**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.**

| **FACILITY INFORMATION** |
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| 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. |
| 1. **FACILITY NAME**

Fulmer’s Personal Care Home |
| 1. **STREET ADDRESS**

201 Woodward Ave |
| 1. **CITY**

Lock Haven | 1. **ZIP CODE**

17745 |
| 1. **NAME OF FACILITY CONTACT PERSON**

**Jeffrey Fulmer** | 1. **PHONE NUMBER OF CONTACT PERSON**

570-748-1829 |

| **DATE AND STEP OF REOPENING** |
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| 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). |
| 1. **DATE THE FACILITY WILL ENTER THE REOPENING PROCESS**

8/27/2020 |
| 1. **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*[x]  **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 26, 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* |
| 1. **HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)**

**No** |

| **STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING** |
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| 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). |
| 1. **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 2**6**, 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)

**7/15/2020** to 8/6/2020 and current with all new employees |
| 1. **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**

**Lock Haven UPMC laboratory will process all symptomatic residents COVID-19tests within 24hrs.**  |
| 1. **DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINSTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF**

**Lock Haven UPMC laboratory has agreed to and has the capacity to test all residents and staff in the event of an outbreak.**  |
| 1. **DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS**

**Lock Haven UPMC laboratory has agreed to and has the capacity to test all non-essential staff and volunteers in the event of an outbreak.**  |
| 1. **DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED**

Those residents who refuse or who are unable to be tested will be reapproached for consent to test. The residents and the their responsible party will be educated on the benefits of testing if they have refused. If the resident still refuses, their room will become a “yellow area” for 14 days. If they become symptomic, the resident will be presumed positive and the room will be labeled as a “red area.”If a staff member declines testing and becomes symptomatic they may be put on leave for 14 days after symptoms subside.  |
| 1. **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 will be cohorted based on test results. Any residents who has tested positive for COVID-19 will be quarantined in their rooms along with their roommate/s because of potential exposure. Those rooms will be considered and treated as a “red area”. Those residents who have been potentially exposed will be cohorted for 14 days post exposure in a “yellow area.” Any resident in the facility with a negative COVID-19 test and is thought to be unexposed will be located in a “green area.”** |
| 1. **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 will maintain a week or greater of PPE. Supply is inventoried weekly. Our facility continues to purchase PPE from multiple sources. If needed, we will request supplies from BHSL, FEMA or local EMA.** |
| 1. **DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES**

**Fulmer’s PCH provides sufficient staffing to meet the needs of our current residents. Appropriate incentives have been put in place to motivate and compensate staff members to continue to commit to the residents we serve. Emergency situations may require readjusting shift patterns and requiring cooperation between shifts and positions. Emergency situations may also require additional direct care hours added to the schedule, as well as adding additional staffing.** **Staff may be asked to stay over at the facility to cover additional shifts. Food and shelter will be provided for them. Transportation may be offered. Requests for time off may not be granted. Certain staff members may be assigned to different duties and shifts. Wage adjustments may be made. Staffing agencies and Home health agencies may be utilized as a resource.**  |
| 1. **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 putting a halt to the reopening plan is necessary, the home will revert back to full restrictions in accordance with BHSL,DOH and CMS guidelines. The facility will do the following: 1. Notify all residents and responsible parties via telephone and/or written notification of the new restrictions. 2. Post the information on the facility’s website.**  |

| **SCREENING PROTOCOLS** |
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| 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.  |
| 1. **RESIDENTS**

Residents have been tested to establish a baseline in accordance with the DOH guidelines. Any residents displaying signs and symptoms of COVID-19 will be quarantined and tested in accordance with DOH guidelines as noted in sections 11,12,15 above. Reporting will be submitted by email,fax, or phone to appropriate state agencies.  |
| 1. **STAFF**

Staff have been tested to establish a baseline in accordance with the DOH guidelines. Staff are subject to screening of signs and symptoms and have temperature checks at the beginning and end of their shift. If staff fail any part of screening or develop signs and symptoms of COVID-19 while working their shift, they are instructed to cease resident care, exit the facility and contact the administrator immediately. Staff will be tested and referred to their physican for follow-up medical care.  |
| 1. **HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

Health Care Personnel are subject to screening of signs and symptoms and have temperature checks at the beginning and end of their shift. If they fail any part of screening or develop signs and symptoms of COVID-19 while working working at the facility, they are instructed to cease resident care, exit the facility and contact the administrator immediately. They will be encouraged to contact their physician for follow-up medical care. |
| 1. **NON-ESSENTIAL PERSONNEL**

Non – essential personnel are subject to screening of signs and symptoms and have temperature checks at the beginning and end of their shift. If they fail any part of screening or develop signs and symptoms of COVID-19 while working their shift, they are instructed to cease resident care, exit the facility and contact the administrator immediately. They will be encouraged to contact their physician for follow-up medical care. |
| 1. **VISITORS**

Visitors are subject to screening of signs and symptoms and have temperature checks prior to entering the facility. If they fail any part of screening or develop signs and symptoms of COVID-19 while visiting or at time of exiting, they are instructed to cease visitation, exit the facility/visiting area and contact the facility and administrator immediately. They will be encouraged to contact their physician for follow-up medical care. |
| 1. **VOLUNTEERS**

Volunteers are subject to screening of signs and symptoms and have temperature checks at the beginning and end of their shift. If staff fail any part of screening or develop signs and symptoms of COVID-19 while working their shift, they are instructed to cease resident care, exit the facility and contact the administrator immediately. Staff will be tested and referred to their physican for follow-up medical care.  |

| **COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19** |
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| Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps. |
| 1. **DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**

The facility is providing in room meal service to the majority of its residents. Residents who require monitoring, staff assistance or who have other health/MH conditons that would benefit from communal dining are socially distanced in the dining area by arrangement of tables and chairs. No more than 3 residents are allotted to a large table in the dining area.  |
| 1. **DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING**

Tables are spaced 6 feet apart. Universal masking will be required, resident will wear a mask into the dining room and be seated at their spot. Resident will doff their mask while eating and don their mask once meal is completed.  |
| 1. **DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF**

Universal masking will be required, resident will wear a mask into the dining room and be seated at their spot. Residents are monitored for signs and symptoms of sickness upon entering dining area. Residents will be instructed to sanitize their hands upon entering and exiting the dining room. (Mobile hand sanitizer station is located in dining area.) Resident will doff their mask while eating and don their mask once meal is completed. Staff will wear appropriate masks during dining service. Staff will use gloves and hand wash after handling foods. The dining/eating area and tables will be cleaned and sanitized, as well as touch points, with EPA approved disinfectant. Gloves will be discarded after each cleaning and staff will perfom proper hand hygiene.  |
| 1. **DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**

Any resident who feels ill will eat only in their room. If a resident requires assistance with feeding staff will wear proper eye protection and gowns. Proper hand hygiene and sanitizer will be utilized each time when switching between residents who require assistance. A potential resident who has been exposed, staff will adhere to restriction of 1:1 individualized service in their room.  |

| **ACTIVITIES AND OUTINGS** |
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| 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. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**

Activities will be held in room on an individual basis or be conducted with 5 or less residents unexposed to Covid-19. Staff and residents will be required to wear masks and will be socially distanced by 6 feet apart while performing activity. Residents will receive education on mask wearing and encouraged to perform proper hand hygine and use provided hand sanitzer. Cleaning and disinfecting of area, tables and all touch points after activity is conducted. Gloves will be discarded by staff and proper hand hygiene will be performed. Residents who have been potential exposed to Covid-19 will not be allowed to participate with outside room activities. Activities such as music programs, exercises or activities that allow for disposables will be offered. (Ex. diposable bingo cards) |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENTS UNEXPOSED TO COVID-19)**

Activities will be held in room on an individual basis or be conducted with 10 or less residents unexposed to Covid-19. Staff and residents will be required to wear masks and will be socially distanced by 6 feet apart while performing activity. Residents will receive education on mask wearing and encouraged to perform proper hand hygine and use provided hand sanitzer. Cleaning and disinfecting of area, tables and all touch points after activity is conducted. Gloves will be discarded by staff and proper hand hygiene will be performed. Residents who have been potential exposed to Covid-19 will not be allowed to participate with outside room activities. Activities such as music programs, exercises or activities that allow for disposables will be offered. (Ex. diposable bingo cards) |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

Activities will be held in room on an individual basis or be conducted with 15 or less residents unexposed to Covid-19. Staff and residents will be required to wear masks and will be socially distanced by 6 feet apart while performing activity. Residents will receive education on mask wearing and encouraged to perform proper hand hygine and use provided hand sanitzer. Cleaning and disinfecting of area, tables and all touch points after activity is conducted. Gloves will be discarded by staff and proper hand hygiene will be performed. Residents who have been potentially exposed to Covid-19 will not be allowed to participate with outside room activities. Activities such as music programs, exercises or activities that allow for disposables will be offered. (Ex. diposable bingo cards) |
| 1. **DESCRIBE OUTINGS PLANNED FOR STEP 3**

Outings are allowed only for residents unexposed to Covid-19. Outings will be limited to the no more than the number of residents where social distancing can be maintained between residents being transported. Outings would include: scenic drives, drive through meals/ice cream, etc. Residents will wear a mask during their outing and have their hands sanitized prior to leaving and upon arriving back to the facility.  |

| **NON-ESSENTIAL PERSONNEL** |
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| 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. |
| 1. **DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**

Non essential services, such as a hair stylist may be allowed into the facility with screening and additional precautions, including social distancing, hand hygiene and universal masking. They may only interact with unexposed residents.  |
| 1. **DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3**

The beauty room will be limited to one resident at a time. The resident and beautician will be masked through the entire interaction. Proper cleaning and disinfection will be completed after visit. |
| 1. **DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Residents who have been exposed to Covid-19 or who are positive will not have any interaction with non-essential personnel and will remain in their respective “Yellow or Red areas.” |

| **VISITATION PLAN** |
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| 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. |
| 1. **DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

All visits will be by reservation by calling the main telephone number (570-748-1829) and making reservations with the Administrator or supervisor on duty. Visitation hours will be 9am to 2pm Monday through Friday. Additional visitation may be scheduled on a case by case basis by calling the Administrator or working supervisor and making arrangements. Duration of visitation will be held to 30 minutes. Outdoor visits in neutral areas( outside porch/gazebo area) are preferred as weather permits. If weather does not permit, indoor visitation can occur in a neutral area (ex. office conference room). Visitation is limited to only resident unexposed to Covid-19. Residents will be escorted to the visitation area and available as needed during or after the visit. Visitors will be screened, hand hygiene performed, wear a mask and maintain 6 feet social distance.  |
| 1. **DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Visitations can be scheduled by calling 570-748-1829 and speaking with the Adminstator or supervisor on duty. |
| 1. **DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**

All surfaces that have been touched by staff,visitor and resident will be cleaned and disinfected using approved cleaner. Appropriate dry time will be allowed before next visit will begin. Staff may have to alternate between designated visitation areas to allow for proper disinfection to take place.  |
| 1. **WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**

A maximum of 4 visitors will be allowed. Visitors will be screened, hand hygiene performed, wear a mask and maintain 6 feet social distance.  |
| 1. **DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Residents who may be sturggling with depression, feelings of loneliness,etc. will have precedence, as long as they are Covid-19 free.  |
| **STEP 2** | 1. **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 will be escorted to a visitation area. The resident must be Covid-19 free and not be exhibiting any signs or symptoms of illness. Residents who are located in a “yellow or red area” are not permited for in-person visitation. Compassionate care arrangements can be made.  |
| 1. **DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**

Visitors will call upon arrival to the facility. Staff will receive the visitor either at the office or front of the building (depening on which visitation site will being used). Staff will escourt the visitor to appropriate location.  |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**

Visitor and resident sitting areas will be visibly marked. A physical barrier of at least 6 feet will be between the two parties.  |
| 1. **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**

Visitor and resident sitting areas will be visibly marked. A physical barrier of at least 6 feet will be between the two parties.  |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**

Visitor and resident sitting areas will be visibly marked. A physical barrier of at least 6 feet will be between the two parties.  |
| **STEP 3** | 1. **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)**

Visitation is allowed only in a neutral zone to be designated by the facility. Residents who are not exhibiting signs and symptoms of Covid-19 will only be eligible for visitation.  |
| 1. **WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**

Yes, Visitors will be able to call upon arrival to the facility. Staff will receive the visitor either at the office or front of the building (depening on which visitation site will being used). Staff will escourt the visitor to appropriate location.  |
| 1. **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 |
| 1. **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 |
| 1. **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  |
| 1. **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 |
| 1. **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 will be screened upon arrival at the office area, perform proper hand hygiene, wear a mask and maintain 6 feet social distance while visiting with resident. Staff will escort the visitor to the residents room. If the resident being visited has a roommate they will be removed during the time of visit. The visit will be supervised by a staff member. The room will be cleaned and disinfected after visit. Visitors may be limited to 2 people to allow for proper social distancing. Visitors will be escorted out of the facility after completion of visit.  |

| **VOLUNTEERS** |
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| 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. |
| 1. **DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Residents who have been exposed to Covid-19 or who actively have it will not be able to interact with volunteers.  |
| 1. **DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**

The facility is currently not allowing volunteers.  |

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**Jeff Fulmer 8.7.20**

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**SIGNATURE OF ADMINISTRATOR DATE**