

Implementation Plan for Reopening Linden Village Personal Care Community

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.	
Linden Village Personal Care Community	
1. STREET ADDRESS	
100 Tuck Court	
2. CITY	3. ZIP CODE
Lebanon	17042
4. NAME OF FACILITY CONTACT PERSON	5. PHONE NUMBER OF CONTACT PERSON
Margie McCarty, LPN	717-274-7400

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).	
6. DATE THE FACILITY WILL ENTER REOPENING	
August 31, 2020	
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> Step 1 <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 June 26, 2020, Order of the Secretary of Health)</i>	
<input checked="" type="checkbox"/> Step 2 <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 June 26, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>	
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
No	
9. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
Not Applicable	

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

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).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN June 12 2020 AND August 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

July 21, 2020 to August 23, 2020

11. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOUR

The community's Resident Services Coordinator and Day Shift Resident Services Supervisor are trained to administer Covid-19 diagnostic tests to all residents showing symptoms of Covid-19 within 24 hours of symptom onset.

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

The community's Resident Services Coordinator and Day Shift Resident Services Supervisor are trained to administer Covid-19 diagnostic tests to all residents and staff if the community experiences an outbreak. Additionally, if needed, the community will partner with local testing provider, including but not limited to Worknet to complement the community's efforts.

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

The community's Resident Services Coordinator and Day Shift Resident Services Supervisor are trained to administer Covid-19 diagnostic tests to all staff, including asymptomatic staff, if the community experiences an outbreak. Additionally, if needed, the community will partner with local testing providers, including but not limited to Worknet to complement the community's efforts.

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

The community is not permitting volunteers.

For other non-essential staff, the following will apply:

Screening will take place in the main lobby

Methods to determine symptoms and possible exposure include temperature checks and completion of a screening tool.

If screening reveals possible virus, the non-essential personnel will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctors note giving permission to return to work must be provided.

A member of the non-essential personnel's clinical team will review the above documentation to determine appropriateness to return.

When the non-essential personnel returns to the community, the above process is repeated.

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

Employees who refuse to COVID Test should not care for residents that are unexposed to COVID (Green) Zones. If staff that refused to test develop symptoms consistent with COVID-19, testing will again be recommended. If the staff person continues to refuse testing they should be excluded from work and follow return to work criteria in PA HAN 501 and company guidelines. If there is not work for the employee because their refusal to test has limited the work they can perform, the employee will be placed on a personal leave for 30 days. The personal leave will be revisited as the needs of the business warrants, and at least every 30 days.

Residents who refuse to COVID Test should be isolated in an empty wing of the community, away from all other residents, when possible. If an empty wing is not available, residents will be isolated in their individual, private rooms, where all meals and care will be provided, for up to 14 days after the date of exposure.

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

16. 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*.

Any resident diagnosed with COVID should be moved to a wing for covid positive residents for at least 14 days after the date of exposure. If a covid positive wing is not possible, residents will be isolated in their private rooms for at least 14 days, where all meals and care will be provided.

17. 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 community currently has an abundance of PPE on hand (gowns, eye shields and/or goggles, gloves, N95 and/or procedural masks). To ensure an adequate supply on an on-going basis, the community inventories its PPE at least 2 times per week and shares the data with our Corporate Office. The Corporate Office then ships needed items directly to the community.

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

Staffing is based on resident census. The community has appropriate staffing levels in place to serve residents. Should additional staff be needed, we have fully executed contracts in place with several staffing agencies that provide caregivers and nurses.

19. 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

If our county reverts to a Red Phase, the ED will immediately close the facility and notify families of the change in phase. Staff and residents will be monitored via approved Covid 19 protocols.

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.

20. RESIDENTS

- Screening will take place in the resident's room.
- Methods to determine symptoms and possible exposure include temperature checks, respiratory surveillance, and pulse and blood pressure checks.
- If screening reveals possible virus, the resident will be isolated in his/her room; the PCP and POA will be notified; the resident will be sent to the hospital for observation, covid testing and treatment. The resident will be returned to the community following 2 negative tests taken within 24-48 hours apart.

21. STAFF

- Screening will take place in the main lobby
- Methods to determine symptoms and possible exposure include temperature checks and completion of an Employee screening tool.
- If screening reveals possible virus, the staff member will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctors note giving permission to return to work must be provided.
- A member of the company's clinical team will review the above documentation to determine appropriateness to return to work.
- When the employee returns to the community, the above process is repeated.

SCREENING PROTOCOLS

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

- Screening will take place in the main lobby
- Methods to determine symptoms and possible exposure include temperature checks and completion of a visitor screening tool.
- If screening reveals possible virus, the healthcare personnel who is not staff will not be permitted to enter the community and will be referred back to their employer for follow up. Proof of a negative covid test and/or a doctors note giving permission to return to work must be supplied to the employer.
- The employer of the healthcare personnel will review the above documentation to determine appropriateness for their employee to return to work.
- When the healthcare personnel who is not staff returns to the community, the above screening process is repeated.

23. NON-ESSENTIAL PERSONNEL

- Screening will take place in the main lobby
- Methods to determine symptoms and possible exposure include temperature checks and completion of a screening tool.
- If screening reveals possible virus, the non-essential personnel will not be permitted to enter the community, will be sent home, and will be asked to isolate at his/her residence for 72 hours to 14 days. Proof of a negative covid test and/or a doctors note giving permission to return to work must be provided.
- A member of the non-essential personnel's clinical team will review the above documentation to determine appropriateness to return.
- When the non-essential personnel returns to the community, the above screening process is repeated.

SCREENING PROTOCOLS

24. VISITORS

Visits must be scheduled in advance by the responsible party 24-hours in advance of the visit.

Visits are time limited to 30 minutes.

Residents prioritized for visits include those that are: COVID-19 negative, COVID-19 recovered, or on hospice.

Visits are limited to a max of two (2) visitors per day or per more restrictive state guideline.

Visitors must be 18 years or older.

Visitors must agree to answer all screening questions and have temperature read. If visitor triggers yes for any screening question, visit will not occur to reduce the risk of spread/exposure to COVID-19.

Visitors that were diagnosed with COVID-19 must provide documentation from a MD/NP/PA that the visitor no longer meets the CDC criteria for transmission-based precautions.

Upon Arrival, the Visitor:

Does not enter building unless directed

Rings front door bell or calls the community

Wears a mask that covers the nose and mouth during the visit. A mask will be provided if needed.

Signs in on the Visitor Log

Complies with the screening process

Signs the Visitor Log attesting that he/she has read and reviewed the visitor guidelines and COVID-19 education, and agrees to comply.

Maintains social distancing of at least six (6) feet during the entire visit. Visitation area is marked in colored tape to assist .

Stays in the designated visitation area. No smoking is allowed.

Avoids touching his/her face or adjusting the mask. If noted that this has occurred, the visitor will be asked to sanitize his/her hands using the sanitizing gel provided by the community.

Additional protocols include:

No physical contact is permitted.

Surfaces are sanitized between visits using CDC approved cleaners to reduce to the risk of exposure or transmission of COVID-19.

Visitors will be asked to monitor for signs and symptoms of COVID-19 such as cough, shortness of breath, fever, nausea, vomiting, headache, muscle/body aches, and loss of taste or smell for 14 days after the visit and notify the community if signs or symptoms develop or if the visitor receives confirmation of a tested positive for COVID-19.

If a visitor is observed not following covid guidelines, staff may provide redirection or terminate the visit to reduce the risk of exposure or transmission of COVID-19.

Outdoor visitation is contingent upon weather. If inclement weather exists, the visit will be rescheduled.

25. VOLUNTEERS

Volunteers are not being permitted in the community.

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

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

Resident seating is socially distanced 6 feet apart. The dining room, pantry, and living room are being used simultaneously. Two seatings, held approximately 30-minutes apart, accommodate the dining experience for all residents. This seating and serving pattern is repeated for all three meals-breakfast, lunch and dinner. This is for residents not exposed to the virus.

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

All seating designed to accommodate more than one individual (love seats, sofas) have been removed from all resident and common areas.

Tables and chairs in the living rooms and dining rooms are socially distanced 6 feet apart. The floors are outlined with colored tape for proper chair placement.

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

Infection control measures include the following:

Surfaces will be sanitized using CDC approved cleaners to reduce the risk of exposure or transmission of COVID-19 as detailed below:

- Hard surfaces: door knobs, light switches, cupboard/microwave/refrigerator handles, faucets, sinks, toilets, grab bars, railings, tables, countertops, seats, tables;
- Mobility devices (wheelchair/walker/cane handles, brake handles, seat cushion, arm rests, foot supports, push handles);
- Launder items using the warmest water setting (per washing instructions) and dry completely. When laundering is not recommended, an appropriate disinfectant spray can be used to sanitize and disinfect;
- Garbage/Trash: Line trash cans with a garbage bag for ease of removal. Wear gloves to handle trash and wash hands after.
- Use separate garbage bags for anyone in the community who is sick

Protocols for use of PPE by staff include:

Verbalize that PPE must be donned correctly before entering the patient care area (i.e. isolation room or unit) 2. Verbalize that PPE must remain in place and worn correctly for the duration of work in potentially contaminated areas. PPE should not be adjusted (i.e. retying gown, adjusting respirator/facemask) during patient care 3. Verbalize that PPE must be removed slowly and deliberately in a sequence that prevents self-contamination 4. Donning PPE: a. Gather appropriate PPE to don and performs hand hygiene b. Put on isolation gown with the opening at the back. Secure ties at neck and waist c. Put on respirator mask and performs seal check d. Put on face shield or goggles. Position goggles over eyes and secures to the head using the ear pieces or headband. Positions the face shield over face and secures on brow with headband. Adjusts to fit comfortably e. Don gloves last. Insert hand into gloves and extends gloves over gown cuffs. Doffing PPE: a. Grasp the edge of the glove near wrist. Peel away from hand, turning glove inside-out. Hold in the opposite gloved hand. Slide ungloved finger under the wrist of the remaining glove and peels from inside, creating a bag for both gloves. Discard gloves b. Doff goggles by grasping the ear or head pieces with ungloved hands. Lift away from face and places in appropriate receptacle for reuse or disposal, based on facility PPE protocols c. Doff gown by unfastening ties. Peel gown away from neck and shoulder. Turn contaminated outside towards the inside. Fold or rolls into a bundle and places in appropriate receptacle for reuse or disposal, based on facility PPE protocols d. Doff respirator and places in appropriate receptacle for reuse or disposal, based on facility PPE protocols e. Doffing PPE: a. Grasp the edge of the glove near wrist. Peel away from hand, turning glove inside-out. Hold in the opposite gloved hand. Slide ungloved finger under the wrist of the remaining glove and peels from inside, creating a bag for both gloves. Discard gloves b. Doff goggles by grasping the ear or head pieces with ungloved hands. Lift away from face and places in appropriate receptacle for reuse or disposal, based on facility PPE protocols c. Doff gown by unfastening ties. Peel gown away from neck and shoulder. Turn contaminated outside towards the inside. Fold or roll into a bundle and places in appropriate receptacle for reuse or disposal, based on facility PPE protocols d. Doff respirator and place in appropriate receptacle for reuse or disposal, based on facility PPE protocols.

Frequent Reminders include:

- Cover the mouth and nose with a face cover
- Cover eyes with a face shield or goggles
- Avoid touching your eyes, nose and mouth
- Maintain social distancing of 6 ft when around other people
- Avoid shaking hands or hugging
- Avoid close contact with people who are sick
- Frequently wash hands with soap and water for at least 20 seconds
- Use alcohol-based hand sanitizer or disinfectant wipes

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Resident seating is socially distanced 6 feet apart. The dining room, pantry, and living room are being used simultaneously. Two seatings, held approximately 30-minutes apart, accommodate the dining experience for all residents. This seating pattern is repeated for all three meals-breakfast, lunch and dinner.

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.

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

Activities in Step 1 will be made available to up to 5 residents. Programming will be held in each separate cottage that the Residents reside in. Residents will enjoy activities such as the following: Trivia; Era Specific Music/TV Shows/Movies; Reminiscing; Current Events; Games (Bingo, Family Feud, Word Searches); Sing-A-Longs; Virtual Entertainment with Local Entertainers live-streamed on our wide screen TV; Spirituality; Seated Exercises and Letters Home to Loved Ones. If game pieces are used, they are disinfected at the conclusion of each session. When playing Bingo, for example, markers are provided to residents instead of game pieces, along with disposable bingo boards. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will cleanse resident's hands with soap and water and/or alcohol based hand sanitizer. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed.

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

Activities in Step 2 will be made available to up to 10 residents. Programming will be held in the Cottage that the Residents reside in. Residents will enjoy activities such as the following: Trivia; Era Specific Music/TV Shows/Movies; Reminiscing; Current Events; Games (Bingo, Family Feud, Word Searches); Sing-A-Longs; Virtual Entertainment with Local Entertainers live-streamed on our wide screen TV; Spirituality; Seated Exercises and Letters Home to Loved Ones. If game pieces are used, they are disinfected at the conclusion of each session. When playing Bingo, for example, markers are provided to residents instead of game pieces, along with disposable bingo boards. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will cleanse resident's hands with soap and water and/or alcohol based hand sanitizer. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities in Step 3 will be made available to up to 15 residents. Programming will be held in the Arden Courts Community Center and Studio. Both rooms adjoin with a common French Door to accommodate larger scale activities. Residents will enjoy activities such as the following: Trivia; Era Specific Music/TV Shows/Movies; Reminiscing; Current Events; Games (Bingo, Family Feud, Word Searches); Sing-A-Longs; Virtual Entertainment with Local Entertainers live-streamed on our wide screen TV; Spirituality; Seated Exercises and Letters Home to Loved Ones. If game pieces are used, they are disinfected at the conclusion of each session. When playing Bingo, for example, markers are provided to residents instead of game pieces, along with disposable bingo boards. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will cleanse resident's hands with soap and water and/or alcohol based hand sanitizer. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed. The floors in the Community Center and Studio are outlined with colored tape for socially distanced chair placement at least 6 feet apart.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Off premises outings will not be permitted. Our version of "Outings" will be held exclusively on the premises of Arden Courts, specifically, in the Courtyard and walking paths located behind the Community. These areas were designed to simulate the experience of being away from the community without ever leaving. Before activities begin, the Program Services Staff, with the assistance of the Care Staff as needed, will cleanse resident's hands with soap and water and/or hand sanitizer. Residents will then be donned with a procedural mask. Staff will encourage residents to keep their masks on during the entire length of the activity using cues and prompts as needed. The grounds in the Courtyard are outlined with colored tape for socially distanced chair placement at least 6 feet apart.

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.

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

For the continued safety and protection of residents and staff, the community is permitting non-essential personnel including physical therapy, occupational therapy, speech therapy and podiatry during Step 2.

Non-essential personnel must agree to answer all screening questions and have temperature check. If there is a "yes" answer for any screening questions, or a temperature reading above the acceptable level, the visit will not occur to reduce the risk of spread/exposure to COVID-19.

Non-essential personnel previously diagnosed with COVID-19 must provide documentation from a MD/NP/PA that they meet the CDC criteria for transmission-based precautions.

A mask that covers the nose and mouth must be worn during the visit. A mask will be provided if needed. Eye protection, goggles or a face shield, will also be required. Eye protection will be provided if needed. Non-essential personnel must cleanse their hands with soap and water and/or hand sanitizer and maintain social distancing from other residents of at least 6 feet apart.

<p>35. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</p> <p>For the continued safety and protection of residents and staff, the community is permitting non-essential personnel including physical therapy, occupational therapy, speech therapy and podiatry during Step 2. In Step 3, the Hair Stylist will be added to the list of non-essential personnel determined as necessary.</p> <p>Non-essential personnel must agree to answer all screening questions and have a temperature check. If there is a “yes” answer for any screening questions, or a temperature reading above the acceptable level, the visit will not occur to reduce the risk of spread/exposure to COVID-19.</p> <p>Non-essential personnel previously diagnosed with COVID-19 must provide documentation from a MD/NP/PA that they meet the CDC criteria for transmission-based precautions.</p> <p>A mask that covers the nose and mouth must be worn during the visit. A mask will be provided if needed. Eye protection, goggles or a face shield, will also be required. Eye protection will be provided if needed. Non-essential personnel must cleanse their hands with soap and water and/or hand sanitizer and maintain social distancing from other residents of at least 6 feet apart.</p>
<p>36. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p> <p>The community will ensure that non-essential personnel do not come into contact with residents exposed to Covid-19 by having the Executive Director or designee, notify non-essential personnel that the community has exposed residents and that their service will temporarily have to be suspended until all exposed residents meet safety protocols and/or test negative for Covid-19.</p>

<p>VISITATION PLAN</p>
<p>For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.</p>
<p>37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</p> <p>Visits will be held Monday through Friday, 9am-4pm and Saturday and Sunday 10am-2pm. Visits will be scheduled 1 hour apart. Families requesting visit times outside the standard schedule will be handled on a case-by-case basis.</p>
<p>38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</p> <p>The Program Services Coordinator, Resident Services Coordinator and Executive Director are responsible for scheduling all visits. Only the resident’s Responsible Party will be permitted to schedule a visit. The visit should be scheduled 24-hours in advance of the scheduled visitation time.</p>
<p>39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</p> <p>All surfaces will be sanitized using CDC approved cleaners to reduce the risk of exposure or transmission of COVID-19. Visitation areas, including designated inside and outside areas, will also be equipped with alcohol-based hand sanitizer as well. A staff member, the Visitation Supervisor, will be assigned to supervise each visit. The Visitation Supervisor will sanitize the following resident surfaces, including mobility devices (wheelchair/walker/cane handles, brake handles, seat cushion, arm rests, and foot support), and all common area surfaces in the visitation area, including high touch surfaces such as hand rails, door knobs, push plates, seating surfaces.</p>
<p>40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</p> <p>A maximum of 2 visitors will be permitted to maintain social distancing and infection control.</p>

VISITATION PLAN

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

Visits will be prioritized in the following order: First: residents on Hospice Care; Second: residents who are COVID-19 negative; Third: residents who are COVID-19 recovered.

STEP 2	<p>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)</p> <p>Eligible Residents:</p> <ol style="list-style-type: none"> 1. have a baseline negative COVID-19 result(s) or be deemed COVID 19 Recovered and must be asymptomatic 72-hours prior to visitation. 2. are those that have a diagnosis of a disease causing progressive cognitive decline, feelings of loneliness expressed who are COVID-19 negative or recovered (as applicable to state requirement). 3. do not have active exit seeking behaviors without the ability to be redirected. 4. are able to tolerate extreme temperature fluctuations. 5. are not clinically or medically unstable during the time of the visit. 6. do not have unresolved infection or clinical change in condition.
	<p>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</p> <p>The outdoor visitation space is an open air porch on three sides, approximately 32 feet X 7 feet, with a fully covered roof. Residents will access the space through the community’s main lobby entrance door. Visitors will access the space using parking lot to the outside covered porch. In the event of severe weather, the visit would be rescheduled for the safety of all parties.</p>
	<p>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>There are 2 distinct seating areas on the open air porch—one is designated for the resident; the other is designated for the visitor. Both areas are outlined using colored tape. The actual social distance between the seating areas is twelve feet apart. Distance will be maintained by an assigned Linden Village staff member, the Visitation Supervisor, who will be outside monitoring the visit from start to finish. Failure to follow social distancing guidelines can lead to the visit being terminated.</p>
	<p>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</p> <p>In the event of excessively severe weather, the visit would be rescheduled for the safety of all parties.</p>
	<p>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>When allowed by our company, Indoor visits will take place exclusively in a neutral zone in our community called Great Room in the Community Building. The Great Room is a large private area with tables and chairs that are socially distanced at least 6 feet apart with colored tape. Distance will be maintained by an assigned Linden Village staff member, the Visitation Supervisor, who will also be in the Studio to monitor the visit from start to finish. Failure to follow social distancing guidelines can lead to the visit being terminated.</p>
	<p>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)</p>

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VISITATION PLAN

	<p>When allowed by our company, Indoor visitation is allowed exclusively in a neutral zone in our community called the Great Room in Community Building. Visitation in the Great Room is for residents unexposed to COVID-19 who can be walk or be transported via wheelchair. Space between the resident and their visitor (up to 2 visitors maximum) will be at least six feet. Only one visit is scheduled at any given time to control the visiting process, thereby eliminating the possibility of have more than one visit happening at a time. Visitation is not permitted during mealtimes. Visiting in a resident’s room is permitted only if the resident is actively passing on hospice and unable to be transported to neutral area. Visitor screening and additional precautions for such compassionate care visits, including hand hygiene and use of full PPE are required.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52 Outdoor visitation be not be utilized at STEP 3.</p>
	<p>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”)</p> <p>Not applicable</p>
	<p>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”)</p> <p>Not applicable</p>
	<p>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”)</p> <p>SAME</p>
	<p>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”)</p> <p>SAME</p>
	<p>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</p> <p>All surfaces will be sanitized by a staff member, the Visitation Supervisor, using CDC approved cleaners to reduce the risk of exposure or transmission of COVID-19. The Visitation Supervisor will sanitize the following resident surfaces, including hospital bed, wheelchair, walker, cane handles, brake handles, seat cushion, arm rests, and foot support, and all none resident surfaces in the resident’s room, including high touch surfaces such as hand rails, door knobs, push plates, seating surfaces. Additional hand sanitizer gel will also be provided during the visit and remove at the conclusion of the visit for safety purposes.</p>

	<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>54. 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>Volunteers will not be utilized at any time.</p>
	<p>55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>Volunteers will not be utilized at any time.</p>

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

56. NAME OF NURSING HOME ADMINISTRATOR

Margie McCarty LPN, Executive Director, Personal Care Home Administrator.

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.

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE