



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

FACILITY INFORMATION	
This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
<b>1. FACILITY NAME</b> Brethren Village – The Courtyards	
<b>2. STREET ADDRESS</b> 3001 Lititz Pike	
<b>3. CITY</b> Lititz	<b>4. ZIP CODE</b> 17543
<b>5. NAME OF FACILITY CONTACT PERSON</b> Tara Ober, Vice President Communications and Resident Life	<b>6. PHONE NUMBER OF CONTACT PERSON</b> 717-581-4390

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> 7/22/2020	
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – 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, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>	
<input checked="" type="checkbox"/> <b>Step 2</b> <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <i>Have the absence of any 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> Yes	

## DATE AND STEP OF REOPENING

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

**Remote survey started 4/1/2020, onsite survey completed 6/26/2020**

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

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

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

6/29/2020 to 6/30/2020

**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**

The facility actively monitors all Residents in the facility for signs and symptoms consistent with COVID-19 at least daily to include temperature check and pulse oximetry. Providers are notified promptly of Residents who are symptomatic. If testing is ordered by the Resident's provider, specimen collection is completed by facility nursing staff. Testing supplies are provided by commercial laboratory and available onsite. Testing is completed promptly and within 24 hours. Specimens are transported to laboratory for processing and pick-up is available 7 days per week

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

In response to an outbreak, the facility may test all Residents and staff or may focus testing to specific areas or persons based on circumstances of positive cases. Testing supplies are provided by commercial laboratory and available onsite. If additional testing supplies are needed, they are ordered and provided by lab.

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

Testing of asymptomatic staff may be performed to help inform additional Infection Prevention and Control efforts and does not supersede existing infection prevention and control interventions. Testing in this case is used when results will lead to specific infection control actions. Testing supplies are provided by commercial laboratory and available onsite. If additional testing supplies are needed, they are ordered and provided by lab.

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

Non-essential staff and volunteers who provide direct care or services within the facility consistently three or more days per week are considered "staff" for purposes of testing and are included in testing strategies when utilized.

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

Staff who refuse to be tested or fail to comply when directed for testing will generally be required to remain off work and off campus for 14 calendar days. Exceptions may occur as approved by Human Resources. These staff persons would be prioritized for testing if follow-up testing is completed. The staff person may also undergo testing with their PCP or other health care provider and submit documentation of result if completed within specified time frame.

Residents who refuse or are unable to be tested are placed into a designated "Yellow" zone and staff follow procedures accordingly for a Resident who is considered exposed to COVID-19. If follow-up testing occurs or the Resident becomes symptomatic, consent for testing is re-introduced.

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

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

Residents who are diagnosed with COVID-19 are cohorted in a designated “Red” zone. A zone is defined as an area of the facility where staff are not typically shared with other areas in one shift. At this time, the facility has a unit designated as a COVID-19 positive area. Residents with a confirmed positive test are temporarily transferred to this unit until they meet CDC and DOH criteria for discontinuation of precautions.

**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)**

Personal Protective Equipment (PPE) supplies are inventoried each weekday and supplies are ordered as needed. Usage is calculated to ensure adequate supply is readily available for current and future needs.

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

All departments have developed plans to mitigate staffing shortages and meet or exceed staffing requirements in order to provide consistent quality of care and safe work environment. The facility also contracts with several staffing agencies to supplement and meet staffing needs. At this time, the facility is not experiencing staffing shortage.

**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**

If the facility is in any step of the re-opening process and Lancaster County reverts to “Red”, the facility will resume all procedures as prior to entering the re-opening process. This includes ceasing communal dining, group activities, and visitation. When the country progresses into “Yellow” or “Green” phase, the facility will resume the re-opening process from Step 1. If at any time during the re-opening process, the facility has a new facility onset case of COVID-19, the re-opening process will cease and the facility will resume all procedures as prior to entering the re-opening process.

## 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**

During periods of no to minimal community transmission (i.e. Green county), the facility actively monitors all Residents in the facility for signs and symptoms consistent with COVID-19 at least daily to include temperature check and pulse oximetry. During periods of minimal/moderate or substantial community transmission (i.e. Yellow or Red county), the facility actively monitors all Residents in the facility as above at least twice daily. Nursing staff observe for both typical and atypical symptoms consistent with COVID-19 and communicate with Resident’s provider when changes are observed. Presence of either temperature greater than 99 degrees, new or worsened cough, and/or new or worsened shortness of breath or presence of 2 or more atypical symptoms prompts request for testing. If a Resident becomes symptomatic and COVID-19 is suspected, the provider is promptly notified for testing instructions and the Resident is actively monitored at least every 4 hours for change in condition. If a positive COVID-19 case is identified in the facility, contact tracing occurs. If a resident is determined to be exposed to COVID-19, the Resident is actively monitored for symptoms at least every 8 hours and the provider is contacted for testing instructions.

## SCREENING PROTOCOLS

### 22. STAFF

Staff are screened in a neutral zone for symptoms consistent with COVID-19, potential exposure to a positive COVID-19 case, and have their temperature taken before entering the facility. Staff who screen positive are not permitted to enter and are referred to Human Resources, Infection Control, and their provider for testing and return to work instructions. Staff are educated on signs and symptoms of COVID-19 and asked to self-monitor and not report to work when ill. Staff report if they are experiencing signs and symptoms of COVID-19 to Human Resources and their provider. Staff are screened for temperature and symptoms at the end of their shift. If staff develop symptoms while at work, staff cease resident care activities, notify their supervisor, and leave the work site.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are screened for symptoms consistent with COVID-19, potential exposure to a positive COVID-19 case, and have their temperature taken before entering the facility. Personnel who screen positive are not permitted to enter and are educated to contact their provider.

### 24. NON-ESSENTIAL PERSONNEL

Non-essential personnel who are permitted into the facility are screened for symptoms consistent with COVID-19, potential exposure to a positive COVID-19 case, and have their temperature taken before entering the facility. Personnel who screen positive are not permitted to enter and are educated to contact their provider.

### 25. VISITORS

Visitors who are permitted to enter the facility are screened for symptoms consistent with COVID-19, potential exposure to a positive COVID-19 case, and have their temperature taken before entering the facility. Visitors who screen positive are not permitted to enter and are educated to contact their provider.

### 26. VOLUNTEERS

Volunteers who are permitted to enter the facility are screened for symptoms consistent with COVID-19, potential exposure to a positive COVID-19 case, and have their temperature taken before entering the facility. Volunteers who screen positive are not permitted to enter and are educated to contact their provider.

## 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)

When in the process of re-opening, meal times are split into two services that are 45 minutes apart. In-room meal service also continues to be available.

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

Tables are spaced apart and seating is arranged so that social distance is maintained with Residents 6 feet apart. The facility may also utilize a physical barrier between two residents at one table.

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

Hand hygiene is completed prior to meals. If a Resident requires feeding assistance and they are at risk for aspiration and may cough, the staff will follow standard precautions including mask, eye protection, and gown. Hand hygiene is performed between Residents if assistance is provided. Surfaces are cleaned and disinfected between meal services.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Communal dining is limited to Residents unexposed to COVID-19 and residing in a “Green” zone. Any Residents who receive in-room meal service will have a team member serving as a hall monitor and providing assistance as needed.

## 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)

Small group activities of 5 or less may be held when the Residents are unexposed to COVID-19, maintaining 6 feet of social distance, using masks as tolerated, and completing proper hand hygiene. Hand hygiene will be offered at the beginning of each activity, during the activity as needed, and at the conclusion. Care will be taken to ensure activity items are sanitized after each use and not shared by more than one Resident when possible. For example, each Resident will keep their own set of bingo chips in their rooms when not in use. Residents will be spaced 6 feet apart when seated at tables, preferably 1 Resident per table. Activities can be held in either the Great Rooms, household dining rooms, or household living rooms. Outdoor activities will be encouraged, weather permitting. Continued 1:1 activities will be held.

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

Small group activities of 10 or less may be held with precautions as above. To ensure 6 feet of social distance, outdoor activities in larger patio spaces will be encouraged.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Group activities of greater than 10 may be held with precautions as above. Spaces utilized will be large enough to allow for social distancing of 6 feet or more between each Resident. Outdoor activities in larger spaces will be encouraged.

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be limited to on campus activities, including indoor and outdoor concerts and events. Precautions will include social distancing, universal masking, and hand hygiene performed at the beginning and end of each outing and during the outing as needed.

## NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.

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

In addition to those personnel already permitted to enter, in Step 2 the facility determines that external building and maintenance contractors performing renovation or other types of construction services are permitted to enter. In Step 3, the facility permits resumption of in-house beautician and salon services.

### NON-ESSENTIAL PERSONNEL

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

Education is provided to non-essential personnel related to proper infection control, social distancing, universal masking, and hand hygiene. All personnel are screened before entering the facility and are provided with a face covering if needed.

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

Signage is placed in each area of the facility to indicate if area is a designated “Green”, “Yellow”, or “Red” zone. Non-essential personnel are not permitted to enter “Yellow” or “Red” designated zones. Residents in “Red” and “Yellow” zones are restricted to their rooms and non-essential personnel will not be in contact with them.

### VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Hours of visitation are from 9:00 am to 6:30 pm, depending on staff availability and Resident preferences. Length of visit is limited to 30 minutes.

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

Visits are scheduled through Social Services and/or Therapeutic Recreation and/or designee. Schedules are logged and maintained through Worxhub Room Bookings.

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

Disinfecting spray or wipes will be kept in visitation area. The Team Member facilitating the visit will be responsible for sanitizing surfaces in Resident and Visitor areas following each visit. Environmental Services cleans and disinfects area thoroughly daily.

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

We are encouraging no more than 3 visitors at a time. Children are permitted if they are able to follow infection control procedures.

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

Priority will be given to Residents who have expressed sadness and loneliness due to feelings of isolation and to Residents who have a disease that causes progressive decline, such as dementia.

**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)**

Residents in a “Green” zone are permitted to have visits scheduled. Residents must be able to tolerate transport to the designated visitation area and be able to maintain a seated position in a chair or wheelchair for duration of visit. Residents must be able to tolerate application of sunscreen as needed and be comfortable in outdoor temperatures. Residents must be able to follow infection control procedures. Determination of safe outdoor weather is made by Nursing, Social Services, and/or Therapeutic Recreation.

**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**

STEP 2

**VISITATION PLAN**

Visitors will be screened upon entering campus and will be directed to proceed in their cars to the designated outdoor location. Visitors will not be permitted to access this location by entering the building. The outdoor visitation areas have umbrellas on each side to shade both Resident and visitor. In the event of inclement weather, indoor “window visit” space will be utilized.

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

During outdoor visits, a physical barrier will be in place between the Resident and visitors at all times (i.e. fence, table, bench) as maintained by the supervising team member. Additional floor/patio markings may be utilized to further define this distance

**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**

In Step 2, the facility will offer “Window visits” as an alternative to outdoor visits in the event of inclement weather. “Window visit” areas remain in designated neutral zones in Wolfe Auditorium and Welcome Center. Areas are not on Resident households or in common areas. These locations are accessed through the Welcome Center and visitors do not enter Resident care areas.

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

“Window visit” areas remain in designated neutral zones in Wolfe Auditorium or Welcome Center. “Window visits” include an installed physical plexiglass barrier between Resident and visitor. Resident and visitor are unable to access the other side of the barrier.

**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)**

Residents in a “Green” zone are permitted to have a visits scheduled. Residents must be able to tolerate transport to the designated visitation area and be able to maintain a seated position in a chair or wheelchair for duration of visit. Residents must be able to follow infection control procedures.

**49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**

Yes

**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”)**

Same

**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”)**

Same

**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”)**

In Step 3, additional indoor neutral zone visitation areas may be utilized. Areas are not on Resident households or in common areas. Areas are accessed through the Welcome Center and visitors do not enter Resident care areas.

**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”)**

Indoor visitation within neutral zone will take place with a 6 foot table between visitor and Resident. Additional markings on the floor may be utilized to further define this distance.

**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**

**STEP 3**

## VISITATION PLAN

If a room visit is to take place, Visitors will be screened as described in Screening Protocols section above. Visitors will be required to wear a face covering and will be instructed to follow infection control procedures to include social distance of 6 feet, hand hygiene, and no physical contact. Hand hygiene will be performed prior to and after visit. To maintain social distance, only one visitor per Resident room will be allowed at one time. If Resident is in a shared room, the privacy curtain will be pulled.

## 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**

Volunteers who are permitted to enter the facility in Step 2 or Step 3 are screened for symptoms consistent with COVID-19, potential exposure to a COVID-19 case, and have their temperature taken prior to entering facility. Volunteers who screen positive are not permitted to enter. Volunteers are educated to follow Infection Control procedures including hand hygiene, social distancing, donning/doffing PPE, and universal masking. Signage is placed in each area of the facility to indicate if area is a designated "Green", "Yellow", or "Red" zone. Volunteers are not permitted to enter "Yellow" or "Red" designated zones.

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

In Step 2, Volunteers may assist with scheduling of visits, transporting Residents from their room to the designated visitation area, and supervising visits for visitor and Resident compliance with infection control procedures.

## ATTESTATION

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

### **57. NAME OF NURSING HOME ADMINISTRATOR**

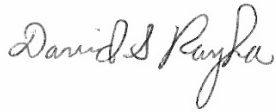
David S. Rayha MPA, NHA



**ATTESTATION**

**58. ATTESTATION**

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria is met as described in the *Interim Guidance for 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.



7/16/20

\_\_\_\_\_  
SIGNATURE OF NURSING HOME ADMINISTRATOR

\_\_\_\_\_  
DATE