

**Implementation Plan for Reopening
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	
Westminster Woods	
2. STREET ADDRESS	
360 Westminster Drive	
3. CITY	4. ZIP CODE
Huntingdon	16652
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Lisa Cirignano	814-644-2093

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	
To be determined	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input checked="" 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 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>	
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	
5/24/2020	

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](#)

5/21/2020 to 6/19/2020

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 contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents showing signs and symptoms of Covid-19 within 24 hours. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents and staff if the facility experiences and outbreak of Covid-19. Community staff will obtain naso-pharyngeal samples and send to a CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all staff, including asymptomatic staff. This is accomplished via universal testing of all staff in accordance with state Department of Health guidelines. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests if needed for non-essential staff and volunteers. Non-Essential staff such as salon or beauty shop personnel and any other such non-essential staff that work routinely at the community including volunteers will be required to test in accordance with the state Department of Health requirement for universal testing. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results. Non-essential staff such as contractors and who fail to pass screening procedures will be referred to their personal physician for appropriate treatment.

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

Those residents who refuse or are unable to be tested will be considered to be a Person Under Investigation (PUI) and be required to isolate in the facility's 'Yellow' zone for 14 days. The resident and resident's responsible party will be educated on the benefits of testing if they have refused. For staff who refuse or are unable to be tested, they will be removed from the work area and referred to human resources for follow-up.

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*.

Residents will be cohorted to separate units, based on test results. Those residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions will be cohorted in the Covid-19 positive (RED) zone. Those residents who have been potentially exposed will be cohorted for 14 days post exposure in a COVID-19 potentially exposed (YELLOW) zone. Any resident in the facility with a negative SARS-CoV-2 PCR test or who was not tested and is thought to be unexposed to COVID-19 will be cohorted in the COVID-19 unexposed (GREEN) zone.

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)

The facility has a minimum 7 day stock pile of PPE on hand at all times. PPE consumption is monitored daily by electronic tracking sheet. The facility has a 4 hour access to a corporate 90 day stock pile of PPE. Presbyterian Senior Living purchasing teams continue to purchase, stockpile and monitor PPE supplies.

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

Westminster Woods has adequate staffing and has never had the need for agency use however three agency staffing companies have been secured if needed.

Westminster Woods endeavors to maintain established schedules in every department at all times. Westminster Woods requires staff to report for duty during emergency situations as determined by the organization and regulatory/governmental agencies. Understanding that this may pose a hardship on certain individuals depending on the circumstance, additional measures will be taken to recognize staff for their commitment to the people 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 at communities and in extreme circumstances operations support staff and administrative office staff to provide services to customers. The following responses will be used in conjunction with the community's Emergency Staffing Plan as situations warrant, up to and including our most significant crisis:

- Staff will be asked to stay at community to be available for additional shifts.
- Community 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 community needs.
- Operations support staff will report to assigned communities.
- Administrative Office staff members will be solicited to report to communities to provide non-clinical services.
- Staff incentives/wage adjustments will be determined by the COO and the SVP of Human Resources
- The facility maintains an agreement with a staffing agency in the case of severe shortages and as a last result.
- Regional Vice President of Operations will routinely contact the facility to monitor staffing situation.

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

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 a facility is in a county or area of the state that the governor has declared as 'Red' the facility will halt any and all activities related to reopening and revert back to full restrictions in accordance with DOH and CMS guidelines. The facility will do the following: 1) Notify all residents and responsible parties via telephone and written notification of the requirement and explain the restrictions that will be in place. 2) Post the information on the facility's web-site.

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 subject to universal testing in accordance with 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 with Department of Health guidelines and as noted in sections 12, 13, and 17 above.

22. STAFF

Staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift. Staff also have temperature checks at the end of their shift. If staff fail 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 medical care.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are subject to screening of signs and symptoms and 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 community, they will be referred to their physician for follow-up medical care.

24. NON-ESSENTIAL PERSONNEL

Any non-essential staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift and have temperature checks at the end of their 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.

25. 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 develop signs and symptoms of COVID-19 during their visit, they will be asked to leave and contact their physician for follow-up medical care.

26. VOLUNTEERS

Routine volunteers will be subject to the same requirements for staff as noted in section 22 above. Other volunteers will be subject to the same screening requirements for visitors as noted in section 25 above.

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)

Communal dining may include two meal seatings to accommodate the residents of each neighborhood.

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

Tables will be positioned and marked in the dining room and the common area in the health center in order to maintain appropriate social distancing.

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

All infection control polices will be followed for communal dining including sanitizing all surface areas between residents, meal, etc. including appropriate use of PPE.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

n/a

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)

ALL supplies used during any group activity or 1-1 visit will either be disposable or easily sanitized after each use. Group activities will not be held in Covid-19 positive/restricted areas. To meet the needs of residents while continuing to practice social distancing, doorway groups of 5 residents or less will continue. Masks will be worn by staff and residents, unless for medical reasons it is precluded. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. Groups of 5 or less residents will be included in groups in common areas and in the community life/activity room. Masks will be worn by staff and residents unless for medical reasons it is precluded. Social distancing practiced. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. No outing will be planned during step 1.

ACTIVITIES AND OUTINGS

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

ALL supplies used during any group activity or 1-1 visit will either be disposable or easily sanitized after each use. Group activities will not be held in Covid-19 positive/restricted areas. To meet the needs of residents while continuing social distancing, doorway activities of 10 residents or less will continue in non-Covid-19 positive/restricted areas. Masks will be worn by staff and residents, unless for medical reasons it is precluded. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. Groups of 10 or less residents will be included in groups in common areas and in the community life/activity room ensuring social distancing and room capacity. Masks will be worn by staff and residents unless for medical reasons it is precluded. Social distancing practiced. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. Some scheduled groups will be held in tandem in different common areas to insure residents who want to participate are accommodated. Social distancing, hand hygiene, and mask protocols will be followed.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

ALL supplies used during any group activity or 1-1 visit will either be disposable or easily sanitized after each use. Group activities will not be held in Covid-19 positive/restricted areas. To meet the needs of residents while continuing to practice social distancing, doorway groups will continue in non-Covid-19 positive/restricted areas. Masks will be worn by staff and residents, unless for medical reasons it is precluded. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. Groups will be conducted in common areas and the activities room ensuring social distancing and room capacity. Masks will be worn by staff and residents. Social distancing practiced. Hand hygiene will be practiced by staff and residents will be assisted with hand hygiene using hand sanitizer at the beginning and end of each group. Some scheduled groups will be held in tandem in different common areas to insure residents who want to participate are accommodated. Some group activities will be scheduled with staggered times to insure availability to those residents interested. Social distancing, hand hygiene, and mask protocols will be followed.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings to local stores to be considered via residents' interest. Vehicles will be sanitized as per protocols. Social distancing, hand hygiene, and mask protocols will be followed

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

BEAUTICAN, PODIATRY, PASTORAL CARE

NON-ESSENTIAL PERSONNEL

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

Any non-essential staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift and have temperature checks at the end of their 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.

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

Non essential personnel will not be permitted to enter the red or yellow zones which are clear identified in the community.

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

Each week families and residents will be notified of the visiting hours. Each visit will last 30 minutes and a staff member will be assigned to each visit to ensure infection control polices are followed and the visitors are properly screened prior to the visit.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

The visitors will call the community to schedule a 30 minute visit. 15 minutes will allotted between each visit for proper cleaning of the visiting area.

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

The staff member assigned to the visit will wipe down the chairs/space with appropriate sanitizing agents.

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

3

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

According to the openings on the schedule.

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)

Any resident who staff has concerns regarding issues surrounding visitations will be reviewed with medical director.

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 indoor visitation may take place in the lobby or in the common area of the health center.

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

The outdoor space include a three sided glass door framed size barrier that sits between the resident and the visitors. Signs are placed in the outdoor space near the visiting area reminding visitors to maintain six feet apart.

46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE

STEP 2

VISITATION PLAN

	<p>WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE</p> <p>The indoor visitation space will include a glass barrier to ensure the safety of the resident and is located in the front lobby for clear easy access.</p>
	<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>The indoor visits will have either a glass barrier or the visit will take place at a six foot round table in the common area of the health center.</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>Residents in the green zone will be able to accept indoor visitation.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</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>Visitors will be screened per policy, education on proper PPE, hand hygiene, social distancing, etc.</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.

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 not be utilized during Step 1. Volunteers will be utilized to assist with visitation protocols – “window visits” only with residents unexposed to COVID-19. They will be screened upon entering the building, will be oriented to and expected to follow mask protocols; hand hygiene and universal masking. They will not be permitted in COVID-19 restricted areas of the facility. They will be screened when leaving at end of volunteer shift. Volunteers will be utilized in volunteer activities with residents unexposed to COVID-19. They will be screened upon entering the building, will be oriented to and expected to follow mask protocols; hand hygiene and universal masking. They will not be permitted in COVID-19 restricted areas of the facility. They will be screened when leaving at end of volunteer shift.

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

Volunteers will be utilized to assist with visitation protocols – “window visits” only with residents unexposed to COVID-19. They will be screened upon entering the building, will be oriented to and expected to follow mask protocols; hand hygiene and universal masking. They will not be permitted in COVID-19 restricted areas of the facility. They will be screened when leaving at end of volunteer shift.

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

Lisa Cirignano

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

July 13, 2020
DATE