Implementation Plan for Reopening Pocopson Home
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.

1. **FACILITY NAME**
   County of Chester, Pocopson Home

2. **STREET ADDRESS**
   1695 Lenape Road

3. **CITY**
   West Chester

4. **ZIP CODE**
   19382

5. **NAME OF FACILITY CONTACT PERSON**
   Jacqueline McKenna, NHA

6. **PHONE NUMBER OF CONTACT PERSON**
   610-793-1212

**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** (The re-opening date, and the continued movement through each step of the plan, is contingent on having no COVID+ tests for employees or residents. If even one COVID+ test is identified during any step, reopening stops and the plan restarts at Step 1 for 14 days from the COVID+ test result)
   8/7/2020

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)**
   YES

10. **DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19**
    6/24/2020    No deficiencies found during survey
<table>
<thead>
<tr>
<th>STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING</th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
</tr>
</tbody>
</table>


6/29/2020 to 7/14/2020

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 has the capacity to test symptomatic residents within 24 hours.

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

The facility has the capacity to test all residents and staff in the event of an outbreak but projected turnaround time for test results will vary.

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

The facility has the capacity to test all staff including asymptomatic staff but projected turnaround time for test results will vary.

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

Non-Essential staff are included in ALL STAFF and were tested during universal testing. Volunteers will not be tested by the facility unless they are unable to obtain a test independently. Volunteers must provide the facility a negative test prior to being used for visitation help or any other approved activities.

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

Residents who refuse testing will be isolated in a pre-determined yellow zone for a minimum of 14 days. Staff may not refuse testing. Universal baseline testing, as needed, is a condition of employment at Pocopson Home.

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

Any resident diagnosed with COVID-19 will be cohorted in the designated 21 bed isolation unit on 2nd West Women. Residents from a secure wandering unit will be assessed on an individual basis to determine safety prior to transfer. If safety concerns are identified, the resident will be isolated in a designated Red Zone on their secure unit.

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)**

We currently have adequate supplies of PPE needed to safely care for COVID-19 residents. PPE continues to be ordered as they become available to increase backup supplies. The Chester County Department of Emergency Services will assist with backup supplies if we are unable to obtain a supply independently.

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

We are not experiencing staffing shortages at this time. If staffing issues arise due to childcare issues related to individual school district opening plans, flexible scheduling will be implemented as well as supplemental support staff and agency staff as needed.
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 Chester County reverts back to the Red Phase of the Governor’s reopening plan, the facility will cease with reopening plans until the County returns to the Green Phase. Once the County returns to the Green Phase, we will wait an additional 14 days before moving into “Step 1” for re-opening.

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**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 are screened every 12 hours for signs/symptoms of COVID-19. If symptoms are present, the resident is moved to the isolation unit and a COVID-19 test is ordered immediately. Symptom monitoring increases to every 4 hours. Screening of asymptomatic roommates increases to every 8 hours pending COVID results of symptomatic roommate. If COVID-19 test is positive, monitoring continues every 8 hours for roommates. Screening returns to every 12 hours if the COVID-19 test is negative and the resident is removed from the isolation unit.

22. **STAFF**

Screening occurs at the front entrance, the chapel entrance and the 2 Jones entrance. Universal masking is required to enter the building for screening. A QR code, scanned by an employee smartphone, provides questions regarding symptoms, use of fever reducing medication and travel history. Questions are answered and submitted via smartphone. Paper questionnaire is used if smartphone is not available. With a “go” from the question submission, the employee may advance to a temperature scanner that records your body temperature. This scanner is located only at the front entrance. The 2 additional screening areas provide personnel using thermometers to physically take temperatures. Any employee who does not pass the screening process may not enter the building. They are advised to contact their physician to arrange for testing, the County HR department and the Infection Preventionist. Determination for required length of time out of the facility will be based on test results, presenting symptoms, severity of symptoms, and symptom onset date. Screening reports are available daily.

23. **HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

Screening occurs at the front entrance only. Universal masking is required to enter the building for screening. A QR code, scanned by an individual smartphone, provides questions regarding symptoms, use of fever reducing medication and travel history. Questions are answered and submitted via smartphone. Paper questionnaire is used if smartphone is not available. With a “go” from the question submission, healthcare personnel may advance to the temperature scanner that records your body temperature. Any healthcare personnel who does not pass the screening process may not enter the building. They are advised to contact their physician to arrange for testing, their employer/agency and the Infection Preventionist. Determination for required length of time out of the facility will be based on test results, presenting symptoms, severity of symptoms, and symptom onset date. Screening reports are available daily. Screening reports are available daily.
24. NON-ESSENTIAL PERSONNEL

Screening occurs at the front entrance, the chapel entrance and the 2 Jones entrance. Universal masking is required to enter the building for screening. A QR code, scanned by an employee smartphone, provides questions regarding symptoms, use of fever reducing medication and travel history. Questions are answered and submitted via smartphone. Paper questionnaire is used if smartphone is not available. With a “go” from the question submission, the employee may advance to a temperature scanner that records your body temperature. This scanner is located only at the front entrance. The 2 additional screening areas provide personnel using thermometers to physically take temperatures. Any employee who does not pass the screening process may not enter the building. They are advised to contact their physician to arrange for testing, the County HR department and the Infection Preventionist. Determination for required length of time out of the facility will be based on test results, presenting symptoms, severity of symptoms, and symptom onset date. Screening reports are available daily.

25. VISITORS

Screening for compassionate care visitation occurs at the front entrance only. Universal masking and gowns is required to enter the building for screening. A QR code, scanned by an individual smartphone, provides questions regarding symptoms, use of fever reducing medication and travel history. Questions are answered and submitted via smartphone. Paper questionnaire is used if smartphone is not available. With a “go” from the question submission, visitors may advance to the temperature scanner that records your body temperature. Any visitor who does not pass the screening process may not enter the building.

26. VOLUNTEERS

Volunteers will not enter the building until we are open for visitation in Step 2 and Step 3. At that time, screening for volunteers occur at the front entrance only. Universal masking is required to enter the building for screening. A QR code, scanned by an individual smartphone, provides questions regarding symptoms, use of fever reducing medication and travel history. Questions are answered and submitted via smartphone. Paper questionnaire is used if smartphone is not available. With a “go” from the question submission, volunteer may advance to the temperature scanner that records your body temperature. Any volunteer who does not pass the screening process may not enter the building.

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

The communal dining schedule is the same as the regular meal schedule. Those residents who are safe to eat independently will have their meals served in their rooms. Those who require assistance or supervision will have their meals served in the dining rooms on their unit.

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

Communal dining is limited to residents unexposed to COVID-19. Dining areas will be arranged to enforce social distancing. Tables and chairs must be arranged so that a distance of at least 6 feet is maintained between residents. Each dining room, depending on size and furniture, will be able to accommodate a different number of residents using social distancing.
COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Universal masking and hand hygiene is required for all staff and residents in communal dining areas. Masks may be removed for eating and drinking. Staff assisting residents must wear a face mask and must wash/sanitize hands between each resident they assist. When providing feeding assistance to residents with recurrent episodes or high risk of coughing while eating, staff will utilize eye protection and gowns. Lateral positioning and increased spacing beyond 6ft from peers will be utilized if dining room size permits, otherwise the assistance will be provided in the resident room to limit exposure to others.

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

The Corner Café and the Independent dining room will not re-open until “Step 3” is maintained for 21 days. Times for use will be staggered by unit. At that time, universal masking, hand hygiene and social distancing will be strictly enforced.

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**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)**

Activities are limited to very small groups of 5 or less unexposed residents plus 1:1 activities as appropriate. Small group activities may be conducted indoors or outdoors and may consist of no touch activities such as trivia, current events, music, etc. Universal masking, hand hygiene and social distancing rules must be followed or activities cannot be continued. Activities will continue to include scheduled phone calls and video chats with friends and family.

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

Activities are expanded to groups of 10 or less unexposed residents and 1:1 activities as appropriate. Activities may be conducted indoors or outdoors. In addition to no touch activities, activities in Step 2 may include disposable activity items such as paper bingo cards and chips. Universal masking, hand hygiene and social distancing rules must be followed or activities cannot be continued. Activities will continue to include scheduled phone calls and video chats with friends and family.

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

Whole house activities may return after step 3 is maintained for 14 days. In addition to activities in Step 1 and Step 2, activities in Step 3 may include items that can be sanitized between use such as paint brushes, bowling equipment, sport balls, etc. Social distancing, hand hygiene and universal masking will be required to continue with these types of activities. Activities will continue to include scheduled phone calls and video chats with friends and family.

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

Outings will be limited to group bus rides outside the facility. Universal masking, hand hygiene and social distancing will be mandatory.
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**

All non-essential personnel (those not providing life sustaining services) may continue to work both inside the facility (in office only) and remotely as possible. The beauty shop may return to normal operations with 1 hairdresser and 1 individual resident in the shop at any given time. Universal masking and hand hygiene will be enforced. Sanitizing shop equipment between each individual service will be enforced.

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

While in the facility, non-essential personnel will remain in their individual offices. Social distancing, universal masking and hand hygiene will be enforced. In person meetings are limited to the number of people who can be accommodated while maintaining social distancing of at least 6ft.

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

While in the facility, non-essential personnel will remain in their individual offices. Social distancing, universal masking and hand hygiene will be enforced. Non-essential personnel may access green resident areas but must wear surgical masks. Cloth masks may not be worn in resident areas.

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**

An online scheduling system will be available to schedule visits. 45 minute visiting blocks will be permitted for residents able to receive visitors. 1 West: 10am – 2pm (7 days) and 5pm – 7pm (Monday) 2 West: 10am – 2pm (7 days) and 5pm – 7pm (Monday) 1 Jones: 10am – 2pm (7 days) and 5pm – 7pm (Tuesday) 2 Jones: 10am – 2pm (7 days) and 5pm – 7pm (Wednesday) 4 Jones: 10am – 2pm (7 days) and 5pm – 7pm (Thursday) 5 Jones: 10am – 2pm (7 days) and 5pm – 7pm (Friday). If visitors are late, the time for the visit will not be extended. Scheduled visits must be completed within the allowed time for the purpose of accommodating the next scheduled visit.

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

Visitors will schedule visits through the online scheduling portal located on our website. Those without web access must schedule visits through the Activity department.

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

Furniture and tabletops will be sanitized after each visit by the activity staff conducting the visits. Each visiting area will be supplied with hand sanitizer.
<table>
<thead>
<tr>
<th><strong>VISITATION PLAN</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</strong></td>
</tr>
<tr>
<td>2 visitors per resident may be scheduled during a visit. Children over the age of 2 count as 1 person and must be managed by an adult. Children over the age of 2 must wear a mask while visiting. Visitors must remain in designated visiting area and may not move to other areas around the facility. If children cannot be managed, future visitation will be prohibited.</td>
</tr>
<tr>
<td><strong>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</strong></td>
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<tr>
<td>Visits will be first come first serve according to available times. The schedule will be managed to ensure that all residents are equally able to receive visitors. Compassionate visits will continue to be a priority for end of life circumstances and these visits will not interfere with scheduled visits for other residents.</td>
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<tr>
<td><strong>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)</strong></td>
</tr>
<tr>
<td>When visitation is requested, the resident’s clinical condition will be reviewed with the physician to determine their ability to safely accept visitors. If determined to be safe, a physician’s order will be written to allow outdoor visitation.</td>
</tr>
<tr>
<td><strong>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</strong></td>
</tr>
<tr>
<td>All outdoor visitation areas will be covered to prevent exposure to sun and other weather conditions. Outdoor gazebos will be set up along paved areas for easy wheelchair and walking access.</td>
</tr>
<tr>
<td><strong>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</strong></td>
</tr>
<tr>
<td>Furniture inside gazebos will be fixed at least 6ft apart from each other and will not have the ability to be moved.</td>
</tr>
<tr>
<td><strong>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</strong></td>
</tr>
<tr>
<td>In the case of severe weather, the visit will be rescheduled. Indoor visitation will not be permitted until Step 3.</td>
</tr>
<tr>
<td><strong>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</strong></td>
</tr>
<tr>
<td>Indoor visits will not occur until Step 3.</td>
</tr>
<tr>
<td><strong>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)</strong></td>
</tr>
<tr>
<td>All residents will be managed to accept visitors at Step 3.</td>
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<tr>
<td><strong>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</strong></td>
</tr>
<tr>
<td>Yes, the option of an outdoor visit will be allowed.</td>
</tr>
<tr>
<td><strong>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”)</strong></td>
</tr>
<tr>
<td>Same</td>
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<tr>
<td><strong>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”)</strong></td>
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<tr>
<td>Same</td>
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<tr>
<td><strong>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”)</strong></td>
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VISITATION PLAN

Indoor visitation space will be available in a designated activity room or dining room on each
nursing unit for easy transport to and from visit. All visits will take place privately in the
designated room on the unit.

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”)

Each visitation room will have furniture set at a 6 ft distance. Floors will be clearly marked
where the furniture must be located throughout the visits.

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

Residents who are not able to visit in designated areas may have visitors in their room only if
family members wear isolation gowns, gloves and face masks. Visitors may not leave the
resident room or the visit will end.

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 will be provided with PPE for transporting residents to and from visits. Instruction on the
proper use of PPE and basic COVID infection control information will be provided by staff
development to all volunteers working with the visitation process.

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

Volunteers duties will be limited to transporting residents to and from outdoor visitation areas.

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

Jacqueline McKenna
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.

7/30/2020

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE