

Implementation Plan for Reopening

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

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. 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.

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	
RYDAL PARK-Joseph C. Scott Health Center	
2. STREET ADDRESS	
1515 THE FAIRWAY	
3. CITY	4. ZIP CODE
JENKINTOWN	19046
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
MaChere Chiles	215 3766220

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
7/27/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input 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 checked="" 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)
YES

DATE AND STEP OF REOPENING

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

7/1/2020

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

To ensure the facility has taken appropriate measures to protect residents and staff, descriptions of those strategies are required in this section (prerequisites to reopening).

11. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN MAY 24, 2020 AND JULY 24, 2020) IN ACCORDANCE WITH THE [JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

6/1/2020 to 6/7/2020

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

Testing kits are on hand and conducted on site by Nurse practitioner or licensed nurse. Partnership with Genetworx in place. Specimens are shipped via FedEx, results are received within 72 hours

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

Adequate number of test kits in stock and a partnership with Genetworx in place. We have nurses in our wellness clinic, nurse practitioners, nurses in our personal care and in our medical center that can assist with administering the tests.

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

Adequate number of test kits in stock and a partnership with Genetworx in place. We have nurses in our wellness clinic, nurse practitioners, nurses in our personal care and in our medical center that can assist with administering the tests.

15. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS
Non-essential staff are included in our mass testing. Volunteers will need to confirm a negative covid 19 test not more than one week before entering community. HR is available to share resources regarding test sites. Volunteers will also submit to active screening upon entry to the community.

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

Residents who decline or are unable will be in quarantine for 10 days. Staff who decline will be asked to leave the community and will be terminated from employment.

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*.

We have all private rooms in the medical center and set up an isolation area for any residents who were COVID positive.

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)

Click or tap here to enter text. All recommended PPE is available in the community. We have a PPE manager on staff and report levels of all PPE weekly to our corporate procurement managers. Burn rate is calculated, back-up supplies are held in community and at corporate locations. We also have multiple national vendor contracts in place for securing PPE.

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

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

Nursing hours are calculated daily. The Director of Nursing, Unit managers and RNACs will work as charge nurses and supervisors as needed. We have licensed nurses and nursing assistants in personal care and our wellness center if needed to assist in the medical center. We have non-certified staff trained to work as caregivers if 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

Community will halt any phase and precautions and restrictions per the guidance should there be new onset of facility based COVID cases during any of the phases. We have the ability to communicate this within hours to all residents and families should this occur and proper materials on hand to execute any alteration in services.

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

Daily symptom observations and temperature and pulse oximetry checks 3x a day in our medical center. Active screening questionnaire and temperature check upon return from any essential outing for independent living residents. Resident will be isolated and PCP consulted if screening reveals possible virus. Testing can be initiated in the community within hours. Isolation precautions will be initiated while awaiting results.

22. STAFF

Active screening and temperature checks and pulse oximetry at the front door before reporting for duty. If screening reveals possible virus, team member will be sent home and asked to consult with their healthcare provider. Will require 72 hours symptom free plus negative COVID 19 test or 72 hours symptom free plus 14 days since symptoms first appeared. All staff have their temperature and pulse oximetry taken at the start of each shift and answer a series of questions regarding travel and new onset of symptoms.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Active screening questionnaire, temperature check and pulse oximetry at the front door before allowed to enter. If screening reveals possible virus, personnel will be denied entry to the community and encouraged to follow up with healthcare provider. Will work with particular agency to ensure compliance and ability to resume services in the community per the latest guidance and policies

24. NON-ESSENTIAL PERSONNEL

Active screening questionnaire, temperature check and pulse oximetry at the front door before allowed to enter. If screening reveals possible virus, personnel will be denied entry to the community and encouraged to follow up with healthcare provider. Will work with particular agency to ensure compliance and ability to resume services in the community per the latest guidance and policies

25. VISITORS

Active screening questionnaire and temperature check at the front door before allowed to enter. If screening reveals possible virus, the visitor will be denied entry to the community and encouraged to follow up with healthcare provider. Visitors who have been denied access due to showing symptoms of COVID-19, will need to provide documentation showing negative COVID test result before they will be able to gain access to the community.

SCREENING PROTOCOLS

26. VOLUNTEERS

Active screening questionnaire, temperature check and pulse oximetry at the front door before allowed to enter. If screening reveals possible virus, the volunteer will be denied entry to the community and encouraged to follow up with healthcare provider. Volunteers who have been denied access due to showing symptoms of COVID-19, will need to provide documentation showing negative COVID test result before they will be able to gain access to the community.

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)

We will offer 2 seatings in our dining rooms and also continue in room dining for those residents who request it and are not able to come to the dining rooms. We will sanitize the dining room tables, chairs, floors and tableware per guidelines. We will allow for social distancing and only have one resident per table. Any residents who need assistance with eating will have a staff member assist them who will be in the appropriate PPE per guidelines. One-way traffic for entry to the dining rooms and one-way traffic for exit have been established.

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

No more than one resident per table to allow for 6 ft distancing. Resident preference for seating time will be established.

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

In addition to food service specific infection control training provided by Unidine, all dining servers will be serving in gloves and masks. Silverware will be pre-rolled and not pre-set. No glassware or condiments will be on tables before residents are seated. Menus are for one-time use and are disposable as well as the placemats. Hand sanitizer stands available at entry and exit. Symptomatic residents will be excluded. Room service remains in place for breakfast and for lunch and dinner at the resident request.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Memory care continues to have a socially distant dining program. Will resume using china, glassware and silverware.

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.

ACTIVITIES AND OUTINGS	
31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)	<p>We'll resume socially distant activities for up to 5 residents in our living room areas following the guidance regarding spacing, sanitation, and use of masks. Some of the programs that will resume in this phase are: lectures, group discussions, reminiscing, contactless word games etc. clearly defined seating is established. No shared materials planned for step 1. 30 minutes blocked out on the schedule to reserve for sanitation of the space by our housekeeping team hitting high touch areas and seating. Symptomatic residents will be excluded. Memory care continues wide variety of socially distant pursuits including gardening, cards, exercise, painting etc. any shared materials are sanitized immediately following by the recreation team.</p>
32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)	<p>We'll resume socially distant activities for up to 10 residents in an area designated to ensure safe distancing, sanitation, and use of masks. Some of the programs that will resume in this phase are: table games, cards, and other minimal contact programming in addition to those listed in step 1. Handwashing/ sanitizing will be done by residents and team members before and after these interactions. clearly defined seating has been designated. 30 minutes blocked out on the schedule to reserve for sanitation of the space by our housekeeping team hitting high touch areas and seating. Masks still in place. Symptomatic residents will be excluded.</p>
33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3	<p>Same as step 2 with the addition of outdoor areas that can accommodate 10-20 residents under socially distant guidance to incorporate a variety of outdoor leisure opportunities. We'll also resume outings to locations deemed low risk or low traffic (outdoor preferred) by our Recreation team. We can accommodate 6 residents per trip blocking off every other row on the bus. Sanitation will be conducted before and after. Masks will be worn with extra's on board. Travel hand sanitizers will be available, and symptomatic residents will be excluded.</p>
34. DESCRIBE OUTINGS PLANNED FOR STEP 3	<p>See above #33</p>

NON-ESSENTIAL PERSONNEL	
<p>In Step 2, non-essential personnel <u>deemed necessary</u> by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>). In Step 3, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.</p>	
35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2	<p>Regional director of Dining, Territory Manager of Rehab, Regional VP of Operations, other corporate staff who need access to the community to assist with planning and crisis management activities.</p>
36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3	<p>Active screening questionnaire and temperature checks and pulse oximetry at the front door before entry. This includes distribution of a mask if they do not have one and direction to use the hand sanitizer before advancing. The listed non-essential personnel will be encouraged to make appointments with the community and will check in with the front desk. From there, they will be escorted to the designated location they need access to and encouraged to avoid any resident occupied space. Social distancing signage is posted throughout the community.</p>

NON-ESSENTIAL PERSONNEL

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

See #36

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

Effective Friday, August 28, 2020, due to communal meal service progressing to lunch and dinner, the hours for visits will be 9am-11am, 2pm -4pm and 615pm- 830pm Sunday -Saturday and will be limited to 10 residents per day. Each resident is permitted 2 visitors at a time and the visitors must be over the age of 18 til further notice. The visits will be limited to 30 minutes.

Visits can be scheduled by contacting our concierge at The Hub at 215-376-6300 Monday thru Friday, 9am -4:30pm beginning Monday, July 20, 2020.

Some visits will occur in the outdoor area in the medical center garage, weather permitting and as much as the resident can tolerate the visit outdoors. The area has been marked to ensure safe distancing (6ft or more apart) to allow for multiple visitors and residents. This area was also chosen to accommodate inclement weather. All visitors must wear a face covering or mask that covers their nose and mouth.

In the event a resident is unable to go outside or a nurse has determined the resident is too clinically compromised to have a visit outdoors:

- the resident can visit in their private room with 1 visitor only to make sure the safe distancing is occurring or in 1 of the living room areas on the respective neighborhood where the resident resides. The resident rooms have been marked to show where a visitor and the resident can stand or sit to keep 6 ft distance apart.
- OR the family and resident can visit in the areas below. These areas can only be used by reservation only to accommodate cleaning time between visits. Residents will not be able to go to different floors for visits:

Alcove on first floor of health center by the elevators.

2nd floor

- living room behind the center nursing station. One resident and 2 visitors at a time.
- .

3rd floor

- living room behind the center nursing station. One resident and 2 visitors at a time.

4th floor

- living room located on the East side of the 4th floor. One resident and 2 visitors at a time.

All visitors must be screened at the front entrance before visiting with any residents. Screening includes, temperature and the series of questions (see attached sheet).

All visitors will need to use hand sanitizer before they leave the screening area. All visitors must use hand sanitizer at the end of their visit upon exiting the community.

All visitors must enter through the front entrance.

Visitors must adhere to the 6 ft safe distancing rules as they are going through screening.

All visitors and residents must wear a mask for face covering to cover the nose and mouth areas.

The visitors and residents need to stay at least 6 ft apart, safe distancing, while visiting.

Hand sanitizing stations are located at the front entrance and around the community so visitors and residents can use.

The housekeeping teams will continue to wipe down all handrails in halls, door knobs of apartments and use the sanitizing gun in halls, common areas.

Signs will be posted in common areas and at the front entrance reminding residents and visitors about face covering, hand sanitizing and washing hands.

MASKS—RESIDENTS AND VISITORS MUST HAVE THEIR OWN MASK. RYDAL PARK WILL ONLY ISSUE A MASK IF THEY DO NOT HAVE ONE.

VISITATION PLAN	
39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT Housekeeping has a 20-minute allotment following visits to use approved disinfectants to clean tables, chairs, surfaces, and other high touch areas. Additionally, hand sanitizer stations will be in close proximity to visitation area	
40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL? Two visitors per resident for outside area; one inside in the resident's private room; two visitors in the living rooms	
41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED a. 1 st Priority will be given to any resident who is actively passing b. 2 nd Priority will be given based cognitive/psychosocial consideration Click or tap here to enter text.	
STEP 2	42. 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) See #39. Additionally, while each visitor may only initially schedule once / week, they may call anytime to inquire about cancellations or unclaimed slots.
	43. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE Most visits will occur in the outdoor area in the medical center garage. The area has been marked to ensure safe distancing (6ft or more apart) to allow for multiple visitors and residents. This area was also chosen to accommodate inclement weather.
	44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS Most visits will occur in the outdoor area in the medical center garage. The area has been marked to ensure safe distancing (6ft or more apart) to allow for multiple visitors and residents. This area was also chosen to accommodate inclement weather.
	45. 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 The living rooms have had furniture removed to ensure there is only enough for 3 people (1 resident and 2 visitors) in each living room. The furniture is hard surface and can be sanitized between visits. The areas have been marked and signs posted to insure social distancing is occurring. The route will include the use of 2 elevators. Each elevator has signs posted stating only 2 people at a time in the elevator. Each elevator opens to the medical center floor and the visitors needs to walk a hall to the living room areas or resident room.
	46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS See #45
STEP 3	47. 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) The furniture is arranged in such a way that seating is at least six feet apart. Markers on the floor are used to indicate proper placement.
	48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52 Yes.
	49. 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")

VISITATION PLAN	
	Most visits will occur in the outdoor area in the medical center garage. The area has been marked to ensure safe distancing (6ft or more apart) to allow for multiple visitors and residents. This area was also chosen to accommodate inclement weather.
	50. 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")
	The area has been measured and marked. The chairs set up 6ft apart.
	51. 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
	52. 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
	53. 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>All visits will be scheduled. The resident can visit in their private room with 1 visitor only to make sure the safe distancing is occurring or in 1 of the living room areas on the respective neighborhood where the resident resides. The resident rooms have been marked to show where a visitor and the resident can stand or sit to keep 6 ft distance apart. The visitor will be asked to notify the front desk when the visit has concluded so the room can be sanitized.</p> <p>Visitors to residents in the yellow observation zone will need to wear appropriate PPE for droplet/contact precautions. This would include gown, gloves, mask and face shield.</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.
	54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19
	All volunteers are managed by our Director of Recreation therapy including when they provide services. The volunteers will be required to check in with a member of the recreation department prior to starting any task for an update. Rooms that should not be entered area also clearly marked.
	55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2
	Our community will not resume volunteer services in step 2. We will instead welcome them back in step 3.

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.

56. NAME OF NURSING HOME ADMINISTRATOR

MaChere Chiles 215-376-6220

57. 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.

_____**MaChere Chiles**_____

SIGNATURE OF NURSING HOME ADMINISTRATOR

_____**Updated 10/12/2020**_____

DATE