**Reopening Implementation Plan for the Pennsylvania Department of Human Services’s Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19**

**This template is provided as a suggested tool for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities to use in developing their Implementation Plan for reopening in accordance with the Pennsylvania Department of Human Service’s *Interim Guidance for Personal Care Homes, Assisted Living Residences and Private Intermediate Care Facilities During COVID-19*. 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. The facility will progress to the next step of reopening only when the criteria are met as described in the *Interim Guidance for Personal Care Homes, Assisted Living Residences and Intermediate Care Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening or is operating under a contingency staffing plan, the facility will cease reopening immediately.**

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| **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 Administrator but should be someone available to respond to questions regarding the Implementation Plan. | |
| * **FACILITY NAME**   **Maple Valley Personal Care Home Inc** | |
| * **STREET ADDRESS**   2212 Anthony Run Road | |
| **Indiana, PA** | **15701** |
| * **NAME OF FACILITY CONTACT PERSON**   John Williams | **724.465.4343** |

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| **DATE AND STEP OF REOPENING** |
| The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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). |
| * **DATE THE FACILITY WILL ENTER THE REOPENING PROCESS**   August 4, 2020 |
| * **SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)**   **Step 1**  *The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19*  **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 HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf"26 HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf", 2020, Order of the Secretary of Health*](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)*)*  ***AND***  *Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing* |
| * **HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)**   No |

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| **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 enter the reopening process). |
| * **DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE** [**JUNE HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf"2** HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf"6 **HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf", 2020, ORDER OF THE S HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf"ECRETARY HYPERLINK "https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf" OF HEALTH**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)   **July 13, 2020** to July 16, 2020 |
| * **DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS**   Maple Valley Personal Care Home (MVPCH) has contracted with Aegis Laboratory and has the ability to administer COVID-19 diagnostic tests to all residents in the event that MVPCH experiences an outbreak of COVID-19. Director of Nursing will obtain nasopharyngeal samples and send them to the Aegis Laboratory to obtain the results within 24 hrs. |
| * **DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINSTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF**   MVPCH has contracted with Aegis Laboratory and has the ability to administer COVID-19 diagnostic tests to all residents and staff, including those that are asymptomatic in the event that MVPCH experiences an outbreak of COVID-19. Director of Nursing will obtain nasopharyngeal samples and send them to Aegis Laboratory to obtain the results. |
| * **DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS**   MVPCH has contracted with Aegis Laboratory and has the ability to administer COVID-19 diagnostic tests if needed for all non-essential staff and volunteers, including those that are asymptomatic. Non-essential staff such as salon or beauty shop personnel and any other non-essential staff or volunteers that work routinely at MVPCH will be required to test in accordance with the Pennsylvania Department of Health guidelines for universal testing. MVPCH nursing staff will obtain nasopharyngeal samples and send them to the Aegis Laboratory to obtain the results. Other non-essential staff (e.g. contractors) that fail to pass screening procedures will be referred to their personal physician for appropriate treatment and intervention. |
| * **DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED**   Residents or staff that decline or unable to be tested will be considered a "person under investigation" (PUI). PUI residents will be required to quarantine in the facility's COVID-19 negative pressure room for 14 days. The resident and the resident's responsible party will be educated on the benefits of testing if they have refused. PUI staff that refuse or unable to be tested will be removed from the work area and be referred to the Administrator and Director of Operations for follow-up. |
| * **DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH** [**PA-HAN-509**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf) **PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19*.**   Residents diagnosed with COVID-19 will be cohorted or isolated in a separate unit in the ground floor of the facility that has negative pressure capability. The ground floor area will be designated a Red Zone. Residents that have been potentially exposed to COVID-19 will be tested and then cohorted in the their room as a Yellow Zone for 14 days post exposure or pending test results. Any resident in the facility with a negative SARS-CoV-2 PCR test or that has not been tested and is believed to be unexposed with be cohorted in the COVID-19 unexposed area of the facility or Green Zone. |
| * **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)**   MVPCH has a minimum seven day stockpile of PPE on hand at all times. PPE consumption is monitored regularly by the Director of Nursing and Director of Operations. |
| * **DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES**   MVPCH currently has adequate staffing in all departments to meet any regulatory requirements and needs of its residents. To ensure we have no staffing shortages we have/ or will implemented incentive pay, provided flexible scheduling, additional paid time off, hired temporary staffing for nursing and activities departments, and utilized agency staffing when needed to maintain PPDs. Recruitment efforts have been intensified during this time to maintain adequate staffing.  Maple Valley Personal Care Home maintains an established schedule of care at all times. MVPCH requires staff to report for duty during emergency situations as determined by the organization and regulatory/governmental agencies. Understanding that this may pose considerable hardship on certain individuals depending on the circumstance, additional measures will be taken to recognize staff for their commitment to the residents we serve. Emergency situations will be declared with a beginning time and if known, an ending time. Emergency situations may require adjusted staffing patterns and cooperation between departments as well as enlisting management and administration personnel for personal care in extreme circumstances. The following responses will be used in conjunction with the organization's Emergency Staffing Plan as situations demand, up to and including our most significant crisis:   * Staff will be asked to stay at MVPCH to be available for additional shifts. * MVPCH will provide food and shelter. * Transportation may be offered. * Overnight accommodations will be provided. * Requests for time off will not be granted. * Salaried staff schedules will be flexed to meet resident and organization demands. * Administrative and Operations staff will be solicited to provide residents care services if needed. * Staff incentives/wage adjustments will be determined by the Administrator. * MVPCH maintains contact with a staffing agency in the case of severe shortages and as a last result. |
| * **DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES**   If the state or local government declares the region at Red Level, MVPCH will halt any and all activities related to reopening and revert back to full quarantine restrictions in accordance with the DOH guidelines. MVPCH will do the following: (a) Notify all residents and responsible parties via telephone, written, and electronic messaging notification of the new requirement and explain the restrictions that will be in place, (b) Post the information on the MVPCH website, and (c) Post new restriction notices at major entrances of the facility. |

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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. Include how the data will be submitted to the Department. |
| * **RESIDENTS**     Temperatures are taken twice daily with daily monitoring of any COVID-19 signs and symptoms. Additionally, residents are subject to universal testing in accordance with the Pennsylvania Department of Health guidelines. Residents exhibiting signs and symptoms of COVID-19 based upon assessment by qualified nursing or medical staff will be cohorted and tested in accordance Department of Health guidelines as noted in the relevant sections above. |
| * **STAFF**   Staff is subject to screening of signs and symptoms and has temperature checks at the beginning and end of each shift. If a staff member fails any part of the screening or develop signs and symptoms of COVID-19 during their shift, staff will be tested and referred to their physician for follow-up care. |
| * **HEALTHCARE PERSONNEL WHO ARE NOT STAFF**   Healthcare personnel that are not staff are subject to screening of signs and symptoms have temperature checks prior to entering resident care areas and have temperature checks prior to leaving the building. If they fail any part of the screening or develop signs and symptoms of COVID-19 while at the facility, they will be referred to their physician for follow-up medical care. |
| * **NON-ESSENTIAL PERSONNEL**   Any non-essential staff is subject to screening of signs and symptoms and has temperature checks at the beginning of each shift and have temperature checks at the end of each shift. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their shift, they will be tested and referred to their physician for follow-up medical care. |
| * **VISITORS**   Visitors will be subject to screening of signs and symptoms and have temperature checks prior to entering the facility. If they fail any part of the screening or signs and symptoms of COVID-19 during their visit, they will be asked to leave and contact their physician for follow-up medical care. |
| * **VOLUNTEERS**   Routine volunteers will be subject to the same requirements for staff as noted in the relevant sections above. Other volunteers will be subjected to the same screening requirements as visitors as noted in visitors above. |

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| **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. |
| * **DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**   Meal times are as follows: Breakfast at 8 am, lunch at 12 pm, and supper at 5:00 pm. |
| * **DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING**   Tables and chairs are arranged in the dining room and other common rooms being utilized as dining rooms to assure social distancing of at least six feet between each resident. Residents are set two at a table, each resident sitting at the table end to ensure a six feet distance. Married couples are set at one couple per table. During an isolation period a resident is cohorted in their room and takes their meals there. |
| * **DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF**   All staff will continued to be required to a face mask at all times while on duty. All dining staff must wear protective gloves when preparing and serving food and beverages. Gloves must be changed according to standard universal precautions. High-touch point cleaning list has been instituted and approved disinfectant and food preparation and service areas. High-touch point cleaning list has been instituted and approved disinfectant and food safe surface sanitizers are being utilized by all cleaning. All disposable items are utilized for Yellow and Red zones. |
| * **DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING** * Not applicable |

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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. |
| * **DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**   One on one activities will continue to occur in resident rooms, activity room, and outdoor areas. Doorway activities include sing-alongs. Virtual family visits via FaceTime occur regularly every week and are coordinated and conducted by the activities director. Window visits and outdoor visits between a resident and one to two family members also observe the social distancing and mask guidelines. See section 23 above for screening visitors for signs and symptoms of COVID-19. |
| * **DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENTS UNEXPOSED TO COVID-19)**   One on one activities will continue to occur in resident rooms, activity room, and outdoor areas. Targeted fall risk groups of 10 or fewer will occur in outdoor areas while maintaining social distancing. Indoor activities such as bingo occur in larger group areas (e.g. dining room) and observe social distancing in seating. Seating areas are sanitized after the activity is over. |
| * **DESCRIBE ACTIVITIES PLANNED FOR STEP 3**   Activities will begin to be held in the indoor common area and outdoor courtyard. We will have no residents waiting in a group to gather for an activity but will be seated individually in designated areas observing social distancing. |
| * **DESCRIBE OUTINGS PLANNED FOR STEP 3**   The plan for outings during Step Three are still under review. |

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| **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 Personal Care Homes, Assisted Living Residences and Intermediate Care Faciilties 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. |
| * **DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**   Non-essential personnel deemed necessary during step two will include physicians, podiatrist, home health nurses, PT/OT therapists, speech therapists, salon stylist, maintenance and repair personnel, food and supply delivery personnel and clergy. |
| * **DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3**   Any non-essential personnel are subject to screening of signs and symptoms and have temperature checks when they enter the facility. If they fail any part of the screening or develop signs and symptoms of COVID-19 they will be referred to their physician for follow-up medical care. While in the facility they will be monitored by nursing staff to ensure social distancing, hand hygiene, and universal masking. |
| * **DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   A resident exposed or diagnosed with COVID-19 will be in isolation in the Yellow or Red Zones of the facility and not have any contact with any non-essential personnel. |

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| **VISITATION PLAN** | |
| For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilites During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors. | |
| * **DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**   Currently outdoor visitation is available three days a week at scheduled times. The designated visitation days are Tuesday (1p-7p), Thursday (9a-4p), and Saturday (9a-11a). There is currently no indoor visitation with the exception of family members of a resident on hospice and at the end stages of life. | |
| * **DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**   Interested family members contact the Administrator to schedule a visit at least 24 hours prior to coming on to facility grounds. The Administrator then arranges visits to ensure that a maximum of six visitors (i.e. two visitors per resident) visit at one time to ensure proper social distancing in the courtyard and deck areas. Visits last about forty minutes.  Visitors can contact the Administrator via telephone (724.465.4343) or email at jwilliams70@verizon.net. | |
| * **DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**   The Administrator or staff designee (e.g. Activity Director) oversees the transferring of residents to the deck and courtyard area as well as supervising the sanitizing of furniture between each visit. Triple Quick Sanitizer and disinfectant wipes are used. | |
| * **WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**   Residents are allowed a maximum of 2 visitors. A maximum of 6 visitors are allowed on the deck and courtyard areas during the scheduled visitation hour to ensure proper social distancing. | |
| * **DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**   Priority is given to hospice visitations and families traveling a great distance. | |
| **STEP 2** | * **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)**   Window visits will continue. Outdoor visits will be permitted for residents unexposed to COVID-19 and are able to safely maintain social distancing and masking requirements. MVPCH staff will help transport or assist each resident to the visiting location. |
| * **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 is designated for only the deck and courtyard areas. During inclement weather only the deck is available for visitation. |
| * **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**   Prior to visitation seating is arranged to ensure social distancing. Areas on the deck are clearly cordoned off with caution tape to designate separation between participating residents and visitors. The Administrator or staff designee monitors that social distancing and masking are maintained by all participants. |
| * **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**   Visitors will enter the building via the courtyard entrance. |
| * **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**   Seating will be arranged in a neutrally designated common area to create appropriate social distancing during visits. These areas will be monitored by the Administrator or staff designee to ensure social distancing and masking requirements are maintained. |
| **STEP 3** | * **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)**   During Step Three, indoor visitation will occur in a neutral zone in the facility. Only residents that have not been exposed to COVID-19 may participate. Visitation in a resident's room is only permitted if a resident cannot be transported to the designated neutral zone. Screening and additional precautions including hand hygiene and universal masking are required. Spaces between a resident and their visitors as well as resident/visitor groups will be spaced six feet apart. Visitation times will be scheduled by the Administrator. The number of visits at a given time will be determined by the amount of space that can be safely used in the neutral zone that ensures social distancing. Visitation will not be permitted during mealtimes. Cross-over visitation (i.e. visitation by residents residing in other living areas of the facility) is only permitted if there is no COVID-19 in the community where the cross-over visitors reside. |
| * **WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**   Yes |
| * **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 |
| * **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 |
| * **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 |
| * **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 |
| * **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**   Almost all residents would be able to be transported to the designated indoor or outdoor visiting areas. However, in the event that a resident is not able to be transported, visitors must pass all screening and masking requirements, as well as observing hand hygiene before and after their visit. |

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| **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. |
| * **DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   **N/A MVPCH does not use volunteers for this purpose** |
| * **DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**   N/A |

**John S Williams August 4, 2020**

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**SIGNATURE OF ADMINISTRATOR DATE**