

**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 Bucktail Medical Center	
2. STREET ADDRESS 1001 Pine Street	
3. CITY Renovo	4. ZIP CODE 17764
5. NAME OF FACILITY CONTACT PERSON Tim Reeves	6. PHONE NUMBER OF CONTACT PERSON 570-531-6299

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 At least fourteen (14) days after a positive test result for any resident or staff and, with a positivity rate of 10% or less for Clinton County PA as published weekly by CMS	
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 outbreak 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) Yes, as defined by CMS. We have had three (3) staff test positive	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	

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](#)

Testing began June and has continued since. BMC will follow guidance provided in the release Ref: QSO-20-38-NH Dated August 26, 2020. The plan will restart each time there is a new COVID-19 at the facility.

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

Bucktail Medical Center (BMC) Skilled Nursing Facility (SNF) currently has the ability to administer the COVID-19 Antigen test and have results of the test within one (1) hour. We also have the ability to send out for PCR testing.

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

BMC SNF currently has the ability to administer the COVID-19 Antigen test and have results of the test within one (1) hour. BMC has been testing 25% of all residents each week. Testing of 100% of staff began the week of November 09, 2020. We also have the ability to send out for PCR testing.

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

BMC SNF currently has the ability to administer the COVID-19 Antigen test and have results of the test within one (1) hour. Testing of 100% of staff began the week of November 09, 2020. We also have the ability to send out for PCR testing.

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

BMC SNF currently has the ability to administer the COVID-19 Antigen test and have results of the test within one (1) hour. We also have the ability to send out for PCR testing.

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

Staff that are symptomatic but cannot or will not be tested will be required to self quarantine for fourteen (14) consecutive days. Staff must be cleared to return to work by a physician or mid-level provider at BMC.

Residents that are symptomatic but cannot or will not be tested will be isolated within the facility in the area currently set up as the "yellow" area or area for residents who are suspected of being COVID-19 positive.

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 SECTION 1 OF THE INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19.

The SNF has been divided into three sections; Green for those residents without, or without suspicion of, COVID-19. At the end of the long hall, the last two rooms on each side of the hall are unoccupied. Yellow for residents suspected of having, or having been exposed to, COVID-19, and Red for residents confirmed to have COVID-19. The Green area is all rooms except the two rooms on each side at the end of the long hall; the first of these rooms on each side of the hall are the Yellow area, designated for resident suspected of having or having been exposed to COVID-19. The last room at each side of the hall is the Red area, for residents confirmed to have COVID-19. If residents occupy the yellow and/or Red areas, clear plastic barriers will be installed between green and yellow, and between yellow and red. The door at the end of the hallway will serve as the entrance and exit for staff and, when appropriate, visitors, so they do not pass through any green areas. Suspected patients can be cohorted in Yellow rooms, and confirmed positive residents can be cohorted in Red rooms. Should the need arise for additional yellow or red rooms, the green area will be reduced and the yellow and/or red areas increased based on demand. The clear plastic barriers will be re-installed at the appropriate locations to separate Green from Yellow, and Yellow from Red.

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)

BMC has PPE sufficient for all residents and staff to mask with N95 masks for two (2) weeks. BMC has PPE sufficient for gowns, face shields, head coverings, shoe coverings, and gloves for direct care staff for at least two (2) weeks. BMC continues to purchase and stockpile all PPE when available. We have recently acquired equipment to aerosolize sanitizing chemical and a UVC light to disinfect objects and surfaces. Reusable PPE are sanitized on a daily basis.

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

Staffing at BMC SNF is currently at or above 3.2 hours of nursing care per resident per day. If staff falls below 2.7 hours of nursing care per resident per day, The administrator, Director of Nursing, and Registered Nurse Assessment Coordinator (RNAC) will assess the acuity of the current residents to determine a safe level of staffing. The DON and RNAC will work the floor in any capacity when needed. Some facility staff working in other departments are Certified Nursing Assistants (CNA) and will be redirected to working as a CNA. BMC has agreements in place with several staffing agencies to provide staff when needed.

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

Residents will be notified in person by facility staff of the need to halt all reopening plans if Clinton County reverts back to the Red Phase of the Governor's reopening plan. Visitors with scheduled visits will be contacted by telephone to cancel the visit. The designated person for each resident will be contacted by telephone and advised of the change in visitation. Visitation Status will also be posted on the facility website at www.bucktailmedicalcenter.org.

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.

SCREENING PROTOCOLS

19. RESIDENTS

A baseline respiratory assessment was completed on all residents on _____. Residents admitted since that date had a baseline respiratory assessment completed at the time of admission. A new respiratory assessment is completed on each resident daily. Resident temperatures are taken daily. If a resident displays respiratory symptoms beyond the baseline assessment, or if the resident develops a fever, the resident is administered a COVID-19 antigen test. If the test is negative, the resident is monitored and temperature and a new respiratory assessment is administered at least once per shift until they return to baseline. If the resident continues to be symptomatic, a repeat COVID-19 antigen test is administered at 72 hours. At least twenty percent (20%) of our residents are tested weekly.

20. STAFF

Staff are screened before each shift they work. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Essential healthcare staff who are not staff are permitted into the facility only when scheduled; non-essential healthcare personnel are restricted from the facility. Essential non-employed staff will be screened at the entrance. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives. Once successfully screened, the non-employed healthcare professional will be required to wash their hands with soap and warm water and to wear PPE including an N95 mask, a face shield, gloves, a protective gown or suit, hair cover, and shoe covers. The non-employed healthcare professional will be escorted to a room that has been prepared for the visit. Residents requiring the essential service will be required to wear a mask and will be escorted by facility staff, also wearing a mask, to the healthcare provider. Facility staff will stay with the resident until the healthcare visit is completed; the resident will be escorted back to their room where they will be assisted in washing their hands. The healthcare personnel will be required to change gloves, wash their hands, and replace any soiled PPE between each visit. Facility staff will disinfect any surface the previous resident may have had contact with including chairs, counters clipboards and pens with disinfectants known to be effective at neutralizing the virus.

22. NON-ESSENTIAL PERSONNEL

Non-essential personnel are currently restricted from the facility.

23. VISITORS

Visitors will be screened outside the entrance. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives. Visitors will be required to wear a mask and will be required to wash their hands with soap and warm water before and after each visit. Visitors will be escorted to the designated outdoor meeting area for their scheduled visit. The resident will be escorted to the meeting area by facility staff. Facility staff will stay in close proximity during the visit and will return the resident to their room after the visit. Facility staff will assist the resident in washing their hands with soap and warm water after the visit.

24. VOLUNTEERS

Volunteers are currently restricted from the facility.

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

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

Residents requesting communal dining will be accommodated as follows. Meal times may be staggered by 45 minutes to accommodate a large number of requests.

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

Tables and chairs will be arranged so that, with the chairs away from the table for seating, residents are seated at least six (6) feet apart. For tables that are smaller than 6 feet across, only one resident will be seated at that table. Tables may be grouped together to create table space greater than six feet between residents.

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

Facility staff will assist residents participating in communal dining to wash their hands with soap and warm water before and after each meal. Facility staff will assist residents in wearing masks to and from the dining room. Tables and chairs. Facility staff will clean tables, chairs, and other surfaces touched by residents between seatings and after the end of each meal with disinfectants known to be effective at neutralizing the virus.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

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.

29. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS)

Residents will be divided into groups of five (5) for participation in activities. These groups will remain consistent. Each group will be provided with a time each day to meet for activities. Facility staff will ensure residents wash their hands with soap and warm water before and after each activity. Facility staff will ensure residents are wearing masks during activities. Scheduled activities will consist of activities that do not require multiple residents to handle game pieces. These activities might include current events, exercise, bingo, and movies.

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT)

Activities during Step 2 will follow all of the requirements of Step 1 activities except up to 10 residents may participate, provided social distancing can be maintained.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities during Step 3 will follow all of the requirements of Step 1 activities except up to all residents may participate, provided social distancing can be maintained.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings in Step 3 will be limited to outdoor locations, weather permitting.

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.

33. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Non-essential personnel that may enter the facility during Step 2 include those personnel providing personal care, such as a barber or beautician.

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

Non-essential personnel providing personal care services who are not staff are permitted into the facility only when scheduled. Non-essential providing personal care services will be screened at the entrance. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives. Once successfully screened, the non-essential personnel providing personal care services will be required to wash their hands with soap and warm water prior to and after providing services to each resident and to wear PPE including an N95 mask, a face shield, gloves, a protective gown or suit, hair cover, and shoe covers or other combinations of PPE as determined appropriate by the clinical staff of the facility. The non-essential personnel providing personal care services will be escorted to a room that has been prepared for the visit. Residents requesting the personal care service will be required to wear a mask and will be escorted by facility staff, also wearing a mask, to the personal care service provider. Facility staff will stay with the resident until the visit is completed; the resident will be escorted back to their room where they will be assisted in washing their hands with soap and warm water. The healthcare personnel will be required to change gloves, wash their hands with soap and warm water, and replace any soiled PPE between each visit. Facility staff will disinfect any surface the previous resident may have had contact with including chairs, counters clipboards and pens with disinfectants known to be effective at neutralizing the virus.

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.

35. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitation hours will be scheduled by facility staff keeping in mind the weather, including precipitation and heat. Duration will range from 15 to 30 minutes.

36. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Facility staff will contact visitor(s) of the resident's choice, or the residents designated person, by telephone to arrange for visits. Activities staff and other facility personnel as required will facilitate the visits.

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

Facility staff will disinfect any surface the previous resident and visitor may have had contact with including chairs, counters clipboards and pens with disinfectants known to be effective at neutralizing the virus.

VISITATION PLAN

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

Visitors are limited to one person or two people from the same household.

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

Visits will be prioritized based on the medical, physical, and emotional status and prioritizing visits to those residents who may be nearing end-of life or those residents who would significantly benefit emotionally from visits. Other visits will be scheduled based on the preference of the resident and the visitor.

40. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)

Residents who demonstrate the ability to understand and follow facility advice on COVID-19 safety (residents who wear masks, routinely perform hand hygiene, etc.) and show good judgement for their safety will be designated as being able to safely accept visitors.

41. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE

There are two (2) primary outside visitation locations at the facility. Both are accessible to visitors without entering the building. The first is a covered pergola in the facility courtyard; residents have easy access from inside the facility, and visitors have easy access from outside the facility. The second area is the large area at the main entrance that is under rook. Again residents have easy access from inside the facility, and visitors have easy access from outside the facility. Both are sheltered from direct sunlight and both are sheltered from minor precipitation.

STEP 2

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

A six foot table will be placed between the resident and the visitor. Facility staff will be in the area during the visit to monitor.

43. 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

There is a small conference room located just inside the administrative entrance that can be used during inclement weather if necessary.

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

A six foot table will be placed between the resident and the visitor. Facility staff will be in the area during the visit to monitor.

STEP 3

45. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 3 (CONSIDERING SUCH SAFETY FACTORS AS TRANSPORTING RESIDENT TO VISITOR LOCATION)

Residents who demonstrate the ability to understand and follow facility advice on COVID-19 safety (residents who wear masks, routinely perform hand hygiene, etc.) and show good judgement for their safety will be designated as being able to safely accept visitors.

46. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51

Outdoor visitation will be considered the preferred method of visitation at Step 5.

47. 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 visitation space as in Step 2.

48. 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")

VISITATION PLAN

Same visitation space as in Step 2.

49. 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 visitation space as in Step 2.

50. 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 visitation space as in Step 2.

51. 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

Visitors for those residents unable to be transported to the designated visitation area will be encouraged to arrange tele-visits or window visits. When this is not possible, a visitor is permitted into the facility only when scheduled. Visitors for those residents unable to be transported to the designated visitation area will be screened at the entrance. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives. Once successfully screened, the visitors for those residents unable to be transported to the designated visitation area will be required to wash their hands with soap and warm water prior to and after visiting with a resident and both the resident and the visitor must wear masks. The visitors for those residents unable to be transported to the designated visitation area will be escorted to the resident's room or other suitable area for visitation. Facility staff will stay close to the visitation area both to monitor the visit and to intervene should the resident require assistance. Once the visit is completed, the visitors for those residents unable to be transported to the designated visitation area will be escorted to the facility exit where they will be asked to wash their hands with soap and warm water before leaving. Facility staff will disinfect any surface the visitor may have had contact with including chairs, counters clipboards and pens with disinfectants known to be effective at neutralizing the virus. Visits for those residents unable to be transported to the designated visitation area will be limited to one visitor at a time unless other arrangements are made with facility staff prior to the visit.

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols. In Step 3, all volunteer duties may be conducted. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

52. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS

Volunteers are permitted into the facility only when scheduled and necessary. Volunteers will be screened at the entrance. The screening includes taking their temperature, asking questions about respiratory and COVID-19 symptoms, questions about contact with COVID-19 positive or suspected positive people, and questions about local and long distance travel to places with high numbers of COVID-19 positives. Once successfully screened, the volunteer will be required to wash their hands with soap and warm water prior to and after providing assistance to residents. Volunteers are required to wear a mask at all times while in the facility. Volunteers must wash their hands with soap and warm water before assisting the next resident.

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

Volunteers will not be used in Step 2.

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 1-56, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 57.

54. NAME OF NURSING HOME ADMINISTRATOR

Timothy J. Reeves, LNHA

55. 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

11-2-2020

DATE