

**Implementation Plan for Reopening  
In Accordance with the Pennsylvania Department of Human Services'  
Interim Guidance for Personal Care Homes 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.	
<b>1. FACILITY NAME</b>	
Cornerstone Living	
<b>2. STREET ADDRESS</b>	
4605 Werley's Corner Road	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
New Tripoli	18066
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Amelia Najarian	610-298-3300

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).
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>
08/31/2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>
<input checked="" 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 26, 2020, Order of the Secretary of Health</a>)</i>
<input 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 26, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
<b>9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)</b>
NO.
<b>10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19</b>

Not Applicable.

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

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

**11. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN June 14, 2020 AND August 31, 2020) IN ACCORDANCE WITH THE JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH**

July 1, 2020 to August 31, 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**

Cornerstone Living has a signed contract with a laboratory (Genesis Diagnostics) for COVID-19 testing. If a resident is showing symptoms of COVID-19, Cornerstone Living will perform a COVID-19 test within 24 hours and send the swab out to the laboratory for processing.

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

Cornerstone Living has a signed contract with a laboratory, (Genesis Diagnostics) for COVID-19 testing. If Cornerstone Living experiences an outbreak of COVID-19, Cornerstone Living has the capacity to administer COVID-19 diagnostic tests to all residents and staff by performing swabs and sending them out to the laboratory for processing.

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

Cornerstone Living has a signed contract with a laboratory (Genesis Diagnostics) for COVID-19 testing. Cornerstone has the capacity to administer COVID-19 diagnostic tests to staff by performing swabs and sending them out to the laboratory for processing. For baseline testing, Cornerstone Living is encouraging staff to participate in the universal testing program that is offering no charge testing for healthcare workers at Rite Aid through August 25, 2020.

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

Cornerstone Living has a signed contract with a laboratory (Genesis Diagnostics) for COVID-19 testing.

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

If a resident refuses or is unable to safely be tested, Cornerstone Living will care for the resident in a COVID-19 potentially exposed area until at least 14 days after the refusal. If the resident develops symptoms consistent with COVID-19, the testing request will be revisited with the resident and their responsible party. If a staff member refuses or is unable to safely be tested, they will not be permitted to care for residents who are considered to be unexposed to COVID-19. Staff members who refuse to be tested will be permitted only to care for residents who are considered exposed to COVID-19. If a staff person develops symptoms consistent with COVID-19, they will be excluded from work and may be permitted to return according to the criteria in PA HAN 501 at the discretion of Cornerstone Living management.

**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*.**

Should Cornerstone Living experience an outbreak of COVID-19 within the facility, residents will be cohorted into the following three zones: Red, Yellow and Green. Residents who test positive for SARS-CoV-2 will be placed in the red zone, which will be located at the end of the east wing. Residents who have been unexposed will be placed in the green zone, which will be located at the end of the west wing. Residents who test negative for SARS-CoV-2 and remain asymptomatic but are within 14 days of possible exposure will be placed in the yellow zone, which will include the rooms closest to the centercore portion of the building.

**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)**

Cornerstone Living currently has an adequate supply of personal protective equipment (PPE) for staff based on the current population and care provided. Cornerstone Living has the ability to continue to obtain gowns, exam gloves and masks at a rate that is sufficient to meet its current needs. In addition, Cornerstone Living is able to provide each staff member an N95 mask to be worn when completing care of residents with suspected or confirmed cases of COVID-19. Due to the global shortage, N95 masks are to be safely stored for reuse between uses. Should Cornerstone Living experience a significant outbreak of COVID-19, Cornerstone Living will make arrangements to obtain an increased amount of PPE and will contact the regional office for assistance obtaining additional supplies, if needed.

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

Cornerstone Living currently has adequate staffing to meet the needs of the residents and maintain regulatory compliance. Cornerstone Living has a contract with a staffing agency (IntelyCare) which will provide third party staff in the event that an internal staffing shortage occurs.

**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**

Cornerstone Living is located in Lehigh County. Should Lehigh County revert to the red phase of the governor's reopening plan, Cornerstone Living will immediately halt all visitation except for essential health care personnel. The administrator will immediately inform staff of the reversion to the visitation lockdown state and staff will be instructed to only allow essential personnel into the facility. All designated persons will be notified initially by phone with a written notification will follow.

**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**

The residents will continue to undergo routine temperature checks once per shift (3x/day). Any resident who has a temperature above 99.9 degrees Fahrenheit will be assisted to their room and their oxygen saturation will be taken. Any resident who reports or displays symptoms of COVID-19 will be quarantined to their room and additional transmission based precautions will be taken. All staff entering a quarantined resident's room will wear at minimum a N95 mask and eye protection. Staff who are assisting a quarantined resident with personal hygiene or feeding are additionally required to wear protective gowns. Upon suspecting that a resident may have COVID-19, staff will immediately notify their primary care physician to obtain an order for COVID-19 testing.

**22. STAFF**

Each Cornerstone Living staff member is required to complete a COVID-19 screening in the nurses station immediately upon arriving at the facility for their shift. Employee COVID-19 screenings include documentation of the following: hand washing, disinfection of cell phones, temperature upon arrival, COVID-19 symptoms and known exposure. Staff are also required to document their temperature and the completion of hand hygiene at the end of their shift. Any staff member who has a temperature above 99.9 degrees Fahrenheit, reports symptoms or unprotected exposure [within 14 days] to a positive case of COVID-19 will not be permitted to perform resident care and will be asked to leave the facility. In order to ensure that accurate representations of employee temperatures are obtained, staff are not permitted to take fever reducing medications prior to the mandatory temperature check at the start of their shift. If a staff member believes that their obtained temperature is an error, they will be permitted to recheck their temperature with a second thermometer or within a few minutes. Staff are required to wear a mask covering their nose and mouth for the entirety of their shift.

**23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

All healthcare personnel who are not Cornerstone Living staff are required to complete a COVID-19 Risk Assessment upon arriving at the facility. Risk Assessments can be obtained and are to be completed in the front lobby prior to entering resident accessible areas. Risk Assessments for visiting healthcare personnel include documentation of the following: COVID-19 symptoms, recent fever, known exposure, and travel. Visiting healthcare personnel who answer no to all questions on the risk assessment will be permitted to proceed to the nursing station for a mandatory fever check. Healthcare personnel who report to Cornerstone Living on a regular basis (2x/week or more) are permitted to use the staff COVID-19 screening in lieu of the visitor risk assessment. Visiting healthcare personnel who have a temperature above 99.9 degrees Fahrenheit, report symptoms of COVID-19, travel to a high-risk area or unprotected exposure [within 14 days] to a positive case of COVID-19 will not be permitted to enter the facility. Exceptions may only be made if the suspension of their visit will endanger the immediate health or wellbeing of the resident(s). All healthcare personnel are required to wear a mask covering their nose and mouth for the entirety of their visit.

**24. NON-ESSENTIAL PERSONNEL**

All non-essential personnel are required to complete a COVID-19 Risk Assessment upon arriving at the facility. Risk Assessments can be obtained and are to be completed in the front lobby prior to entering resident accessible areas. Risk Assessments for non-essential personnel include documentation of the following: COVID-19 symptoms, recent fever, known exposure, and travel. Non-essential personnel who answer no to all questions on the risk assessment will be permitted to proceed to the nursing station for a mandatory fever check. Non-essential personnel who have a temperature above 99.9 degrees Fahrenheit or report symptoms of COVID-19, travel to a high-risk area or unprotected exposure [within 14 days] to a positive case of COVID-19 will not be permitted to enter the facility. No exceptions will be made for non-essential personnel. All non-essential personnel are required to wear a mask covering their nose and mouth for the entirety of their visit.

**25. VISITORS**

All visitors are required to complete a COVID-19 Risk Assessment upon arriving at the facility. Risk Assessments can be obtained and are to be completed in the front lobby prior to entering resident accessible areas. Risk Assessments for visitors include documentation of the following: COVID-19 symptoms, recent fever, known exposure, and travel. Visitors who answer no to all questions on the risk assessment will be permitted to proceed to the nursing station for a mandatory fever check. Visitors who have a temperature above 99.9 degrees Fahrenheit or report symptoms of COVID-19, travel to a high-risk area or unprotected exposure [within 14 days] to a positive case of COVID-19 will not be permitted to enter the facility. No exceptions will be made for visitors. All visitors are required to wear a mask covering their nose and mouth for the entirety of their visit.

**26. VOLUNTEERS**

All volunteers are required to complete a COVID-19 Risk Assessment upon arriving at the facility. Risk Assessments can be obtained and are to be completed in the front lobby prior to entering resident accessible areas. Risk Assessments for volunteers include documentation of the following: COVID-19 symptoms, recent fever, known exposure, and travel. Volunteers who answer no to all questions on the risk assessment will be permitted to proceed to the nursing station for a mandatory fever check. Volunteers who have a temperature above 99.9 degrees Fahrenheit or report symptoms of COVID-19, travel to a high-risk area or unprotected exposure [within 14 days] to a positive case of COVID-19 will not be permitted to enter the facility. No exceptions will be made for volunteers. All volunteers are required to wear a mask covering their nose and mouth for the entirety of their visit.

**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)**

Resident meals will continue to be served on a staggered schedule as follows: breakfast 7:30 am to 9:30 am, lunch 11:30 am to 1:30 pm and dinner 4:30 pm to 6:30 pm. Meals are served in two seatings to allow for only one resident to be seated at each table. Tables are disinfected before, between and after each seating. Residents who are capable of feeding themselves without supervision or assistance will be encouraged to eat in their rooms and will be provided with in-room meal service. All residents [not diagnosed with a positive case of COVID-19] who are unable or unwilling to eat in their rooms will be permitted to eat in the common area but must do so at a minimum of six feet from other residents. Staff members are required to wear eye protection while feeding residents during mealtimes. Staff will additionally be required to wear gowns when feeding residents at high-risk for choking. Residents who are in a legally bound relationship will be permitted to eat their meals together in their room. Staff members who are assisting more than one resident at the same time must change gloves and perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

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

Meals are served in two seatings to allow for only one resident to be seated at each table. Tables and chairs are arranged in order to maintain a minimum of six-feet between residents.

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

Staff members are required to wear masks at all times during their shift. Staff members are required to wear eye protection while feeding residents during mealtimes. Staff will additionally be required to wear gowns when feeding residents at high-risk for choking. Staff members who are assisting more than one resident at the same time must change gloves and perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. Any resident with a suspected or confirmed case of COVID-19 will be quarantined in their room and provided in-room meal service. Staff members who are assisting quarantined residents with suspected or confirmed cases of COVID-19 will be required to wear N95 masks, eye protection and gowns while feeding.

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

Communal dining is limited to residents unexposed to COVID-19. Any resident with a suspected or confirmed case of COVID-19 will not be permitted to partake in communal dining and will be provided in-room meal service using disposable utensils and dishes.

**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 conducted on a one-to-one or small group basis. Group activities will be held in the living room, dining room or courtyard (weather permitting). Residents are advised and instructed to maintain a 6-foot space distance from other individuals. Staff will assist residents with social distancing. Activities will be modified accordingly to allow for proper social distancing during activities. All activity supplies will be disinfected between use by different individuals. Activity supplies that cannot be disinfected (e.g.: Play Dough) will not be used. Activities that involve the sharing of supplies will be conducted with a maximum of five residents. Staff will assist residents with the completion of hand hygiene. Residents with suspected or confirmed cases of COVID-19 will not be permitted to participate in group activities. All activities will be conducted by Cornerstone Living staff only.

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

Activities will be conducted on a one-to-one or small group basis. Group activities will be held in the living room, dining room or courtyard (weather permitting). Residents are advised and instructed to maintain a 6-foot space distance from other individuals. Staff will assist residents with social distancing. Activities will be modified accordingly to allow for proper social distancing during activities. All activity supplies will be disinfected between use by different individuals. Activity supplies that cannot be disinfected (e.g.: Play Dough) will not be used. Activities that involve the sharing of supplies will be conducted with a maximum of ten residents. Staff will assist residents with the completion of hand hygiene. Residents with suspected or confirmed cases of COVID-19 will not be permitted to participate in group activities. All activities will be conducted by Cornerstone Living staff only.

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

Activities will be conducted on a one-to-one or small group basis. Group activities will be held in the living room, dining room or courtyard (weather permitting). Residents are advised and instructed to maintain a 6-foot space distance from other individuals. Staff will assist residents with social distancing. Activities will be modified accordingly to allow for proper social distancing during activities. All activity supplies will be disinfected between use by different individuals. Activity supplies that cannot be disinfected (e.g.: Play Dough) will not be used. Staff will assist residents with the completion of hand hygiene. Residents with suspected or confirmed cases of COVID-19 will not be permitted to participate in group activities.

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

Cornerstone Living is a secure memory care facility and will not coordinate resident outings at any step of the reopening process.

**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). 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**

The hairdresser has been determined to be necessary at step 2.

**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 are required to complete hand hygiene upon entering the building and to wear a mask covering their nose and mouth for the entirety of their visit. Non-essential personnel will be required to maintain a distance of at least six-feet from all residents, except in the event that they are providing necessary services to a resident (e.g. providing a haircut). The hairdresser will be required to disinfect all equipment and complete proper hand hygiene before and after providing services to each resident.

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

All residents with diagnosed cases of COVID-19 will be quarantined in their rooms until negative test results are obtained. Non-essential personnel will not be permitted to enter the rooms of any residents with suspected or confirmed cases of COVID-19. Non-essential personnel will only be permitted to visit with residents who are thought to be unexposed to COVID-19.

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6), 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**

Visitation will be permitted Monday through Friday and every other weekend at the following times: 9:30am, 10:30am, 1:30pm, 2:30pm, 3:30pm. On select days, 6:30 pm and 7:30 pm appointments will also be available. Each visit will be scheduled to last a maximum of 40 minutes to allow adequate time for cleaning and disinfection of the area between visits. Visitation times may occasionally vary based on Cornerstone Living staffing and the needs of the residents.

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

A visitation schedule will be developed. Loved ones are to call the facility and speak directly with a staff member to schedule a visit according to availability. Cornerstone Living can not guarantee the availability of visits by means of text, email or voicemail. Cornerstone Living staff will input scheduled visits directly into the visitation schedule which will be accessible by staff at all times. There will be one "waitlist" slot available each visitation day. In the event that a scheduled visit is cancelled, staff will contact the waitlisted individual and offer the opportunity for them to visit during the available time slot.

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

All indoor visitation will take place in the designated visitation room, except in the event that a resident is unable to be safely transported to the visitation area. In order to allow for easier cleaning, the visitation room will be minimally furnished. All tables, chairs, doorknobs and other surfaces will be thoroughly cleaned with an EPA registered disinfectant between visits. There is a bathroom located in the visitation room. All visitors are to use this restroom only. The restroom will also be cleaned with virucidal disinfectant between visits. To further prevent the spread of droplets, eating and drinking is not permitted in the visitation room.

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

Only one visitation appointment will be held at a time. Appointments will be limited to two visiting individuals at a time.

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

Visits will be scheduled on a first-come, first-serve basis. In order to ensure that all families are provided an equal opportunity to visit their loved one, individuals may only have one visit scheduled at a time.

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**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)**

Only residents who are considered to be unexposed to COVID-19 may participate in visitation at step 2. Staff will assist with the transportation of unexposed residents to the designated visitation area. Visitation for residents exposed to COVID-19 will adhere to the restrictions in Section 4, Visitor Policies Not Impacted by the Reopening Process.

**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**

Outdoor visitation will be held in the enclosed courtyard. The enclosed courtyard includes a covered portion which is to be used in the event of inclement weather. The courtyard can be accessed by visitors through the backgate with staff assistance for monitoring purposes.

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

A six foot table will be placed in the covered portion of the courtyard. During all visits, the resident is to stay at one end of the table while the visitor(s) will be required to sit at the other.

	<p>All visitors will be provided written documentation of these rules and will be required to sign an acknowledgment form at the start of their initial visit.</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>In the event of excessively severe weather, visitation will be permitted indoors in the designated visitation room. At stage two, visitors will only be permitted to access the visitation room through the side entrance of the building with staff assistance.</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>A six foot table will be placed in the designated visitation room. During all visits, the resident is to stay at one end of the table while the visitor(s) will be required to sit at the other. All visitors will be provided written documentation of these rules and will be required to sign an acknowledgment form at the start of their initial visit.</p>
<b>S T E P 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>Only residents who are considered to be unexposed to COVID-19 may participate in visitation at step 3. Staff will assist with the transportation of unexposed residents to the designated visitation area. Visitation for residents exposed to COVID-19 will adhere to the restrictions in Section 4, Visitor Policies Not Impacted by the Reopening Process.</p>
	<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>The enclosed courtyard can be utilized as a visitation space at step 3 by request of the visitor or the resident.</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 as step 2.</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 as step 2.</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> <p>Same as step 2.</p>
	<p><b>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")</b></p> <p>Same as step 2.</p>
	<p><b>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</b></p> <p>If a resident is unable to be safely transported to the designated visitation area, visitation will be permitted in their room on a limited basis. Visitors will be given a designated seat in the room and will not be permitted to touch other items in the resident's room. The visitation seat will be cleaned by staff with an EPA registered disinfectant before and after each visit. In the event that a resident must receive a visit in their room, a marker will be placed on the floor to indicate to the visitor where to stay in order to maintain a six-foot space between them and the resident.</p>

### 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**

All residents with diagnosed cases of COVID-19 will be quarantined in their rooms until negative test results are obtained. Volunteers will not be permitted to enter the rooms of any residents with suspected or confirmed cases of COVID-19. Volunteers will only be permitted to visit with residents who are thought to be unexposed to COVID-19.

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

During step 2 volunteers will be permitted to assist with outdoor visitation protocols such as disinfecting the visitation space and supervising visits to ensure that infection controls measures are followed.

**ATTESTATION**

The Personal Care Home Administrator (PCHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the PCHA in block 58.

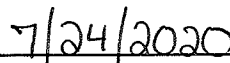
**57. NAME OF PERSONAL CARE HOME ADMINISTRATOR**

Amelia Najarian

**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*. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.

  
SIGNATURE OF PERSONAL CARE HOME ADMINISTRATOR

  
DATE