

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

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department.

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>	
Brookview Health Care Center	
<b>2. STREET ADDRESS</b>	
2075 Scotland Avenue	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Chambersburg	17201
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Rosalyn R. Burke, NHA	717-217-2096

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>	
July 8, 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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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>	

## DATE AND STEP OF REOPENING

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

No

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

No infection prevention survey has been conducted at this time.

## 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

5/26/20 to 7/03/20

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

Brookview Health Care Center (BVHCC) has adequate resources and supplies to immediately test residents or team member who subsequently develops symptoms consistent with COVID-19.

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

BVHCC has the resources and supplies necessary to initiate additional 100% testing of residents and team members in any area that experiences an outbreak of COVID-19.

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

BVHCC has the resources and supplies necessary to initiate additional 100% testing of asymptomatic team members if necessary.

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

While Menno Haven does not intend to reinstate the use of volunteers in our healthcare settings for the foreseeable future, we do have the capacity to test any non-essential team members, should the need arise.

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

Any symptomatic resident who refuses testing will be considered presumptively positive, isolated and cohorted in the unit specified for positive residents for the duration of symptoms per PAHAN-502; specifically until at least 72 hours past the cessation of symptoms, and a minimum of 10 days since the onset of symptoms.

Menno Haven considers team member testing a condition of employment. If a team member refuses testing, they will be excluded from working in our healthcare settings for the duration of Governor's emergency declaration.

## 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.**

Menno Haven has identified a separate unit within the Brookview Healthcare Center that will be used to isolate and cohort any Menno Haven resident who tests positive for COVID-19 and has need for healthcare services per guidance in PA-HAN 509. This unit will be deemed Red. The rest of the neighborhood (unit) where other potentially exposed residents live will be deemed Yellow, and unexposed residents in other neighborhoods will be deemed Green.

- 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)**

Menno Haven utilizes a central supply system that is actively stockpiling needed PPE should one of our communities experience an outbreak. The main supply is housed outside of our healthcare facilities and is dispensed on an as needed basis to meet the needs of the individual facility.

Menno Haven routinely sources different vendors outside our usual supply chain in order to develop a cache of PPE should we have an outbreak.

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

Staffing at BVHCC has not been impacted by Covid-19. Team members are actively screened with questions, temperature taking and oxygen saturation levels before working each day and temperatures are screened again at the end of shift. Team members remain flexible to cover any open shifts to ensure appropriate staffing levels are maintained. Additionally, utilizing appropriately licensed management staff to assist in direct care as well as enlist assistance from our other Menno Haven healthcare facilities for support.

- 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 Franklin County (county in which BVHCC is located) should revert to a red phase of the Governor's reopening plan, BVHCC would immediately cease all visitation other than visits for end-of-life situations. This change in reopening status would be communicated to family members, residents and team members as soon as possible after knowledge is obtained. Additionally, the message would be communicated through the Menno Haven Website, email, robocall and all other additional means of communication Menno Haven has been using through the COVID-19 pandemic.

## 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**

Residents have all been tested with no identification of the virus. Residents who are admitted to BVHCC are tested upon admission and again 2-3 days following admission unless otherwise directed by the Medical Director. Residents remain in quarantine until the results of the second test are known. All residents are screened a minimum of 2 times daily for increased temperatures, signs and symptomof COVID-19. If screening reveals possible virus, the resident is tested by staff and quarantined until test results are known.

## SCREENING PROTOCOLS

### 22. STAFF

Team members have all been tested for COVID-19. Team members are screened upon arrival to the facility. The screening tool is comprised of questions regarding travel, family situation/exposure, signs and symptoms. Team members are actively screened for temperature and oxygen saturation level. Upon leaving end of shift, team members are again screened for temperature. Team members must be within normal limits to work their shifts; otherwise, team members will be denied entry.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not team members are screened in the same manner as team members. Healthcare personnel are only allowed to enter after screening within normal limits. If screening reveals potential virus, entry is denied.

### 24. NON-ESSENTIAL PERSONNEL

Non-essential personnel will be screened in the same manner as team members. This will begin in Step 3 when non-essential personnel are allowed in the facility. Non-essential personnel are only allowed to enter after screening within normal limits. If screening reveals potential virus, entry is denied.

### 25. VISITORS

Visitors are screened at the front of the facility (in a neutral zone). Visitors will be actively screened with appropriate questions, temperature screening, and oxygen saturation levels taken. All screening questions and physical monitoring must be within appropriate range to complete a visit; otherwise visitation will be denied.

### 26. VOLUNTEERS

Volunteers will be under the same guidance as team members and all criteria must be appropriately met to enter building. If virus potential exists, entry will be denied.

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)**

BVHCC operates with 3 neighborhoods; each having their own dining room. Two neighborhoods has 2 "clusters" of residents housing approximately 20 residents in each cluster. One neighborhood has a "clusters" of residents housing approximately 16 residents in each cluster. This plan will treat each dining room individually as stated:

- Breakfast: 7:00a.m.-9:00:am; residents who needs assistance eating
- Lunch 11:00 a.m.-12:30p.m.; residents who need assistance eating
- Dinner 4:00 p.m.- 5:30 p.m.; residents who need assistance eating

Both dining rooms will be sanitized after the last resident has finished supper.

Clusters will rotate meals each day in order to be able to maintain social distancing. Those residents who do not come to the dining room for their meal will remain on "tray service." Residents that are able to tolerate masks will wear them coming to and leaving the dining room. Staff will continue to wear masks.

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

Lampost and Walden dining room has approximately 10 tables with 2 chairs each. Approximately 10 residents will be coming to the dining room at any given meal for each seating. Candlestick dining room has approximately 4 tables with 2 chair each. Approximately 6 residents will be coming to the dining room at any given meal for each seating. Therefore, Residents who need assistance with feeding and eat in a common area should be spaced apart as much as possible, ideally six feet or more. Where it is not possible to have these residents six feet apart, then no more than one resident who needs assistance with feeding may be seated at a table.

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

Residents who are able will wear masks coming to and from the dining room. However, masks will be removed once seated at the table and ready to dine. Staff will wear masks during their time in the dining room; whether serving or waiting tables. Dishes will not be removed upon a resident's completion of their meal to allow team members to know the table needs cleaned and sanitized. Tables will not have any condiments on them but will be served with the meal. Tables/chairs will be disinfected after each meal service with approved disinfectant. Hand sanitizer dispensers will be available in the Dining areas.

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

N/A

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 Bingo: Dining room space will be utilized; contains 5 tables with one resident at each table. Social distancing will be adhered via seating arrangement. Bingo cards are paper and discarded after each use. Chips are also sanitized between each use and no chips/cards are shared during each game. Universal masking will be required in order to participate.

IN2L: Activities space will be utilized. No touching is necessary with drop down screen used. Traveling, exercising, games, movies can be offered through the system. Residents will be seated six feet apart and double masking will be worn. No more than 5 residents will participate. No sanitizing is necessary as no contact is needed.

Balloon Tennis/Volleyball/Hockey: Dining room space will be utilized. Each resident will have their own pool noodle (serves as club, stick etc.). No more than 5 residents will participate at any time and universal masking will be worn. Sanitation will include the noodles, ball, and any other equipment used based on each game. Balloons are pumped with a manual pump. No human air is needed.

Outside Walks: Staff will offer residents outside walks around the campus; being sure to universal mask during the walk and appropriate hand hygiene is used prior to leaving and upon return.

Care is taken, no matter what activity, to sanitize tables, chairs, any equipment used, and high-touch areas. No singing or food activities will be offered at this time (or in steps 2 and 3).

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

Everything stated in step 1 with additional residents participating.

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

Everything stated in step 1 with any number of residents who wish to participate and are not symptomatic; adhering to social distancing and universal masking requirements.

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

Country Drives: Limited to 3 residents. Universal masking will be utilized. After return, all seats and high-touch areas in the vehicle will be sanitized. Residents will wash hands before leaving and upon return.

Ice Cream Trips; no cones: Limited to 3 residents. Universal masking will be utilized. After return, all seats and high-touch areas in the vehicle will be sanitized. Residents will wash hands before leaving, before eating their ice cream and upon return.

Other outings: Outings may be planned following the protocol of no more than 3 for trip (based on vehicle size and social distancing), universal masking, hand hygiene and appropriate sanitation of the bus upon return.

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 Step 2, non-essential personnel will be limited to 2. Non-essential personnel will include maintenance personnel entering the facility to perform routine maintenance.

<p><b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b></p> <p>Non-essential personnel will submit to the same active screening protocol as does any team member. Non-essential personnel will be required to properly wear a mask, wash their hands, and be allowed only in areas where residents are not present.</p>
<p><b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b></p> <p>Non-essential personnel will not come into contact with residents exposed to COVID-19, as we will not allow them in the building should we have an exposure. Additionally, non-essential personnel will not be allowed to work in rooms when residents are present in the room.</p>

<b>VISITATION PLAN</b>	
	<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><b>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</b></p> <p>Three morning times slots and three afternoon time slots have been identified 9:00 am, 10:00 am and 11:00 am, 1:00 pm, 3:00 pm and 4:00 pm for visitation. Each neighborhood has a morning time and an afternoon time. Visits will be allowed 7 days a week. Visits are limited to 30 minutes for each resident.</p>
	<p><b>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b></p> <p>At the onset of allowing visitors, Clinical and Household Coordinators will provide input as to who might benefit most from a family visit. First scheduled visits will be offered to those individuals. Otherwise, schedule will be set and families will be made aware of schedule.</p>
	<p><b>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</b></p> <p>Housekeeping/other designated personnel will clean/sanitize chairs, door handles, and other potentially touched surfaces in neutral zones between scheduled visitation appointments</p>
	<p><b>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b></p> <p>To ensure social distancing and infection control, 2 visitors per resident will be allowed per scheduled visit. Children are permitted to visit when accompanied by an adult visitor, within the number of allowable visitors. Adult visitors must be able to manage children, and children older than 2 years of age must wear a facemask during the entire visit. Children must also maintain strict social distancing. Failure to manage visiting children may result in loss of visiting privileges.</p>
	<p><b>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b></p> <p>Visits are allowed on a first come/first serve basis. However, additional visits have been approved and scheduled based on resident psycho-social needs.</p>
<b>STEP 2</b>	<p><b>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)</b></p>

## VISITATION PLAN

Residents who are capable of being transported to the neutral visitation area will be able to have a visit; whether in a wheelchair, motorized vehicle or independent with mobility. Residents who are currently on quarantine for any infection/illness will not be permitted to visit during their isolation. If there is rain, snow or other hazardous weather, the visit will occur at the stated inside visitation location. If weather is above 82 degrees Fahrenheit or below 65 degrees Fahrenheit or the resident is not comfortable with the current temperature, the visit will be moved inside. If the sun is out and it is a hot day (above 76 degrees Fahrenheit) sunscreen will be offered and applied to the resident prior to visiting outside. Additionally, any resident who shows signs/symptoms of COVID-19 or any other illness will have to have their visit rescheduled.

**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**

The resident patio will be used for outdoor visitation. The patio is covered with an awning to protect residents from sun or other inclement weather. The patio is accessible to residents from the neutral zone through an automatic door. For guests visiting, the patio is concrete slab for easy access immediately off of the parking lot. Signs will also be created to help visitors access visiting areas without difficulty.

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

During the call for scheduling of the visit, families/visitors will also be educated on the necessity of maintaining social distancing and the arrangements of the tables will be explained. They will be reminded that universal masking is mandatory. Six-foot distance will be maintained between residents and visitors with the placement of outdoor furniture, as well as visual monitoring by team members.

**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**

The lobby area has a sitting area which will be used for indoor visitation. The lobby area is accessible to residents from the neighborhoods. Visitors will be explained during the scheduling call to enter the facility through the main door of the nursing center. Visitors will access this area after being let into the building and appropriately screened.

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

Six-foot distance will be maintained between residents and visitors during indoor visits with the placement of furniture, as well as visual monitoring by team members. They will be reminded that double masking is mandatory.

**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)**

Step 3 visitations will be conducted the same as Step 2 visitations. Residents must be symptom free and when able wear a mask to receive visitors. Team members will ensure residents arrive to the visitation location.

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

Yes, following the same guidance for step 2 if it is the desire of the residents and weather is permitting.

**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

STEP 3



**VISITATION PLAN**

**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")**

SAME

**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")**

SAME

**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**

Unnecessary visitation to resident rooms will not be allowed in Step 3 at BVHCC. Only end-of-life and medically necessary visits will be approved. These visits will be approved by the administrator and a tracing tool has been implemented to ensure, if necessary, visitors/visits can be traced. In addition, upon arrival, visitors are screened and required to wash hands; don gown, gloves, and mask and are escorted to and from the residents room. No more than 1 guests are allowed a visit at any one time and is determined by the ability to social distance from a roommate/resident during the visit. Visits are timed based on the resident need. When leaving, the doffing of the PPE is monitored by a staff member and they wash hands and screen prior to exiting.

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**

BVHCC does not intend to reinstate the use of volunteers in our healthcare settings for the foreseeable future.

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

During Step 2, no volunteers will be utilized.

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**

Rosalyn R. Burke

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.

  
SIGNATURE OF NURSING HOME ADMINISTRATOR

7-6-20  
DATE