 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

Currently, there are no residents or staff who have tested positive. Resident are screened twice daily for changes in temperature, oxygenation, and the common signs / symptoms of COVID -19. Routine COVID-19 testing will be conducted according to the intervals as outlined in the HHS/ CMS memo QSO-20-38-NH distributed on August 26, 2020 and the PA Department of Health GUIDANCE ON COVID-19 FOR SKILLED NURING FACILITIES IN PA dated September 3, 2020. Staff will explain the importance of testing and quarantine/ transmission based precaution periods to residents (or resident representative) that refuse routine testing.

### 22. STAFF

Staff are screened prior to and at the end of each shift. Staff whose primary work assignment is the Atrium are screened in the reception area of the Atrium. The following areas are included in the screening that occurs at the beginning of the shift; Handwashing / Hand sanitizing, Temperature, Department Of Health recommended screening questions, as well as the latest guidance for travel and symptoms. Failure to wash / sanitize hands or answers identified as possible risks for COVID-19 are triggers for the person to mask (if mask is not already in place) and remain in the screening area until evaluated by the supervisor or RN in charge. Temperatures are recorded at the end of each shift. Staff are not permitted to screen themselves. Routine testing of staff will be conducted at the intervals as outlined in the HHS/ CMS memo QSO-20-38-NH distributed on August 26, 2020 and the PA Department of Health GUIDANCE ON COVID-19 FOR SKILLED NURING FACILITIES IN PA dated September 3, 2020. Staff refusing routine testing and are symptomatic will be prohibited from entering the facility until the return to work criteria is met.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are screened in the same manner as staff.

### 24. NON-ESSENTIAL PERSONNEL

In Step 2 non-essential personnel will be screened in the same manner as staff.

## SCREENING PROTOCOLS

### 25. VISITORS

Visitors are screened in the same manner as staff.

Visitors approved by the facility to be designated as compassionate caregivers as defined in CMS FAQ on Nursing Home Visitation dated June 23, 2020 and the PA Department of Health GUIDANCE ON COVID-19 FOR SKILLED NURSING FACILITIES IN PA dated September 3, 2020 will be required to show proof of a negative COVID-19 test that was administered within the prior 7 days but preferably 72 hours prior to initiating caregiver duties (at their own responsibility). The caregiver is subject to ongoing testing requirements that apply to facility staff, at their own responsibility.

### 26. VOLUNTEERS

In Step 3, if utilized, volunteers will be screened in the same manner as staff.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

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

Meal service times have changed slightly to accommodate the increased time needed to serve residents in their rooms and in three new dining areas (Activity Room, Second Floor Lounge, First Floor Lounge) established to provide adequate social distancing of residents who cannot safely eat in their rooms.

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

Tables are spaced to allow residents to sit at least 6 feet apart. There is one resident seated at each table. Residents who are known to be prone to coughing at meals are positioned to avoid coughing in the direction of other residents.

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

Tables are sanitized with an EPA registered disinfectant before and after meals.

Staff who assist residents known to be at risk for choking or coughing wear eye protection and gowns, in addition to masks.

Staff who assist residents must hand sanitize when switching between residents.

Staff assist residents to hand sanitize before meals.

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

None

## ACTIVITIES AND OUTINGS

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

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

Activities will be limited to groups of residents who have not been exposed to COVID – 19. Group size will be limited to 5 or fewer residents. Staff will assist residents to wear a face covering (as tolerated), social distance and wash or sanitize hands before and after each activity.

Activities will be held in the main dining room, one of the lounge areas on the first or second floors or outside to ensure appropriate space for social distancing.

Activities may or may not utilize game pieces or other shared equipment. If possible, disposable game pieces or equipment will be used. If disposable game pieces / equipment are not feasible game pieces / equipment will be sanitized with a disinfectant and procedure recommended by the CDC.

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

Activities will be limited to groups of residents who have not been exposed to COVID – 19. Group size will be limited to 10 or fewer residents. Staff will assist residents to wear a face covering (as tolerated), social distance and wash or sanitize hands before and after each activity.

Activities will be held in the main dining room, one of the lounge areas on the first or second floors or outside to ensure appropriate space for social distancing.

Activities may or may not utilize game pieces or other shared equipment. If possible, disposable game pieces or equipment will be used. If disposable game pieces / equipment are not feasible game pieces / equipment will be sanitized with a disinfectant and procedure recommended by the CDC.

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

Activities will be limited to groups of residents who have not been exposed to COVID – 19. Group size will be limited to a number that allows adequate social distancing in the space available for the activity. Staff will assist residents to wear a face covering (as tolerated), social distance and wash or sanitize hands before and after each activity.

Activities will be held in the main dining room, one of the lounge areas on the first or second floors, or outside to ensure appropriate space for social distancing.

Activities may or may not utilize game pieces or other shared equipment. If possible, disposable game pieces or equipment will be used. If disposable game pieces / equipment are not feasible game pieces / equipment will be sanitized with a disinfectant and procedure recommended by the CDC.

Activities may be provided by outside presenters (non-essential personnel) who have been screened and follow guidelines for hand hygiene, masking and social distancing.

Volunteers may be utilized and will be screened in the same manner as staff.

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

Outings will depend on the trend of COVID 19 in the surrounding community. Locations for outings will be selected based on the ability to provide adequate social distancing and hygiene practices.

**NON-ESSENTIAL PERSONNEL**

<p>In Step 2, non-essential personnel <u>deemed necessary</u> by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>). In Step 3, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, eye protection and universal masking are required for non-essential personnel.</p>
<p><b>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</b></p> <p>The following non-essential personnel will be admitted to provide care to residents in Step 2: Beautician/Barber, Podiatrist, Dental Hygienist, Audiologist, Optometrist. These individuals will be screened and will follow guidelines for hand hygiene, masking, eye protection and social distancing.</p>
<p><b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b></p> <p>Non-essential personnel will be educated about social distancing, hand hygiene, eye protection and universal masking. Facility staff will screen non-essential personnel and observe interactions with residents to ensure guidelines are followed.</p>
<p><b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b></p> <p>Exposed and Potentially Exposed residents quarantine in their private rooms. The doors of the rooms of residents in Red or Yellow zones are closed and clearly identified with red or yellow stops signs. In addition, non-essential staff receive lists of residents they are to provide care to. Any resident known to be exposed or who was potentially exposed would not be included on any lists to receive routine care.</p>

<b>VISITATION PLAN</b>	
	<p>For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, eye protection and universal masking are required for visitors.</p>
<b>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</b>	<p>Visitation will be scheduled at facility designated times daily through the community life department. Each visit will be limited to 30 minutes. Visitation will take place in neutral zones designated by the facility.</p>
<b>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b>	<p>Visitors will schedule visits by contacting the community life department at (814)235-8921.</p>
<b>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</b>	<p>Community Life or other staff will disinfect seating and high touch surfaces using an EPA registered disinfectant between each visit.</p>
<b>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b>	<p>Two visitors may visit a resident at one time. Visitors with children may be accommodated with advanced notice.</p>
<b>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b>	<p>If necessary, resident visits will be prioritized for residents with cognitive impairment, residents who express feelings of loneliness, or who have another individualized need.</p>
<b>5   43. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP</b>	

**VISITATION PLAN**

	<p><b>2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)</b></p> <p>Residents who have not been exposed or potentially exposed can safely accept visitors in designated neutral zones outside or indoors. Outdoor visitation is preferred. Residents with an intolerance to specific weather conditions or whose cognitive impairment would inhibit outside visitation will visit in neutral zones indoors. Residents that do not tolerate masking may accept in- room visits limited to 2 persons. After the screening process, visitors will be accompanied by staff to th resident room, educated regarding masking, hand hygiene, and social distancing. Visitors will be instructed to ring the call bell upon conclusion of the visit so staff may accompany them to the exit. The seating and high touch areas of the resident’s room will be cleaned using an EPA registered disinfectant at the end each visit.</p> <p><b>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</b></p> <p>Outdoor visitation will occur in a designated area on the covered patio of the Atrium. Visitors will enter the reception area to be screened and then exit the building to wait in the Patio area for the resident to be brought to the Patio.</p> <p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>Markings will be placed on the floor of the Patio to identify the placement of the two visitor chairs and the resident. Staff will remain in the area to observe that the spacing is maintained.</p> <p><b>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</b></p> <p>The Atrium Small Dining Room will be utilized as an indoor visitation space, in the event of adverse temperature or severe weather. Visitors will enter the reception area to be screened and then will be guided to the Small Dining Room by staff. There are no resident rooms or common areas between the entrance and the Small Dining Room.</p> <p><b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>Markings will be placed on the floor of the Atrium Small Dining Room to identify the placement of the two visitor chairs and the resident. Staff will remain in the area to observe that the spacing is maintained.</p>
<b>STEP 3</b>	<p><b>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)</b></p> <p>Residents who have not been exposed or potentially exposed can safely accept visitors in designated neutral zones indoors or in their rooms. Visitation in neutral zones indoors or outdoors is preferred. Residents who are unable to tolerate transporation to a neutral zone may receive visitors in their room.</p> <p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>If weather permits, outdoor visitation will be utilized.</p> <p><b>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”)</b></p> <p>Same</p> <p><b>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”)</b></p> <p>Same</p> <p><b>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”)</b></p>



### VISITATION PLAN

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**

Visitors will be screened and required to wear a face covering and wash or sanitize hands. Staff will assist visitors to and from the residents' rooms. Resident rooms are private rooms. The seating and high touch areas of the resident's room will be cleaned using an EPA registered disinfectant at the end each visit.

### VOLUNTEERS

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

**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 educated about social distancing, hand hygiene, and universal masking. Facility staff will screen volunteers and observe interactions with residents to ensure guidelines are followed.

Exposed and Potentially Exposed residents quarantine in their rooms. The doors of the rooms of residents in Red or Yellow zones are closed and clearly identified with red or yellow stops signs. In addition, volunteers receive lists of residents they will be assisting. Any resident known to be exposed or who was potentially exposed would not be included on lists to be assisted by volunteers.

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

Volunteers may transport residents and monitor interactions in identified visitation areas.

### ATTESTATION

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**

Ellen Corbin, RN, MHA, NHA

**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.

**Amy Comstock, BSN, RN, NHA, CDP**  
SIGNATURE OF NURSING HOME ADMINISTRATOR

**9/16/2020**  
DATE