

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.	
1. FACILITY NAME	
Chambers Pointe Health Care Center	
2. STREET ADDRESS	
1425 Philadelphia Avenue	
3. CITY	4. ZIP CODE
Chambersburg	17201
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Amy R. Fager, NHA	717-217-4964

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).
7. DATE THE FACILITY WILL ENTER REOPENING
July 8, 2020
8. (CHECK ONLY ONE) SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2
<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 8, 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 8, 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>

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 6/8/20

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

Chambers Pointe Health Care Center (CPHCC) has adequate resources and supplies to immediately test any and all 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

CPHCC 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

CPHCC 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

CPHCC is not currently operating under a contingency staffing plan, but should the need arise for additional staffing as a result of a COVID-19 outbreak, we would utilize 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 would become "Red," CPHCC would immediately stop all visitation. 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

Chambers Pointe has an ongoing screening protocol for all team members and visitors that includes specific screening questions, as well as temperature and oxygen saturation readings. Team members are screened at the beginning and the end of their shift, while residents are screened a minimum of twice daily.

SCREENING PROTOCOLS

22. STAFF

Chambers Pointe has an ongoing screening protocol for all team members and visitors that includes specific screening questions, as well as temperature and oxygen saturation readings. Team members are screened at the beginning and the end of their shift, while residents are screened a minimum of twice daily.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Chambers Pointe has an ongoing screening protocol for all team members and visitors that includes specific screening questions, as well as temperature and oxygen saturation readings. Team members are screened at the beginning and the end of their shift, while residents are screened a minimum of twice daily.

24. NON-ESSENTIAL PERSONNEL

Chambers Pointe has an ongoing screening protocol for all team members and visitors that includes specific screening questions, as well as temperature and oxygen saturation readings. Team members are screened at the beginning and the end of their shift, while residents are screened a minimum of twice daily.

25. VISITORS

Chambers Pointe has an ongoing screening protocol for all team members and visitors that includes specific screening questions, as well as temperature and oxygen saturation readings. Team members are screened at the beginning and the end of their shift, while residents are screened a minimum of twice daily.

26. VOLUNTEERS

N/A

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)

CPHCC operates with 2 neighborhoods; each having their own dining room. Each neighborhood has 3 “clusters” of residents housing approximately 10 residents in each cluster. This plan will treat each dining room individually as stated:

- First Seating Breakfast 7:00a.m.-8:00am; residents who needs assistance eating
- Second Seating Breakfast 8:30 a.m.; open dining but will need to exit the dining room prior to 11:00 a.m. for sanitation before lunch

- First Seating Lunch 11:30a.m.-12:30p.m.; residents who need assistance eating
- Second Seating Lunch 1:00 p.m.; opening dining but will need to exit the dining room prior to 3:30 p.m. for sanitation before supper

- First Seating Supper 4:00 p.m.- 5:00 p.m.; residents who need assistance eating
- Second Seating Supper 5:30 p.m.; open dining

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 and allow every resident to eat in the dining room daily. Those residents who do not come to the dining room for their meal will remain on “tray service.” Residents will wear masks coming to and leaving the dining room. Staff will continue to wear masks and gloves during meal times.

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

Each dining room has approximately 10 tables with 4 chairs each. As stated in the plan above, approximately 10 residents will be coming to the dining room at any given meal for each seating. Therefore, residents who wish to dine together will social distance at one table; observing the 6 ft. rule. A maximum of 2 residents per table will be allowed. If residents choose to dine alone, there will be enough table space and square footage to allow for social distancing.

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

Residents 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 and gloves during their time in the dining room; whether serving or waiting tables. Gloves will be removed between each resident as necessary for infection control purposes. Residents will order their meal and the meal will be delivered to their table. Dishes will not be removed immediately 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 immediately after each meal service with approved disinfectant. Hand sanitizer dispensers will be at both the entrance and exits to 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: Activities space will be utilized; contains 5 tables with one resident at each table. Social distancing will be adhered via seating arrangement. Bingo cards are laminated and sanitized after each use. Chips are also sanitized between each use and no chips/cards are shared during each game. Double 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: Activities 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 double 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 double mask during the walk and appropriate hand hygiene is used prior to leaving and upon return.

Lunch-Ins: Residents love to order food and have it delivered. No more than 5 residents will participate. Residents will choose restaurant to order from. Hand hygiene will occur, as before all meals. Double masking will be utilized until meal is ready to be eaten. Social distancing in the area (dining room, activities room or alcoves) will be maintained and sanitation will occur in the area used upon completion.

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 double masking requirements.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Country Drives: Limited to 3 residents. Double 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. Double masking will be utilized. After return, all eats 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), double 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

Chambers Pointe does not intend to reinstate the use of volunteers, non-essential team members or vendors in our healthcare settings for the foreseeable future. All non-essential Chambers Pointe team members have continued to work throughout the pandemic and were part of the baseline testing; all negative. We do not send residents out or allow others into our buildings unless it is deemed medically necessary. We do have the capacity to test any non-essential team members, should the need arise.

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

It is the expectation and standard that anyone who needs to enter the building is screened, appropriate PPE is donned (including double masking) and hand hygiene is completed. Social distancing is the norm. This expectation will remain throughout the unforeseeable future.

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

Unless deemed medically necessary, residents have no contact with non-essential personnel. Through the daily screening protocols and appropriate use of PPE, the medically necessary exposure should be very limited and risk of contacting a resident with COVID-19 very low.

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

12 p.m.-4 p.m. and as needed/available Monday-Friday; although accommodations have been made for weekend visits. Visits are limited to 30 minutes 2X/week for each resident. This is similar to door-side visits that are already underway and we feel confident this is enough visitation time based on the current resident population. If more visitation time is needed, additional times can be arranged.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors are screened prior to visit via phone at the time of the scheduling of appointment and then asked by the "staff monitor" at time of visit if anything has changed since screening. Family members are directed to walk the sidewalk to the covered patio and door side visits occur. Often family uses technology on the outside and "staff monitor" uses technology with the resident on the inside to allow better communication. "Staff monitor" typically gets residents "set-up" and then allows for private time to visit; checking periodically throughout to ensure safety is maintained. Masking does occur during visit unless it is affecting communication. However, masking is required for family members and for residents as they pass through their neighborhood to the door.

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

Little sanitation is necessary for the door-side visits. Any technology that has been used is wiped with approved disinfectant. Additionally, disinfectant is used to wipe the glass and door handles on both sides.

VISITATION PLAN

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

Door-side visits are not limited but have not exceeded 5. The patio is large enough to satisfy social distancing requirements.

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

Visits are allowed on a first come/first serve basis. However, additional visits have been approved and scheduled based on resident psycho-social needs.

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 who are capable of being transported to the patio 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 neighborhoods in the front entrance of "their home" through an automatic door. For guests visiting, the patio is concrete and ramped with a railing 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

Patio tables and chair will be provided for residents and visitors. These tables are 6 foot tables and will be marked with signage to educate visitors and residents of the necessary safe-space during the visit. 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 double masking is mandatory.

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 resident activities area will be used for indoor visitation. The activities space is accessible to residents from the neighborhoods in the front entrance of "their home." For guests visiting, the walkway is concrete and ramped with a railing for easy access immediately off of the parking lot. Visitors will be explained during the scheduling call how to access the activities space without entering the nursing center or any resident area; by utilizing an entrance other than the main entrance. Signs will also be created to help visitors access visiting areas without difficulty.

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

Activities room will be utilized as the indoor space for residents and guests to visit. The tables are 4 foot tables; two will be adjoined making 8 feet distance between the resident and the guest. The tables will be marked with signage to educate visitors and residents of the necessary safe-space during the visit. 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

STEP 2

VISITATION PLAN

tables will be explained. They will be reminded that double masking is mandatory.

STEP 3

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 who are capable of being transported to the patio 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.

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")

The resident activities area will be used for indoor visitation. The activities space is accessible to residents from the neighborhoods in the front entrance of "their home." For guests visiting, the walkway is concrete and ramped with a railing for easy access immediately off of the parking lot. Visitors will be explained during the scheduling call how to access the activities space without entering the nursing center or any resident area; by utilizing an entrance other than the main entrance. Signs will also be created to help visitors access visiting areas without difficulty.

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 Chambers Pointe. 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 2 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

As stated above Chambers Pointe 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

As stated above Chambers Pointe does not intend to reinstate the use of volunteers in our healthcare settings for the foreseeable future.

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

Amy R. Fager, NHA

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

DATE