

## Reopening Implementation Plan for the Pennsylvania Department of Human Services's Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care 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 Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
<b>1. FACILITY NAME</b> Magnolia Place of Saxonburg	
<b>2. STREET ADDRESS</b> 100 Bella Court	
<b>3. CITY</b> Saxonburg	<b>4. ZIP CODE</b> 16056
<b>5. NAME OF FACILITY CONTACT PERSON</b> Christal Ostrowski, Administrator Allyssa White, Resident Services Director	<b>6. PHONE NUMBER OF CONTACT PERSON</b> 724-352-2827

DATE AND STEP OF REOPENING
The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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 THE REOPENING PROCESS</b> 8/28/2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b> <input type="checkbox"/> <b>Step 1</b> <i>The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19</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 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

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 enter the reopening process).
<b>10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE <a href="#">JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH</a></b>  8/7/2020                      to                      8/13/2020

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

### 11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

The community has the capacity to administer COVID-19 testing to any resident that would display signs and/or symptoms and has the availability to administer community wide testing within 24 hours of a positive resident and/or staff member.

### 12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

The community has a lab service agreement with Butler Healthcare Providers for the provision of laboratory services and has the availability of testing kits for all residents and staff to meet testing needs, including asymptomatic staff.

### 13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

The community has the availability to test non-essential staff such as a beautician/barber or anyone that provides services more than three days per week including volunteers (if any). Coordination of testing would be completed by the Resident Services Director and/or Support Nurse Manager.

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

If a resident within the community would decline to test the resident would remain in their residence for a period of fourteen (14) days. If a resident shares a suite, the resident would be transferred to a private unit for the identified period of quarantine time. Any staff member declining to test would not be permitted to continue their scheduled shift and be released home until required testing completed.

### 15. 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 Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities DURING COVID-19*.

The community has identified green, yellow and red zones in accordance with PA HAN-509. The green zone is identified as those residents testing negative and without symptoms. The yellow zone is defined as those residents that may have tested negative but identified as potentially exposed. The red zone would be for residents testing positive or that which refuse to test and considered positive for a 14-day period. Floor plan areas identified for use on level one or level two will include use of a physical separation (temporary zip walls) to support protective environment needs in addition to staff area for respite, arrival/departure, resident care area, medication storage, clean supply and dirty utility area.

### 16. 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 Environmental Services Director maintains a supply of personal protective equipment (PPE) in a secured location in the community. Access to PPE is restricted to maintain continuity of the supplies. The Environmental Services Director and Resident Services Director coordinate weekly infection prevention control supplies and PPE supply needs necessary to provide routine daily care (gloves, masks, etc.). If COVID-19 positive cases would be suspected and/or identified, PPE supply on-hand includes gloves, masks, reusable isolation gowns, goggles, face shields, disposable foot coverings.

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

The community has not experienced a shortage of staff however emergency staffing would include all licensed nursing staff, administrator(s), department managers and ancillary staff (non-care related tasks). Additional licensed staff could be accessed through partnering with at home care providers in addition to staffing agency access if needed.

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

### 18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

Should the community experience any new onset of positive COVID-19 cases, the status of Butler County change from Green, and/or the identification of a red zone by the Governor of the Commonwealth, the community will halt reopening plans and return to Step 1 as required.

## 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. Include how the data will be submitted to the Department.

### 19. RESIDENTS

Residents of the community are screened twice daily for changes in temperature and/or onset of signs and symptoms of COVID-19. Screenings are documented and maintained. If a resident should be suspected of possible exposure to COVID-19 and/or experience new onset of signs and/or symptoms of the virus, the resident would be placed in quarantine and the community would administer COVID-19 testing. Data would be submitted to the Department as required.

### 20. STAFF

All staff members of the community are required to wear face masks upon entry to the building and throughout their shift. Screenings are completed upon entry to the building. Staff are required to utilize the touchless hand sanitizer, conduct a temperature reading, and complete the screening questionnaire before proceeding beyond the entry point. At time of shift completion, staff are required to again conduct and record a temperature reading and utilize the touchless hand sanitizer upon leaving. Any staff member with an elevated temperature would be sent home immediately and required to seek medical consultation with their physician. Any staff member refusing to follow screening and/or PPE protocols will be denied access and asked to leave the community. Staff members may return to work as indicated in the guidance issued within PA HAN-516 if screens are positive at time of shift arrival or if they display signs/symptoms of the virus during scheduled shifts.

### 21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Individuals meeting the criteria of essential healthcare personnel shall enter the community at the same location as community staff and follow established screening and personal protective equipment protocols. If any healthcare personnel should screen positive at the arrival point, the individual would not be granted access and required to notify their employer for further instructions. Should an essential healthcare personnel fail to follow the screening processes and/or PPE protocols, the individual will not be granted access and/or be escorted from the community. All essential healthcare personnel (except emergency responders and physicians) shall provide baseline testing results in due diligence with the community baseline universal testing.

**SCREENING PROTOCOLS**

**22. NON-ESSENTIAL PERSONNEL**

Non-essential personnel are not permitted in the community. All vendor deliveries related to pharmacy, food, beverages, operational supplies, etc. remain door deliveries only. Personnel requiring entry to conduct necessary building and/or commercial equipment repair, etc. must follow the community protocol established for staff/essential healthcare personnel (screenings, use of touchless hand sanitizer, temperature readings). Individuals are required to not only follow the established screening process; they are also required to comply with appropriate PPE. Masks, gloves, disposable gowns and foot coverings, when warranted, have been utilized. Should a non-essential personnel screen positive at the arrival point, the individual would not be granted access to the community and asked to follow-up with a medical provider and their employer. Should any individual refuse to follow screening and/or PPE requirement processes, access will be denied and the individual would be asked to leave the community.

**23. VISITORS**

Visitors are not allowed in the community with the exception of resident end-of-life visitation. Upon progressing to allow for visitation in the community related to reopening, all visitors will be required to adhere to the established screening protocols for staff, essential healthcare personnel and non-essential personnel. Visitors will be required to enter the community at the same one point of entry protocol as all others. Visitors will be required to utilize the touchless hand sanitizer, conduct a temperature reading, and complete the screening questionnaire before proceeding beyond the entry point. Visitors will be required to arrive wearing a face mask/facial covering and maintain the facial covering throughout the entire scheduled visit. Use of reusable or disposable gowns may be made available and utilized, if necessary. If a visitor should exhibit a positive screen, entry to the community will be denied, the visitor will be asked to leave and follow-up with their medical provider. Any visitor refusing to comply with the screening and/or visit protocols during the actual visit will be asked to leave the community immediately.

**24. VOLUNTEERS**

If the need should arise during the progression with reopening for visitation, volunteers may be an option for the community to consider as a resource to assist with the new visitation protocols. Volunteers would be required to adhere to the established screening protocols for staff, essential healthcare personnel, non-essential personnel and visitors. Volunteers will be required to adhere to one point of entry for arrival, use of the touchless hand sanitizer, executing a temperature reading, completion of the screening questionnaire and arrival to the community with a facemask/facial covering and maintaining wear throughout their scheduled volunteer time slot. If a volunteer should not meet the screening guidelines secondary to an elevated temperature or other positive screen on the questionnaire, the volunteer will not be permitted access to the community and asked to leave the grounds and follow-up with their medical provider. Should volunteers be utilized at the community, education will be administered prior to volunteering on infection prevention and infection control, community protocols related to COVID-19 screenings and visitation requirements.

**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.

**25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**

In order to maintain social distancing objectives, the process requires two (2) staggered serving sessions for each meal in the personal care neighborhood. Sessions timing would be 8:00 am and 8:45 am; 11:30 am and 12:15 pm; 4:30 pm and 5:15 pm. Secure dementia care requires one session for each meal.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

In order to maintain social distancing objectives, only one resident will be seated per table, per meal service session. Spare dining chairs removed and placed in temporary storage.

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

Necessary infection prevention and control supplies are available and accessed by staff at the community to disinfect tables/chairs between session seating's in addition to as needed disinfection of other high contact areas throughout the course of meal delivery services. Examples of infection prevention and control supplies include alcohol-based hand sanitizer, sinks with soap and paper towels, PPE and EPA registered supplies for cleaning and disinfection. Available PPE for staff utilization when assistance is required with meal intake and risk of droplets include facemasks, gloves, goggles, gowns and face shields if warranted. If a staff member would need to assist more than one resident during meal intake, staff members are required to utilize hand sanitizer and/or conduct hand washing between.

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

Residents will be required to stagger arrival times to dining areas to maintain social distancing objectives. Hand hygiene guidance reiterated frequently. Face masks/coverings are required when residents leave their area of residency (unit, apartment, suite, bedroom, etc.) for any aspect of daily living within the community, including dining services. The community will make effort to honor residents' requests/preferences for in-room dining.

## 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.

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

Residents are required to apply and wear a facial covering when leaving their residential living unit and hand hygiene is reiterated frequently. 1:1 activities are executed by a member of activities/guest services with residents whom prefer to remain in their area of residence and not engage in a five or less unexposed activity. Doorway-corridor activities will be conducted with those whom desire attendance with a group of five or less residents unexposed while maintaining social distancing requirements (i.e. hallway bingo with disposable paper cards, corridor worship, hallway paint n sip, exercises, trivia, and/or crosswords). Disposable supplies are utilized as available and/or cleaning and disinfecting of high contact items completed by staff.

### 30. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENTS UNEXPOSED TO COVID-19)

The community will utilize available areas outside, on level two and level one of the community that can accommodate social distancing needs of an unexposed resident group of ten or less. As with above described activities, residents are required to utilize facial covering/masks when leaving their residential quarters and hand hygiene is promoted. Residents will be guided by activity/guest services staff to/from planned activities in small groups and take turns utilizing the elevator (if needed to transfer to the lower level and max of two per elevator usage). Disposable supplies to be utilized as available, cleaning and disinfecting of high contact items and of tables/chairs when utilized.

## ACTIVITIES AND OUTINGS

### 31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Unexposed residents will be able to participate in activities in an area of the community that can accommodate social distancing requirements (i.e. grand dining area level two of the community). Residents will be required to wear face masks/coverings, hand hygiene will be reinforced and social distancing to/from area of activity. Use of disposable supplies as available will continue to be utilized (if applicable) in addition to cleaning and disinfecting of high contact items, tables and chairs. In this step, entertainment will be reintroduced (musical or other).

### 32. DESCRIBE OUTINGS PLANNED FOR STEP 3

In this step unexposed residents will be offered attendance, in limited numbers/as can be accommodated with social distancing in the community bus and/or rented transport, including driver and attendant. Residents and staff will be required to maintain utilization of face masks/coverings, hand hygiene and social distancing to/from and during outings. Outings could include scenic drives, packed picnic lunch drives, fishing trips, drive-thru lunches, local park visits. Cleaning and disinfecting would occur prior and after return.

## 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 Personal Care Homes, Assisted Living Residences and Intermediate Care 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.

### 33. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Non-essential personnel/providers will be scheduled/coordinated to limit foot traffic in unexposed resident room(s), resident areas, etc. Personnel will be required to follow the community protocol established for staff and essential healthcare personnel (screenings, use of touchless hand sanitizer, temperature readings). Individuals are required to not only follow the established screening process; they are also required to comply with appropriate PPE (face masks/coverings and necessary PPE for the service type and location). Should a non-essential personnel screen positive at the arrival point, the individual would not be granted access to the community and asked to follow-up with a medical provider and their employer. Should any individual refuse to follow screening and/or PPE requirement processes, access will be denied and the individual would be asked to leave the community immediately. Types of non-essential personnel would include ancillary providers such as dental, audiology, etc.

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

Non-essential personnel will be required to follow the community protocol established for staff/essential healthcare personnel (screenings, use of touchless hand sanitizer, temperature readings). Non-essential personnel will not only be expected to follow the established screening process, they are also required to comply with appropriate PPE. Masks, gloves, disposable gowns and foot coverings, when warranted, will be utilized. Should non-essential personnel screen positive at the arrival point, the individual would not be granted access to the community and asked to follow-up with a medical provider and their employer. Should any individual refuse to follow screening and/or PPE requirement processes, access will be denied and asked to leave the community.

**NON-ESSENTIAL PERSONNEL**

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

If the community should have potentially exposed and/or positive case residents, non-essential personnel are not permitted in the area of and/or in contact with residents in specified zones (yellow/red).

**VISITATION PLAN**

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care 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.

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

Visitation will be accommodated between 9:30 am and 11:00 am and from 1:00 to 4:00 pm daily (Sunday through Saturday). Visits are limited to thirty (30) minute time slots per visit. Abbreviated visits may become necessary secondary to severe weather, resident health and wellness, etc.

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

Visitation can be scheduled utilizing the on-line application Acuity Scheduling or by calling the main phone number and speaking with a member of guest services/reception.

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

Guest services/reception sanitizes chairs and other surfaces in the visitation area before/after each visit.

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

A resident will be permitted up to two (2) visitors at a time in the visitation area. Children are permitted as long as they are accompanied by an adult and comply with face mask adherence and social distancing requirements.

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

Scheduled visits will be prioritized for residents with progressive cognitive and/or medical decline and those whom have expressed feelings of loneliness, isolation or increased anxiety.

**41. 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 unexposed and showing no signs and/or symptoms of illness will be permitted to have visitors at Step 2. Staff will assess residents for outdoor weather exposure and safety to transport to the visitation area.

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

Initial visitation space will require the resident to remain inside the building safely while the visitor remains outside the building (parking/sidewalk area side door entrance by administrative offices). Guest services/reception would meet and escort the visitor from the external front entrance to the side entrance, unlock the door and place a chair for the visitor. Resident care staff will escort the unexposed resident to the internal side of the visitation area. Between the visitation area and the exterior side entrance a floor standing sneeze guard/room divider constructed of heavy vinyl creates a separation barrier between the resident and the visitor. Social distancing markers will be evident. Visitors will be educated on compliance requirements with social distancing. A heavy-duty canopy is on order to create a more suitable outdoor

**STEP 2**

**VISITATION PLAN**

	<p>visitation area however severe weather will require indoor area use. Floor standing sneeze guard/room divider(s) will be utilized in this visitation area to create a separation barrier between the resident and the visitor. Staff will escort the resident to this area from internal corridors while visitors are escorted outside by reception/guest services from the front entrance of the community to the side entrance.</p>
	<p><b>43. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>Visitation space will employ the use of the floor standing room divider(s) to maintain a barrier between the resident and the visitor to aide in regulating social distancing needs and allowing for no crossover. Markers will be placed depicting 6' social distance measurement. Visitors will be educated on adherence to social distancing while staff monitors distantly.</p>
	<p><b>44. 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>Common office/meeting room space repurposed as a contained indoor visitation area if excessively severe weather occurs. Repurposed area has dedicated external side door/entry from parking area/sidewalk to bring visitors in with no crossover internally. An internal administrative office area/hallway door will be utilized for resident entry allowing for no crossover between resident/room dividers/visitor(s).</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>The floor standing sneeze guards/room dividers will create a separation barrier between the resident and the visitor. Markings on the floor (resident/visitor seating areas) along with use of the floor standing room dividers will aide in maintaining the six-foot distance required in addition to staff monitoring. Visitors will be educated upon arrival.</p>
<b>STEP 3</b>	<p><b>46. 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 unexposed and showing no signs and/or symptoms of illness will be permitted to have visitors at Step 3. Staff will assess residents for safety to transport to the visitation area.</p>
	<p><b>47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Outdoor visitation will continue in Step 3.</p>
	<p><b>48. 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>49. 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>50. 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.</p>
	<p><b>51. 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.</p>
	<p><b>52. 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>For residents in the green zone that are unable to be transported to the designated visitation area, visitors will be required to following screening process which includes use of hand sanitizer upon entry, temperature check, screening questionnaire, use of face mask/covering and other PPE if deemed necessary. Visitor will be escorted to resident room by a staff member through</p>



### VISITATION PLAN

use of neutral zones. Visitor will be required to maintain six-foot distance in seated chair as placed by staff member during visit. A staff member will escort the visitor upon end of scheduled visit from resident room to front entrance to evaluate temperature prior to leaving. Staff will disinfect the chair utilized after use. Visitors will be educated on visitation requirements.

### 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.

**53. 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 required to follow the community screening process which includes use of hand sanitizer at entry, temperature check, screening questionnaire and adherence to use of a face mask. Volunteers will not be permitted in zones denoted Yellow or Red. Volunteers will receive infection control education.

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

Upon education, volunteers may assist with the screening process, monitoring visitor adherence to use of face mask/covering, hand hygiene and social distancing.

Christal Ostrowski

August 25, 2020

\_\_\_\_\_  
SIGNATURE OF ADMINISTRATOR

\_\_\_\_\_  
DATE