

Implementation Plan for Reopening
In Accordance with the Pennsylvania Department of Health's
Interim Guidance During COVID-19
Brandywine Living at Senior Suites

FACILITY INFORMATION	
1. FACILITY NAME Brandywine Living at Senior Suites	
2. STREET ADDRESS 2101 New Hope Street	
3. CITY East Norriton	4. ZIP CODE 19401
5. NAME OF FACILITY CONTACT PERSON Jessica Gonzalez	6. PHONE NUMBER OF CONTACT PERSON 610-272-6200

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

July 16, 2020

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

FURTHER GUIDANCE NEEDED BY STATE ON INSPECTION SURVEY NEED.

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

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

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

6/27/2020 to 7/5/2020

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

A CONTRACT WITH PRIVATE LABORATORY (GENETWORX) WAS OBTAINED. THE LABORATORY CAN PROVIDE TEST RESULTS WITHIN 24 HOURS FOR THOSE RESIDENTS SHOWING SYMPTOMS. TESTING MATERIALS ARE ON-SITE AND ACCESSIBLE.

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

CONTRACT WITH PRIVATE LABORATORY (GENETWORX) CAN PROVIDE TEST RESULTS WITHIN 24 HOURS FOR ALL RESIDENTS AND EMPLOYEES IF THE FACILITY EXPERIENCES AN OUTBREAK. A PRIVATE CONTRACT WITH CCS IS USED FOR TESTING ADMINISTRATION OF ALL EMPLOYEES.

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

THE COMMUNITY HAS CAPACITY AND CAPABILITY FOR ALL OF STAFF TESTING ADMINISTRATION. THE COMMUNITY HAS AMPLE TEST KITS ON-SITE TO ACCOMMODATE THE CENSUS OF ACTIVE EMPLOYEES.

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

NONESSENTIAL STAFF AND VOLUNTEERS WOULD BE TESTED WITH OUR PRIVATE CONTRACT AND INVENTORY OF TESTS ACCESSIBLE AT THE COMMUNITY.

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

IF A RESIDENT IS UNABLE TO BE TESTED, THE RESIDENT IS PLACED ON QUARANTINE FOR 14 DAYS. IF A STAFF MEMBER IS UNABLE TO BE TESTED, STAFF MUST REMAIN OUT OF WORK UNTIL RETESTED.

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*.

ANY RESIDENT WITH A POSITIVE COVID RESULT OR WHO IS PRESUMPTIVE POSITIVE (BASED ON SYMPTOMS OR EXPOSURE) WILL BE PLACED ON ISOLATION UNTIL TEST RESULTS ARE OBTAINED.

INDIVIDUALS WHO ARE PLACED ON ISOLATION WILL ISOLATE IN A SINGLE ONLY. STAFF WILL USE FULL PPE AND WILL BE PLACED IN A LOCATION AWAY FROM NON-COVID RESIDENTS.

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)

CURRENT CACHE INCLUDES GLOVES, SANITIZER, FACE SHIELDS, GOGGLES, HAIR COVERINGS, SHOE COVERINGS, GOWNS, N-95 MASKS, AND SURGICAL MASKS. WEEKLY INVENTORY MAINTAINED WITH STOCK RESUPPLY WEEKLY OR AS NEEDED.

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

THE COMMUNITY IS SUFFICIENTLY STAFFED. THE CURRENT STAFFING STATUS IS AS FOLLOWS:

WELLNESS DIRECTOR- FULL TIME

- 1. REFLECTIONS (MEMORY CARE) COORDINATOR NURSE -FULL TIME***
- 2. 2 LICENSED NURSING STAFF DAY SHIFT, 2 LICENSED NURSING STAFF EVENING SHIFT, 1 LICENSED NURSE ON NIGHT SHIFT***
- 3. PCAS- ALL THREE SHIFTS WILL STAFFED THAT MEET/EXCEED DHS REQUIREMENTS.***
- 4. HOUSEKEEPING 2 -3 STAFF DAY SHIFT 2-3 STAFF EVENING SHIFT***

PERDIEM STAFF AVAILABLE TO ASSIST AS NEEDED.

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

NOTIFICATION TO OUR COMMUNITY THROUGH OUR INTERNAL TRACKER WHICH MONITORS ALL COUNTY PHASES, AS WELL AS, COMMUNITY PHASES BASED ON ANY POSITIVE RESIDENTS FROM TESTING.

NOTIFICATION/COMMUNICATION SYSTEM IN PLACE TO SHARE CHANGES RELATED FOR FAMILIES, STAFF AND RESIDENTS AND KEY STAKEHOLDERS.

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

WELLNESS STAFF MONITOR RESIDENTS DAILY THROUGH VITAL SIGN CHECKS, OBSERVATION AND ASSESSMENT OF RESIDENT FOR ANY SIGNS AND SYMPTOMS ASSOCIATED WITH COVID OR OTHER RESPIRATORY ILLNESS.

RESIDENTS ARE EDUCATED ON HAND SANITIZER USE , SANITIZER LOCATIONS, AND PROPER HAND HYGIENE (WHEN/HOW/WHERE). AND, WHEN TO USE A CLOTH OR SURGICAL MASKS, SUCH AS, WHEN EMPLOYEE ENTERS RESIDENT ROOM OR IF RESIDENT LEAVES ROOM.

22. STAFF

THE COMMUNITY HAS A FORMAL SCREENING PROCESS AT THE FRONT DESK. ALL STAFF HAVE TEMPERATURE CHECK UPON ENTERING THE COMMUNITY AT THE START OF EACH SHIFT TO CLEAR ACCESS. ANY TEMPERATURE OVER 99.2 EMPLOYEE IS RESTRICTED FROM ENTERING THE COMMUNITY.

EACH EMPLOYEE IS QUESTIONED ON RECENT TRAVEL LOCATIONS, ANY SIGNS OF ILLNESS CONSISTENT WITH COVID, AND ANY CONTACT WITH A POSITIVE COVID PERSON.

ALL STAFF ARE TESTED REGULARLY VIA ANTERIOR NARES PCR TEST AND SUBMITTED TO PRIVATE CONTRACT LABORATORY AND PHYSICIAN OVERSIGHT.

ANY "NEW" EMPLOYEE WHO TESTS POSITIVE ON THEIR TEST DATE ARE ASSUMED AS A COMMUNITY ACQUIRED (NOT FACILITY) INFECTION WHEN THE PCH HAS 0% NOSOCOMIAL RATE OF POSITIVE COVID TESTS IN RESIDENT POPULATION.

ANY "NEW" EMPLOYEE THAT TESTS POSITIVE AS A RESULT OF TESTING OR OTHERWISE MUST REMAIN OUT OF THE COMMUNITY IN ACCORDANCE WITH APPLICABLE CDC GUIDELINES.

HAND SANITIZER IS USED AT TIME OF COMMUNITY ACCESS AND REMINDERS OF USE AND PROPER HAND HYGIENE PRACTICE IS REVIEWED.

SURGICAL MASKS ARE IN USE IN COMMUNITY OR N95 WITH ANY POSITIVE RESIDENT COVID CASE.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

THE SAME ENTRANCE PROCEDURE WITH SCREENING TOOL AND TEMPERATURE CHECK IS USED. PERSON MUST ALSO SHOW RESULTS OF NEGATIVE COVID TEST DONE WITHIN THE LAST WEEK. HEALTHCARE

PERSONNEL WHO ARE NOT STAFF ARE TESTED WITH EMPLOYEE SCHEDULE USING NASAL SWAB TESTING. HAND SANITIZER AT TIME OF ENTRANCE AND EDUCATION OF USE IS REVIEWED.

A N-95 MASK WILL BE WORN WHILE IN THE COMMUNITY.

24. NON-ESSENTIAL PERSONNEL

CURRENTLY NONESSENTIAL IS NOT ALLOWED IN THE COMMUNITY.

WHEN RESTRICTION IS LIFTED BY THE COMMUNITY, THE SAME FRONT DESK SCREENING PROCESS TO BE CLEARED TO ENTER THE COMMUNITY WILL BE USED. THE QUESTIONNAIRE AND TEMPERATURE CHECK WILL BE USED AND REMINDER OF USE OF A N95 MASK WILL BE REQUIRED. HAND SANITIZER AT TIME OF ENTRANCE AND EDUCATION OF USE WILL BE REVIEWED.

25. VISITORS

AT THIS TIME VISITORS ARE NOT ALLOWED INSIDE THE COMMUNITY UNLESS IT IS A ESSENTIAL VISIT DUE TO HOSPICE.

FOR THOSE EXCEPTIONS, WE WILL USE THE SAME SCREENING TOOL, TEMPERATURE CHECK, MASKS WHICH CAN BE CLOTH MASK. HAND SANITIZER USE AND SOCIAL DISTANCING WILL BE USED AND EDUCATED ON AND MONITORED BY COMMUNITY STAFF.

VISITORS WILL BE ALLOWED OUTSIDE THE COMMUNITY WHEN APPROPRIATE.

WE WILL USE THE SAME SCREENING TOOL, TEMPERATURE CHECK, MASKS WHICH CAN BE CLOTH MASK AND SOCIAL DISTANCING. THE SCREENING WILL BE DONE OUTSIDE IN DESIGNATED AREA. OUTDOOR VISITS WILL BE SCHEDULED AND BY APPOINTMENT ONLY.

26. VOLUNTEERS

AT PRESENT TIME THERE IS NO PLAN TO ALLOW VOLUNTEERS INTO THE COMMUNITY.

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)

THE COMMUNITY WILL IMPLEMENT MULTIPLE SEATING OFFERINGS ON A SOCIALLY SAFE BASIS. WE WILL OFFER STAGGERED HOURS TO ENSURE ENOUGH TIME BETWEEN SEATINGS.

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

TABLE FORMATION HAS BEEN CHANGED WITHIN THE DINING ROOM AREAS TO ENSURE 6 FT DISTANCE BETWEEN RESIDENTS.

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

ALL STAFF WILL FOLLOW INFECTION CONTROL MEASURES THAT INCLUDE USE OF MASKS AND GLOVES AND SANITATION BETWEEN EACH USE OF TABLES AND CHAIRS. ALL TABLES ARE STRIPPED, SANITIZED, RESET AFTER EACH MEAL.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

COMMUNITY WILL INFORM RESIDENTS OF DINING OPTIONS TO OBTAIN PREFERENCE OF TIME AND LOCATION OF COMMUNAL DINING. SOME SATELLITE DINING AREAS WILL BE SET UP FOR OTHER DINING LOCATION OPTIONS.

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)

RESIDENT PROGRAMMING WILL BE OFFERED IN IDENTIFIED PROGRAM AREAS THAT ALLOW FOR SOCIALLY SAFE PROGRAMMING FOR FIVE RESIDENTS AT A TIME. PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, EXERCISE CLASSES, ART PROJECTS, VIRTUAL PROGRAMS, COGNITIVE PROGRAMS, ETC. OFFERINGS (PENDING ON WEATHER) WILL BE OFFERED IN IDENTIFIED INSIDE SPACE OR OUTSIDE.

ALL RESIDENTS WILL BE INSTRUCTED TO WEAR A MASK ALONG WITH STAFF DURING ALL PROGRAMS. STAFF WILL ESCORT RESIDENT TO PROGRAM AREA. AND, PROGRAM OFFERINGS WILL BE SCHEDULED AT SET TIMES AND BE PARALLEL TO IN-ROOM OFFERINGS.

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

TEN PERSON GROUPS WILL CONSIST OF PROGRAM CONTENT THAT IS ON THE MONTHLY SCHEDULE THAT INCLUDES PHYSICAL, SPIRITUAL, COGNITIVE, EMOTIONAL AND CREATIVE PROGRAM OFFERINGS.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

COMMUNITY WILL FOLLOW THE MONTHLY PROGRAM SCHEDULE AND CONTINUE TO FOLLOW INFECTION CONTROL MEASURES AS OUTLINED IN BRANDYWINE POLICY, WHICH INCLUDES SANITATION OF SPACE AND PROGRAM MATERIALS BETWEEN PROGRAMS.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

OUTINGS, PER RESIDENT CHOICE, WILL BE OFFERED, SCHEDULED AND DEFINED TO ENSURE THE LOCATION IS SAFE, OPEN AND ACCESSIBLE FOR RESIDENTS. OUTINGS USING BUS WILL BE HALF FILLED TO ENSURE SOCIAL DISTANCING AND SANITATION PROCEDURES WILL FOLLOWED BEFORE AND AFTER EACH TRIP OUTSIDE THE COMMUNITY.

NON-ESSENTIAL PERSONNEL

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

ALL MANDATORY INSPECTIONS TO INCLUDE FIRE, WATER, KITCHEN SANITATION, GENERATOR TESTING, GREASE TRAP FLUSH OUT, SPRINKLER AND ELEVATOR INSPECTIONS. UTILITIES REPAIR.

CONTRACTOR REPAIRS TO ROOMS, SUCH AS, AIR CONDITIONING REPAIR, HEATING REPAIR, FLOORING AND WALL REPAIRS.

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

ALL NON-ESSENTIAL PERSONNEL WILL BE EDUCATED ON SOCIAL DISTANCING, HAND HYGIENE AND UNIVERSAL MASKING BY THE SCREENER PRIOR TO ACCESSING THE COMMUNITY. ALL SCREENING PROTOCOLS WILL BE FOLLOWED.

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

RESIDENTS EXPOSED TO COVID WILL BE ON ISOLATION. THERE WILL BE NO NON-ESSENTIAL PERSONNEL IN LOCATIONS WHERE EXPOSED COVID RESIDENTS ARE LOCATED.

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

SCHEDULES ARE DEVELOPED TO ENSURE LIMITED INTERRUPTION TO THE COMMUNITY OPERATIONS, SUCH AS, BEFORE AND AFTER MEALS. TO ACCOMODATE FAMILIES, VISITS WILL BE NO MORE THAN 30 MINUTES.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

FAMILIES WILL BE NOTIFIED OF THE COMMUNITY DAYS AND TIMES FOR VISITATION AND WOULD BE INSTRUCTED TO SCHEDULE A VISIT APPOINTMENT WITH THE CONCIERGE. THE CONCIERGE WILL MANAGE THE COORDINATION AND SCHEDULING OF ALL VISITS.

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

IDENTIFIED NEUTRAL ZONE AREA (OUTSIDE) WILL BE SET UP FOR FAMILY VISITS. BEFORE THE NEXT VISIT STAFF WILL SANITIZE THE VISITATION SPACE I.E. CHAIRS, ETC. BEFORE THE NEXT FAMILY/RESIDENT IS ESCORTED TO THE AREA.

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

OUR POLICY IS NO MORE THAN TWO VISITORS PER RESIDENT PER VISIT/PER DAY.

<p>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</p> <p><i>THERE IS NO PRIORITIZING OF SCHEDULED VISITS. IF THERE IS A SPECIAL ACCOMMODATION NEEDED WE WILL HANDLE ON A ONE TO ONE BASIS.</i></p>	
<p>STEP 2</p>	<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> <p><i>RESIDENTS WILL BE INDIVIDUALLY ASSESSED TO ENSURE THEY ARE SAFE AND COMFORTABLE FOR OUTDOOR VISITATION. THIS INCLUDES MEMORY CARE RESIDENTS. RESIDENTS WHO EXPRESS NO INTEREST IN VISITORS WILL CONTINUE WITH VIDEO CONFERENCING VISITS AS SET UP BY THE COMMUNITY.</i></p>
	<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> <p><i>THE COMMUNITY WILL USE OUTDOOR COURTYARD SPACE AND OTHER ACCESSIBLE SPACES THAT ARE COVERED FROM WEATHER. VISITORS WILL BE SCREENED PRIOR TO THE SCHEDULED VISIT NEAR THE ENTRANCE AREA. ACCESS TO SPACES WILL NOT BE THROUGH THE BUILDING.</i></p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p><i>SIGNAGE, POSTINGS, FLOOR MARKINGS AND FURNITURE PLACEMENT 6 FT APART WILL BE SET UP FOR GUIDANCE AND INSTRUCTION OF ADHERENCE TO SOCIAL DISTANCING.</i></p>
	<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><i>RESIDENTS AND FAMILIES WILL BE NOTIFIED OF INCLEMENT WEATHER AND RAIN DATE FOR VISITATION. WE WILL NOT ALLOW INDOOR VISITATION AT THIS TIME.</i></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><i>NOT APPLICABLE. ONLY OUTDOOR VISITS WILL BE ALLOWED AT THIS TIME.</i></p>
<p>STEP 3</p>	<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><i>RESIDENTS WILL NOTIFY COMMUNITY OF VISITATION REQUEST. BOTH RESIDENT AND FAMILY WILL GO THROUGH THE SCREENING PROCESS AND SIGN AN ACKNOWLEDGEMENT REGARDING UNDERSTANDING OF VISITOR GUIDELINES.</i></p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p><i>SAME</i></p>
	<p>50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p><i>SAME</i></p>
	<p>51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p><i>SAME</i></p>
	<p>52. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p><i>SAME</i></p>
	<p>53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p><i>SAME</i></p>

	<p>54. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM</p> <p><i>THE COMMUNITY WILL WORK WITH EACH FAMILY AND RESIDENT REGARDING THE NEED TO VISIT WITHIN THE ROOM. IF THIS IS THE ONLY OPTION, AND BOTH RESIDENT AND FAMILY IS CLEARED THROUGH SCREENING PROCESS, WE WOULD ALLOW ONLY 1 VISITOR AT AT TIME DUE TO SPACE CONSTRAINTS AND THE FAMILY WOULD NEED TO DON PPE SUCH AS MASK, GLOVES, AND PRACTICE HAND WASHING. VISITOR WOULD ONLY BE ALLOWED IN THE RESIDENT ROOM, NOT IN THE COMMUNITY AND WOULD BE ESCORTED TO AND FROM THE ROOM BY A STAFF MEMBER.</i></p>
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VOLUNTEERS	
	<p>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.</p>
	<p>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</p> <p><i>NO VOLUNTEERS WILL BE ADMITTED TO THE COMMUNITY AT THIS TIME.</i></p>
	<p>56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p><i>N/A</i></p>

ATTESTATION


The Personal Care Home Administrator 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 Administrator in block 58.

57. NAME OF PERSONAL CARE HOME ADMINISTRATOR

Jessica Gonzalez

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 Personal Care Homes and Assisted Living Residences and Private Intermediate Care 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.

 , PCHG

July 15, 2020

SIGNATURE OF PERSONAL CARE HOME ADMINISTRATOR

DATE