



**Implementation Plan for Reopening  
In Accordance with the Pennsylvania Department of Health's  
Interim Guidance for Skilled Nursing Facilities During COVID-19**

FACILITY INFORMATION	
This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
Reformed Presbyterian Home	
2. STREET ADDRESS	
2344 Perrysville Avenue	
3. CITY	4. ZIP CODE
Pittsburgh	15214
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Cara D. Todhunter	412.321.4139 . 2105

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	
10/26/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> <b>Step 1</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>	
<input checked="" type="checkbox"/> <b>Step 2</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <i>Have the absence of any outbreak for 14 consecutive days since baseline COVID-19 testing</i>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
No	

## DATE AND STEP OF REOPENING

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

July 15, 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](#)

6/26/20 to 7/3/20

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

Contracts are signed with Vikor, MHS and QUEST labs. Vikor and Quest are the primary labs for testing. Testing supplies are available. A small supply is kept on site, but testing supplies can be delivered same day or within 24 hours. Test results are approximately 48-72 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 a contract with Vikor, MHS and QUEST labs. There is, as of the date of this document, sufficient testing supplies to test all staff and residents. The turn around time for testing is 48-72 hours. Testing supplies can be obtained from lab within 24 hours or less. POC testing is now also available.

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

The facility has already completed two rounds of universal testing for all residents and staff without issue. Staff is available in the community that are competent in performing COVID-19 testing for all staff whether symptomatic or asymptomatic and testing supplies are available on site with the availability of ordering supplies from the lab for same day delivery or within 24 hours.

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

At this point in time, no staff have been furloughed or required to work from home. As of March 14, 2020, Volunteers were restricted from visiting. Prior to barbers/beauticians/volunteers returning into the community, they will be required to be tested for COVID-19 and based on results: negative-return to volunteer status under the direction of the volunteer coordinator; barber/beautician return under the direction of the Executive Director; positive-return home for self-isolation for 10 days and may return if no new/increase in symptoms and afebrile for 72 hours without the use of an antipyretic. All volunteers/barbers/beauticians will be screened at the beginning of each visit, once they are tested and return to work.

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

Residents that decline testing, either universal testing, symptomatic or exposure, will be placed in the yellow zone for 14 days. They will be monitored at least twice a day for elevated temperature of 100° and COVID-19 symptoms. Staff that decline testing, either universal or exposure, will have the option to work in the yellow or red zone, if applicable or self isolate at home for 14 days.

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

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

Residents that are symptomatic or exposed to a positive individual will be transferred to the yellow zone and tested. If the test is negative: will return to previous room; if positive: will be transferred to COVID-19 Red Zone. If the red zone is full, then an additional area will be created to accommodate positive residents. All hospital and other admissions will be placed in the yellow zone. Residents are tested at the hospital prior to admission. If test results are not available on admission, an admission will be placed in the yellow zone. Residents admitted from home or another community will be placed on the yellow zone and tested. Test results for both scenarios: negative-will remain on yellow unit for 14 days and tested at the end; positive: will be transferred to the COVID-19 red zone.

**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 nursing and facility service department is responsible for the day-to-day PPE and for residents in isolation for non-COVID related infections. Purchasing is ordering from the usual sources and able to maintain necessary supplies. The departments have created a separate stockpile that is used for COVID-19 residents (yellow and red zone). The stock pile includes masks, gloves, gowns, face protection, sanitizer supplies. The stockpile is evaluated weekly for current use and use in the event of an outbreak. The supplies are purchased from usual suppliers (Medline, Amazon, etc.) and suppliers never before used (Fisher Scientific, etc). The department is evaluating PPE for COVID related issue (current and potential burn rate) at a minimum of weekly. There is also the local EMA and PEMA that are resources for PPE should we need assistance in procuring supplies.

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

The community meets and exceeds the 2.7 minimum staffing requirement. Agency staff are used to supplement open positions. Non-nursing staff are used to assist in non-clinical services such as passing trays and activities. There is a contingency staffing policy in place that outlines all the steps to be taken to mitigate decreased staffing. The community would stop all admissions if staffing would become an issue.

**20. DESCRIBE THE PLAN TO HALT ALL REOPENING IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN**

RP Home checks the positivity rate in our surrounding community regularly, as a result, an additional round of universal testing has been conducted on all residents and staff prior to moving to the next step. The repeat universal testing will afford the opportunity to move forward with no known cases. If, Allegheny County were to revert to red, then RP Home would have minimal changes. Step 2 will allow only small changes to activities and visitations, which can easily be scaled back through notifications to staff and family.

## SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus.

## SCREENING PROTOCOLS

### 21. RESIDENTS

Residents are monitored twice a day for Temperature, Pulse, Respirations and Pulse Oximetry. Residents are also monitored for respiratory symptoms, COVID-19 symptoms and changes in usual behavior as outlined in STOP AND WATCH. If resident would present with COVID-19 symptoms or exposed to a positive individual, the resident would be transferred to the yellow zone for testing. Residents would be tested within 24 hours of symptoms or exposure. Residents that test negative would return to their room and residents that test positive would be transferred to the COVID-19 red zone.

### 22. STAFF

Entrance to the building has been reduce to two areas. All employees must enter and exit through one of these entrances only. At the entrance, everyone must use handsanitizer and wear a mask. At the beginning of every shift, everyone's temperature is taken. Employees with a temperature of 100 degrees or higher are not admitted. In addition, everyone is screened for COVID-19 symptoms, contact with a positive or presumed positive person and travel out of the United States or on a cruise. Employees are prohibited from working based on th presence of symptoms and their responses to questions regarding exposure. Employees prohibited to work will be tested or, if refusal of testing, self-isolate for 14 days. Travel out of the country or on a cruise requires a 14 day quarantine.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Entrance to the building has been reduce to one area. All contract and agency staff and healthcare providers, such as physicians, CRNPs, hospice, etc., must enter and exit through that entrance only. At the entrance, everyone must use handsanitizer and wear a mask. At the beginning of every shift/visit, everyone's temperature is taken. Individuals with a temperature of 100 degrees or higher are not admitted. In addition, everyone is screened for COVID-19 symptoms, contact with a positive or presumed positive person and travel out of the United States or on a cruise. Individuals are prohibited from entering the building based on the presence of symptoms and their responses to questions. Individuals cannot return to the building unless they have a negative test or self-isolate for 14 days. Travel out of the country or on a cruise requires a 14 day quarantine.

### 24. NON-ESSENTIAL PERSONNEL

Currently there are no staff that has been furloughed or asked to work at home. All staff are considered essential and are working in the community. Barbers/beauticians are not permitted at this time.

### 25. VISITORS

Visitations were suspended March 13, 2020 with the exception compassionate care situations. Entrance to the building has been reduce to one area. All vendors (plumbers/electricians/HVAC etc.) and compassionate care visitors, must enter and exit through that entrance only. At the entrance, everyone must use handsanitizer and wear a mask. Prior to going into the designated area in the building, everyone's temperature is taken. Individuals with a temperature of 100 degrees or higher are not admitted. In addition, everyone is screened for COVID-19 symptoms, contact with a positive or presumed positive person and travel out of the United States or on a cruise. Individuals are prohibited from entering the building based on the presence of symptoms and their responses to questions. The individual cannot enter unless they present a negative or self-isolate for 14 days. Travel out of the country or on a cruise requires a 14 day quarantine.

## SCREENING PROTOCOLS

### 26. VOLUNTEERS

Volunteers are currently not permitted. Once allowed to return, based on the reopening plan step 3, volunteers will be screened prior to each visit. They may only enter through the designated entrance. They must use hand sanitizer and wear a mask. Prior to going into the building, everyone's temperature is taken. Individuals with a temperature of 100 degrees or higher are not admitted. In addition, everyone is screened for COVID-19 symptoms, contact with a positive or presumed positive person and travel out of the United States or on a cruise. Individuals are prohibited from entering the building based on the presence of symptoms and their responses to questions. The individual cannot enter unless they present a negative or self-isolate for 14 days. Travel out of the country or on a cruise requires a 14 day quarantine.

## COMMUNAL DINING

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)

Currently, the majority of the residents eat their meals in their rooms. Residents that are able to feed themselves occasionally will eat in the dining room for lunch and dinner, but all residents eat breakfast in their rooms. The Yellow/red zone- Residents in these areas are required to eat in their rooms during their stay. As the community transitions out of Step 3 of the reopening plan, residents will sit 2 at a dining table with plexiglass separating them when available. Tables will be spaced for maintaining appropriate social distancing.

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

When residents sit in the dining rooms, tables are spaced at least 6 feet apart. There are two resident per table and separated by plexiglass when available.

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

All staff wear masks at all times. Tables and chairs are sanitized between use. Gloves are worn when appropriate. Hands are washed at the beginning of meal time and after. If assisting more than one resident with eating, hand sanitizer is used between residents. Yellow/red zone-staff wear full PPE(mask, gloves, gown and face protection) when in a room.

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

Facility will use regular dishes and utensils as the facility dish machine effectively sanitizes all dishes using chemicals and high temperatures. Facility will use condiment packets for salt, pepper, mayonnaise, dressings, creamer and sugars.

## 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.

## ACTIVITIES AND OUTINGS

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS)

One on one visits have been on going as well as virtual visits. Bingo and similar games are played with plastic cards and chips that are sanitized after each use. Outdoor activities are conducted with less than 5 people with social distance practices. Residents are required to wear masks when outside of their room.

### 32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT)

One on one visits continue as well as virtual visits. Bingo and similar games are played with plastic cards and chips that are sanitized after each use. Outdoor activities are conducted with less than 10 people with social distance practices. Residents are required to wear masks when outside of their room.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

One on one and virtual visits continue in addition to in person visitations as outlined later. Bingo and similar games are played with plastic cards and chips that are sanitized after each use. Outdoor activities are preferable, but small indoor groups are allowed with adherence to wearing masks and proper social distance practices.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be limited to drive abouts and or outings where residents do not need to interact with the general population. Residents will be socially distanced on the van with no more than 1 wheelchair and 4 regular passengers at a time.

## 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

Non-essential staff will not be permitted until step 3 of the reopening plan.

### 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 staff will be required to wear a mask at all times when in the building. At the beginning of each shift the individual will be required to be screened prior to going to their designated work area. Individuals that fail the screening will not be permitted to enter the building. Non-essential staff will be educated on infection control protocols under the direction of the Executive Director and Infection Preventionist.

## 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.

## VISITATION PLAN

Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Visitations will occur Monday-Friday 10 AM – 4:30 PM. Each visitation will occur for 20 minutes. Visitations will occur at alternating times to avoid visitors from arriving at the time.

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

Visitations can be scheduled by contacting the Activities Director for the corresponding community. Email and phone will be provided for scheduling and communication purposes.

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

The activity staff and/or receptionist will sanitize the visitor seating area and main reception desk between visits and as needed.

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

Visits are limited to 1-2 people. No more than 2 people during a scheduled visit are permitted. Children are permitted to visit only when accompanied by an adult visitor. Adult visitors must be able to manage children. Children over 2 years of age must wear a mask and all children must maintain social distancing from residents.

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

Residents who are suspected to be at the end of life have priority to visitations, otherwise, they are scheduled on a first come first served basis. Staff will monitor for residents who exhibit signs and symptoms of depression, anxiety, etc and will schedule visits as needed to help relieve these feelings. The facility will make every attempt to schedule a visit for all residents who desire a visit.

**42. 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 who reside in the green zone will be able to have scheduled visitors, all residents are screened at least twice daily – if the resident does not meet the criteria for screening, then visitors will not be permitted. Residents in the yellow and red zones will not be permitted to have visitors until they are out of isolation precautions. If weather is inclement or not suitable for visitation, the visit will be cancelled or relocated to the pre-approved indoor location.

**43. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**

Outdoor visitations will occur at or near the front entrance of the building. This location is covered by the building and does not receive direct sun or rain. This will limit access to the building by visitors. Parking will be limited near these locations during visitation hours.

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

The ground will be marked with lines defining the 6 foot barrier, in addition a table will be placed between the resident and visitor spaces. Staff or a volunteer will educate the resident and visitor at the beginning of the visit on keeping proper social distancing and mask wearing. Staff or volunteer will visually monitor from a distance that allows for privacy, while also maintaining compliance.

STEP 2

## VISITATION PLAN

	<p><b>45. 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>Indoor visits will occur in the small conference room located on the first floor. This area can accommodate 1 resident with 2 visitors. If visitor(s) pass the screening at the main entrance, they will be shown into the small conference room located just off the main lobby. Visitor will not be allowed into resident care areas.</p>
	<p><b>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>Resident will be on one end of the conference room table with visitor(s) on the other end. Staff or a volunteer will educate the resident and visitor at the beginning of the visit on keeping proper social distancing and mask wearing. Staff or volunteer will visually monitor visit from a distance that allows for privacy, while maintaining compliance.</p>
STEP 3	<p><b>47. 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 reside in the green zone will be able to have scheduled visitors, all residents are screened at least twice daily – if the resident does not meet the criteria for screening, then visitors will not be permitted. Residents in the yellow and red zones will not be permitted to have visitors until they are out of isolation precautions. If weather is inclement or not suitable for visitation, the visit will be cancelled or relocated to the pre-approved indoor location.</p>
	<p><b>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51</b></p> <p>Yes</p>
	<p><b>49. 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 as step 2.</p>
	<p><b>50. 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 as step 2.</p>
	<p><b>51. 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> <p>Same as step 2.</p>
	<p><b>52. 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")</b></p> <p>Same as step 2.</p>
	<p><b>53. 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</b></p> <p>Currently, facility is able to transport all residents to the visitation area. The need to have a visit in the resident's room will be determined by the IDT as needed. Visitors to a resident's room will be required to screen at the main entrance and will be escorted directly to the resident's room. Visitors will be required to don full PPE including N95 mask (if available), isolation gown, gloves and face protection. Staff or a volunteer will educate the resident and visitor at the beginning of the visit on keeping proper social distancing and mask wearing. Staff or volunteer will visually monitor from a distance that allows for privacy, while also maintaining compliance.</p>



## VOLUNTEERS

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

### 54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS

Volunteers will receive infection control education under the direction of the infection preventionist and volunteer director. Volunteers will not be permitted to enter the yellow or red zone. Volunteers will be subject to universal testing requirements as well as screening prior to their scheduled volunteer time.

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

Volunteers will not return until step 3 of the reopening plan.

## 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 1-56, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 57.

### 56. NAME OF NURSING HOME ADMINISTRATOR

Cara D. Todhunter

### 57. 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.

Cara D. Todhunter 10/223/2020  
SIGNATURE OF NURSING HOME ADMINISTRATOR DATE

