

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

Step 1 – Reopening plan to include testing and all other prerequisites. At any point during Step 1 there is a new onset of COVID cases, the facility will cease Step 1 and will be closed to visitors and non-essential personnel.

Step 2 – No onset of COVID cases for 14 consecutive days since the facility baseline COVID19 testing. If at any point, under this step, the facility has a new case of confirmed or suspected COVID, the facility be closed to visitors and non-essential personnel.

Step 3 – No onset of COVID19 cases for 14 consecutive dates since the beginning of Step 2. If at any time the facility has a new case or confirmed or suspected COVID, the facility will be closed to visitors and non-essential personnel.

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	
Athens Health & Rehabilitation Center	
2. STREET ADDRESS	
200 South Main Street	
3. CITY	4. ZIP CODE
Athens	18810
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Jennifer Zimmerman – Nursing Home Administrator Terry McCarter – Director of Nursing	570-731-6919

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	
August 17, 2020	

DATE AND STEP OF REOPENING

8. **SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)**

Step 1

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](#))

Step 2

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](#))

AND

Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing

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**

7/7/2020

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](#)**

6/15/2020 to 6/18/2020

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**

Facility has a contractual agreement with a private lab vendor. Facility currently has ample supply of COVID19 swabs to immediately test symptomatic residents. Facility also currently has ample supply of COVID19 swabs to test all asymptomatic residents and staff within a 24-hour period, in the event of any positive results or potential exposure.

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

Facility has a contractual agreement with a private lab vendor. Facility currently has ample supply of COVID19 swabs to immediately test symptomatic residents. Facility also currently has ample supply of COVID19 swabs to test all asymptomatic residents and staff within a 24-hour period, in the event of any positive results or potential exposure.

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

Facility has a contractual agreement with a private lab vendor. Facility currently has ample supply of COVID19 swabs to immediately test symptomatic residents. Facility also currently has ample supply of COVID19 swabs to test all asymptomatic residents and staff within a 24-hour period, in the event of any positive results or potential exposure.

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

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

Non-essential staff employed by the facility or who work in the facility consistently three or more days per week, regardless of their role (including volunteers), are considered staff for purposes of June 8th Order of the Secretary of Health. In these cases, facility will request a copy of completed COVID19 test or will test the individual if baseline testing was not completed. All other non-essential staff and employees will complete screening process as they enter the facility.

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

Residents that refuse or are unable to be tested will be placed in “yellow zone” precautions (contact) for 14 days. Staff that refuse to be tested, will be provided additional education, opportunity to talk with medical director, and ability to watch educational videos. If still refuse, will attempt to schedule to work with yellow zone residents and will be required to wear an N95 mask for 14 days.

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

The facility has designated red, yellow, and green zones for cohorting residents who are presenting at the same level of COVID19 testing. Red zone is for COVID19 positive residents. Yellow zone is designated for residents that previously tested positive, but since have a negative test and are awaiting the 14-day without symptoms of COVID. Yellow zone is also designated for residents that are new admissions or who had an ER visit, in order to be monitored for symptoms for 14 days. Green zone is designated for residents with no symptoms of COVID19.

18. TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED) DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN

Current supply of cache PPE is at least 3 months, with the exception of gowns. Isolation gowns supply cache is at least one month supply. Facility continues to work with vendors and purchases supplies on an on-going basis to keep cache PPE supply at 3 months.

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

Facility continues to hire for open positions, including sign-on bonuses being offered. Agency nursing staff contracts are in place and agency has been able to assist with open positions. Contracted therapy agency has ability to adjust contract to include their ability to work within their scope of practice and assist nursing staff with the care of residents. In the event of extreme emergency, facility’s sister facility would be contacted for assistance. In the event that the facility determines that it is unable to provide adequate care to the residents, facility would contact the State of PA for additional assistance.

20. FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR’S REOPENING PLAN DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES IF THE COUNTY IN WHICH THE

Upon discovery of county reverting to the red phase, all visitation would be immediately stopped. Residents and family members would be immediately notified. All non-essential staff would be notified and work schedules adjusted/halted as needed, per Governor’s orders.

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

Current protocol is to evaluate temperature, pulse ox, and respiratory rate twice a day. Any abnormalities will be reported to their physician. If COVID19 is suspected, resident will be placed on necessary isolation precautions and isolated to room pending any physician orders or until test results are received.

22. STAFF

Upon entrance to facility, the staff are required to complete the AHCA/NCAL COVID19 Screening Checklist. Any negative responses or temp greater than 100.0F will be evaluated by the RN supervisor before further entrance. If determined that symptoms are present, staff will be sent home and encouraged to contact their physician. Staff will return to work following the guidance of PA HAN 501 (or most current guidance provided by PA).

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Upon entrance to facility, the non-facility HCP are required to complete the AHCA/NCAL COVID19 Screening Checklist. Any negative responses or temp greater than 100.0F will be evaluated by the RN supervisor before further entrance. If determined that symptoms are present, non-facility HCP will be sent home and encouraged to contact their physician. Non-facility HCP will also be asked to sign the visitor log, unless responding to a facility/resident emergency.

24. NON-ESSENTIAL PERSONNEL

Upon entrance to facility, the non-essential personnel are required to complete the AHCA/NCAL COVID19 Screening Checklist. Any negative responses or temp greater than 100.0F will be evaluated by the RN supervisor before further entrance. If determined that symptoms are present, non-essential personnel will be sent home and encouraged to contact their physician

25. VISITORS

Upon entrance to facility, the visitors are required to complete the AHCA/NCAL COVID19 Screening Checklist. Any negative responses or temp greater than 100.0F will be evaluated by the RN supervisor before further entrance. If determined that symptoms are present, visitors will be sent home and encouraged to contact their physician. Visitors will also be asked to sign the visitor log.

26. VOLUNTEERS

Upon entrance to facility, the volunteers are required to complete the AHCA/NCAL COVID19 Screening Checklist. Any negative responses or temp greater than 100.0F will be evaluated by the RN supervisor before further entrance. If determined that symptoms are present, will be sent home and encouraged to contact their physician. Volunteers are required to complete facility application and are scheduled thru the Activity Department. Volunteers will follow same protocol to return to facility as the staff, by following the guidance of PA HAN 501 (or most current guidance provided by PA).

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)

Meals times have not changed during this. Those residents that require assistance or are at high aspirations precautions have received priority for dining room seating.

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

Current set up consists of square dining room tables with one resident per table. Tables are at least 6 feet apart.

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

All staff are wearing masks and hand sanitizer is being utilized by residents and staff. Tables and chairs are cleaned between residents and after meals.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Facility will continue to utilize regular dishes and utensils. Facility dish machine reaches 180 degrees to effectively sanitize all dishes. Facility will continue to utilize individual condiment packets.

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)

Activity space has 7 tables, at least 6 apart, with one resident at a table. Residents wear masks and hand hygiene is performed. Activities are discussed at bi-monthly resident council and a weekly calendar is distributed. Multiple interventions have been adapted to ensure/increase infection control measures, such as Laminated bingo cards, activities that may have used hands to pass balls, now use feet. Each resident has a bag with their name on it that contains nail care items. Frequent cleaning of equipment. Tables, chairs, and equipment are cleaned between residents and after each activity. All activities were completed in room on their doorways during Step 1.

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

Activity space has 7 tables, at least 6 apart, with one resident at a table. Residents wear masks and hand hygiene is performed. Activities are discussed at bi-monthly resident council and a weekly calendar is distributed. Multiple interventions have been adapted to ensure/increase infection control measures, such as Laminated bingo cards, activities that may have used hands to pass balls, now use feet. Each resident has a bag with their name on it that contains nail care items. Frequent cleaning of equipment. Tables, chairs, and equipment are cleaned between residents and after each activity. If activity required use of table, 7 tables and 3 additional tray tables were utilized to maintain social distancing.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activity space has 7 tables, at least 6 apart, with one resident at a table. Residents wear masks and hand hygiene is performed. Activities are discussed at bi-monthly resident council and a weekly calendar is distributed. Multiple interventions have been adapted to ensure/increase infection control measures, such as Laminated bingo cards, activities that may have used hands to pass balls, now use feet. Each resident has a bag with their name on it that contains nail care items. Frequent cleaning of equipment. Tables, chairs, and equipment are cleaned between residents and after each activity. If activity required use of table, 7 tables and 3 additional tray tables were utilized to maintain social distancing.

ACTIVITIES AND OUTINGS

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Typical outings included ones that facility could “walk” resident to – ie: neighboring church activities and music in the local park. At this time, no outings are being due to local activities cancelled.

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

Since beautician services are permitted in our county, facility will be permitting these services to restart with new protocols to include, but not limited to, enhanced cleaning between residents and at end of day, as well as only one resident in beauty shop at a time. Beautician will be required to provide proof of negative COVID19 test or be tested by the facility. All screening processes will remain the same as that of employees when entering facility.

Other non-essential healthcare professionals (in the facility less than 3 days a week) will include consulting pharmacist and pharmacy nurse consultant. Consulting podiatry, dental, vision and hearing will also be permitted as their company permits. All screening processes will remain the same as that of employees when entering facility.

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

All non-essential personnel will complete screening process when entering facility, including hand hygiene and application of face mask. Social distancing will be followed while at facility. If providing care/service in a designated area, only one resident will be present. Care/services will only be provided to residents that are in the green zones in these designated areas.

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

Should care/services be deemed medical necessary to residents in the yellow zone, all isolation precautions will be followed and treatments will occur after all treatment was provided to those in the green zone. No non-essential services will be provided to residents in the red zone, unless it is deemed medically necessary (example – urgent podiatry treatments). Facility staff will create appointments for these visits and inform providers of any necessary precautions.

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

Visiting hours will be Tuesday, Thursday, Saturday & Sunday 9:00am – 11:15am; Monday & Wednesday 1:00pm – 3:45pm; and Monday & Tuesday 6:00pm – 7:30pm. Visits will be scheduled for 30 minutes with 15 minutes in between visits to provide necessary cleaning of all surfaces. One resident will be scheduled for indoor and one resident for outdoor visitation at any given time.

VISITATION PLAN

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Receptionist will maintain the visitor appointment schedule. Families/Responsible parties will be notified, via letter, of visitation schedule and how to call facility to schedule an appointment. Notices will also be posted at front door, explaining process, for unannounced or unscheduled visitors.

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

Visitation areas will consist of hard surfaces that can be wiped down after each visit with approved sanitization agents. Housekeeping will deep clean areas per cleaing schedule.

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

Each visit will consist of the resident and a maximum of 2 visitors over the age of 12. Any variations from this must be approved by the nursing home administrator. Resident and visitors must complete hand hygiene before and after visit, wear a face mask and maintain social distancing.

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

Residents who express feelings of depression, anxiety or anger regarding being isolated from their family will receive scheduled visit as soon as facility permits and is scheduled. Facility will make every effort to schedule their first visit within 10 days of reopening. Facility will then make every effort to schedule any visit within 7 days of their request, after all residents have received their first visit.

Any immediate end of life issues will be accommodated to the best of the facility’s ability, at the bedside.

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)

Facility will permit visitation to any resident considered in the green zone. Outdoor visitation will be under the carport, which is covered. Facility staff will transport resident to carport area. Hand sanitizer will be in the carport area for resident and visitor to utilize prior to and after visit. Face masks will be worn and social distancing will be maintained. Furniture will be wiped down after each visit.

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

Outdoor visitation will be under the carport, which is covered. Visitors will go to the main door, complete screening process, go back outside. Facility staff will transport resident to the carport area.

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

Floor/seating areas will have markings to ensure social distancing is maintained. If communication is compromised due to masks or disabilities, a screen barrier will be utilized between the resident and visitors.

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

Indoor visitation space will be held in the conference room area. Facility will permit visitation to any resident considered in the green zone. Visitors will go to the main door, complete screening process, facility staff will escort visitor to the designated area. Facility staff will transport resident to area. Hand sanitizer will be in the area for resident and visitor to utilize prior to and after visit. Face masks will be worn and social distancing will be maintained. Furniture will be wiped down after each visit.

STEP 2

VISITATION PLAN

	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Floor/seating areas will have markings to ensure social distancing is maintained. If communication is compromised due to masks or disabilities, a screen barrier will be utilized between the resident and visitors.</p>
STEP 3	<p>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)</p> <p>Indoor visitation space will be held in the conference room area. Facility will permit visitation to any resident considered in the green zone. Visitors will go to the main door, complete screening process, facility staff will escort visitor to the designated area. Facility staff will transport resident to area. Hand sanitizer will be in the area for resident and visitor to utilize prior to and after visit. Face masks will be worn and social distancing will be maintained. Furniture will be wiped down after each visit.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will continue as previous outlined.</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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</p> <p>If resident is at end of life or unable to be transported to either outside or indoor visitation areas, visitation will occur at the bedside. All the same scheduling of visitations and screening processes will be completed, additional PPE will be provided as needed, and a facility staff member will escort visitor to the resident's bedside. Following the visit, a designated staff member will wipe down high touch areas with approved disinfecting agent.</p>

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

No volunteers are currently being utilized.

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

No volunteers are currently being utilized.

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

Jennifer Zimmerman, MSW, 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.

Jennifer Zimmerman, MSW, NHA

SIGNATURE OF NURSING HOME ADMINISTRATOR

8/3/2020

DATE