

PLAN FOR EPIDEMIC OUTBREAK SPECIFIC TO COVID - 19 MITIGATION PLAN REPORT

Facility Name: <u>Opportunity Acres</u>	Facility License Number: <u>097005102</u>
Facility Email Address: <u>mwagner@advancekids.com</u>	Facility Telephone Number: <u>(530) 672-9462</u>
Licenses/Administrator: <u>Michelle Wagner</u>	Facility Type: <u>Adult Day Program</u>
CCLD Regional Office: <u>Sacramento</u>	Date: <u>08/26/2021</u>

Instructions: Please complete the Mitigation Plan Report Sections 1-8. Check the boxes under the Requirement column for each item covered in your plan and enter the activities/details for each item in the Requirements section. For each statement left unchecked, please explain your plan in the comments. Blank pages are included at the end of the form for additional space.

- If your facility submitted a plan to a Local Health Department, and has been approved, and has no residents that receive Memory Care services, please submit that approved plan.
- If your facility submitted a plan to a Local Health Department and has been approved **and** your facility has residents that receive Memory Care services, please submit that approved plan **and** Section 8 of this form.

Completed forms must be signed, dated, and submitted to CCLDFacilityCovidPlan@dss.ca.gov.

For ADPs: Title 22, California Code of Regulations, Section 82061 (a) Upon the occurrence, during the hours the day program is providing services to the client, of any of the events specified in Section 82061(a)(1), a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 82061(a)(2) shall be submitted to the licensing agency within seven days following the occurrence of the event. (F) Epidemic outbreaks.

For ARFs, ARFPHSNs, CCHs, and EBSHs: Title 22, California Code of Regulations, Section 80061(a): Each licensee or applicant shall furnish to the licensing agency reports as required by the Department, including, but not limited to, those specified in this section. (H) Epidemic outbreaks.

For RCFClIs: Title 22, California Code of Regulations, Section 87861(b): Upon the occurrence, during the operation of the facility, of any of the events specified in (1) below, a report shall be made to the Department on the same day or within the Department's next working day during its normal business hours. In addition, a written report containing the information specified in (2) below shall be submitted to the Department within seven days following the occurrence of such event. (1) Events reported shall include the following: (H) Communicable diseases, as specified in California Code of Regulations, Title 17, Section 2502.

For RCFEs: Title 22, California Code of Regulations, Section 87211 (2)(a) Each licensee shall furnish to the licensing agency such reports as the Department may require, including, but not limited to, the following Occurrences, such as epidemic outbreaks, poisonings, catastrophes or major accidents which threaten the welfare, safety or health of residents, personnel or visitors, shall be reported within 24 hours either by telephone or facsimile to the licensing agency and to the local health officer when appropriate.

For SRFs: Title 22, California Code of Regulations, Section 81061(b): Upon the occurrence, during the operation of the facility, of any of the events specified in Section 81061(b) (1) below, a report shall be made to the licensing agency within the agency's next working day during its normal business hours. In addition, a written report containing the information specified in Section 81061(b)(2) below shall be submitted to the licensing agency within seven days following the occurrence of such event. (1) Events reported shall include the following: (G) Epidemic outbreaks.

My facility will do the following:

Section 1: Screening

Requirement	Evaluation
<p>A. Person in Care</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Regularly monitor and document daily: <input checked="" type="checkbox"/> Temperature checks. <input checked="" type="checkbox"/> Symptoms of COVID-19. <input checked="" type="checkbox"/> Change in condition. <input type="checkbox"/> Increase monitoring to at least twice per day when there has been a case of COVID-19 in the community in the last 14 days. <input type="checkbox"/> Residential facilities should increase monitoring to every 4 hours for residents in isolation or quarantine. <p>All Opportunity Acres (OA) employees' temperatures will be measured via infrared thermometer upon arrival and logged. Participant (client) temperature is taken in the morning upon pick-up. We encourage all participants to become vaccinated and have provided information from the CDC if they aren't already vaccinated, and provide CDC education material to help participants and their families.</p> <p>The screening questions are as follows: Have you been outside of the country? Have you been in close contact with anyone confirmed to have COVID-19 in the past 14 day? Do you have a cough or shortness of breath?</p> <p>Any confirmed cases of COVID-19 will be immediately reported to the Community Care Licensing, Sacramento County of Public Health, and the placing Regional Center. *The bottom two boxes are N/A as we are a day program service provider.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement

Evaluation

B. Staff

- Check temperatures and symptoms prior to start of each shift.
- Document checks and symptoms.

OA maintains a Binder with Temperature Logs kept for daily staff surveillance, daily participant surveillance, visitor screening, and community outing screening. All staff are required to be vaccinated or have a proper exemption filed. If an exemption has been approved by HR, the staff is subject to twice weekly Covid PCR testing and must wear an FDA-approved surgical mask at all times.

All employees' temperatures will be measured via infrared thermometer.

o Staff are screened for fever, respiratory symptoms, or other symptoms of possible COVID-19 infection each day they work.

The screening questions are as follows:

Have you been outside of the country? Have you been in close contact with anyone confirmed to have COVID-19 in the past 14 day? Do you have a cough or shortness of breath?

Per CDC criteria:

- If you have more than one symptom and or a fever, you should stay home. If you have been around anyone that has or suspected to have Covid-19 and you are symptomatic, you should test for Covid-19.
- a. Vaccinated screening: If your test results are negative and you are asymptomatic you may return to work.
- b. Not fully vaccinated screening:
 - i. If you had direct exposure to someone who is Covid positive you will need to report it, and to quarantine from the licensed facility for the full 10 days.
 - ii. If you did not have a direct exposure, you were simply sick and had a negative covid test: You should be fever free and symptom for at least three days before returning to work.

Approved:

Yes No

Comments:

Requirement	Evaluation
<p><u>C. Visitors</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Facility has a visitation plan. <input checked="" type="checkbox"/> Checking for temperatures and symptoms upon entering the facility. <input checked="" type="checkbox"/> COVID-19 sign-age posted. <input checked="" type="checkbox"/> Masks/face coverings required. <input checked="" type="checkbox"/> Designated visiting area. <input checked="" type="checkbox"/> Hand hygiene/hand sanitizer available. <p>As a day program, OA limits visitation to emergency services only. The function of our services is to increase service and access to clients. Limiting visitors reduces risk and optimizes access to service. Visitors entering OA are required to wear a face covering, have their temperature taken, and are to answer the risk assessment questions. For visitors who are coming to visit a current participant, we will ask to identify their vaccination status.</p> <p>Visitors are required to wear face coverings and practice physical distancing from other staff and participants within the facility.</p> <p>OA maintains signage at appropriate locations throughout the facility to remind people to maintain social distance. There is a green “Entry” sign at the front door where employees typically enter, and a “Do Not Enter/Stop” sign at the side door as well as directional signage to provide one-directional flow of traffic.</p> <p>Visitors are subject to the same Daily Temperature and Screening Process Residents and Staff undergo. During their check-in, DSPs also provide a review of the rules for visitation including: Do not enter the facility if you have COVID-19 symptoms; Maintain a minimum of six-foot distance from others - Sneeze and cough into a cloth or tissue, or if not available, into your elbow - then please sanitize or wash hands; Do not shake hands or engage in any unnecessary physical contact with other residents; Outside visitation areas available and DSPs will ensure visitors are shown access, Communal Dining is not available.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 2: Testing

Facility may work with their local health department (LHD) to develop a testing plan for regular testing of persons in care and staff.

Requirement	Evaluation
<p>A. Facilities without COVID-19</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Staff – Surveillance testing in accordance with CCLD Recommendations. <input checked="" type="checkbox"/> Staff – testing staff during the hiring process. <input checked="" type="checkbox"/> Persons in care – tested before admission. <p>CCL requires maintenance of the vaccination status of all staff and persons in care. The PIN outlines that "proof" is maintained which has been secured for all current staff and is a part of the hiring process for new employees.</p> <p>For those employees who have an approved exemption, these individuals are subject to twice weekly required Covid surveillance PCR testing. The Administrator sends reminders to these individuals, collects, files and records the results. Records will be retained for 5 years.</p> <p>As a day program, services are provided in a telehealth or alternative service format until a negative covid test result is provided and the participant can be safely introduced into the day program environment.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>B. Facilities with COVID-19</u></p> <p><input checked="" type="checkbox"/> Retesting of all staff and persons in care performed at least every 7 days, until no new cases are identified in two sequential rounds of testing.</p> <p>Per CCLD requirements, should a staff member or participant become active with Covid, this results in a response testing situation to mitigate the results of who might also be impacted with Covid. CCL and CDPH are consulted throughout the situation and receive updated line reporting. All staff and participants are tested weekly until the response testing produces 100% negative test results for two consecutive weeks.</p> <p>Exposure notifications will be sent to staff, clients, family members, consultants. Reports are completed for CCL, CDPH, and RC. All individuals who have direct exposure are notified first. Direct exposure is defined as coming into contact within six-feet for a combined total of 15 minutes in a 24-hour period with someone who is covid positive. These individuals will be notified first and requested to have a Covid response test if they are staff or participants. Following this, the rest of the notifications are sent with instructions for response testing. Staff are aware of testing resources and provided staff support and time to complete the requirement. Participants will receive this care through the care and coordination of the care home team.</p> <p>Staff will work with participants to help them understand what Covid is and what an exposure means, as well as provide support with testing requirements. Program Director is responsible for monitoring for the resident's Covid testing results and recording them as well as collecting the response testing for the other staff/consultants. Intake and Client Services Manager will coordinate with CCL, CDPH and RC.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 3. Quarantine / Isolation / Cohorting

Requirement	Evaluation
<p>A. Residents</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Facility has plans to isolate or quarantine residents as needed (who, what, when, how, where, and until when). <input checked="" type="checkbox"/> Quarantine as “persons under investigation”. <input type="checkbox"/> Residents returning from a higher level of care without known exposure but were unable to be tested prior to return to the facility. <input type="checkbox"/> Residents exposed to a person with COVID-19 and awaiting test results. <input type="checkbox"/> Residents with symptoms of COVID-19 and awaiting test results are isolated. <input type="checkbox"/> Residents with active COVID-19 until they are cleared to be released from isolation within time limits. <p>Anyone with symptoms of Covid will be isolated to the Clinical Directors office away from other participants and staff, until pick up.</p> <p>Any individual who requires isolation shall wear face coverings as they await transport home, or to the hospital.</p> <p>Caregivers are required to immediately (within an hour) pick up their participants who are displaying Covid symptoms.</p> <p>Cohort team have been N95 fit tested, records maintained and recorded for annualized renewal fit testing in response to a Covid symptom or suspected-case in the designated area while awaiting authorized representative to transport participant home safely.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Cohorting</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> If a dedicated COVID-19 positive unit/wing is unavailable, residents with active COVID-19 are co-horted together. <input type="checkbox"/> Single-occupancy rooms may be temporarily used for double occupancy in cohort unit/wing. <input type="checkbox"/> Dedicated staff are scheduled to work in the cohort unit/wing. <input type="checkbox"/> All residents on quarantine or isolation are checked for general appearance, oxygen saturation if possible, respiratory rate, and symptoms consistent with COVID-19 if every 4 hours. <input type="checkbox"/> Residents with any suspected respiratory or infectious illness are isolated (to a single room if possible until a test confirms a COVID-19 positive case at which point they would be moved to the “red” area) and then checked every 4 hours to quickly identify residents who require quarantine or transfer to a higher level of care, such as a hospital. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>B. Staff</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Positive, asymptomatic – ONLY allowed to work in designated COVID-19 unit. <input type="checkbox"/> Separate breakroom for staff assigned to different cohorts. <input type="checkbox"/> If no separate break room available, facility has a schedule in place to allow for cleaning of the break area between use by staff in different cohorts. <input type="checkbox"/> Staffing plan to limit transmission, including dedicated, consistent staffing teams assigned in the COVID-19 unit or wing. <input type="checkbox"/> All efforts are to be made to have no crossing of staff between designated COVID-19 unit and Clear zone (negative residents). If staff must cross between designated COVID-19 unit and clear zone, they will be fully trained on appropriate use of PPE and donning and doffing between zones and providing care moving from the clear zone to the red zone. <input type="checkbox"/> Limit staff interactions to staff assigned to the same cohort. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 4: Infection Control/Infection Control Nurse or Lead

Requirement	Evaluation
<p><input checked="" type="checkbox"/> The facility has designated a person to be responsible for overseeing infection control.</p> <p><input type="checkbox"/> Yes</p> <p>Name, name of agency (if applicable), and work and home contact information: <u>Nicole Reed, Opportunity Acres (916) 342-3012</u> <u>nreed@oppacres.com</u></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> If not, need to identify someone and provide training in infection control.</p> <p><input checked="" type="checkbox"/> Infection control champion/lead will provide education on infection prevention, training on topics including proper donning and doffing of Personal Protective Equipment (PPE), and monitoring of staff on a regular basis to ensure they are adhering to infection prevention and control guidelines.</p> <p><input checked="" type="checkbox"/> The designated infection champion/lead maintains a line list of all persons in care and staff who are suspected or confirmed to have COVID-19.</p> <p><input checked="" type="checkbox"/> The designated infection control champion/lead provides education to staff, persons in care, and visitors.</p> <p>Management reviews all current CCLD PINS, and remains current on recommendations and guidelines. PINS are reviewed, updated and posted weekly.</p> <p>A line list is maintained for who requires weekly Covid screening, and the response testing is recorded. A Daily Screening log is maintained for participants, staff, and all visitors who enter the facility.</p> <p>CCLD PINS are posted, emailed and discussed at Staff Meetings to ensure understanding by staff. Discussions also occur with participants during Client Meetings. Visitors are provided education during their initial screening, and reminded by signage and during future visits.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Facility has plans for Infection Control:</u></p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Proper donning and doffing of PPE. Staff can demonstrate competency of such skills during resident care. <input checked="" type="checkbox"/> Physical distancing. <input checked="" type="checkbox"/> Hand hygiene. <input checked="" type="checkbox"/> Routine and frequent cleaning and disinfection of rooms and common area. <input checked="" type="checkbox"/> Communal dining or activities. <input type="checkbox"/> Isolation rooms: <ul style="list-style-type: none"> <input type="checkbox"/> Clean PPE placed outside the room. <input type="checkbox"/> Signs are posted outside of resident's room indicating infection prevention precautions and required PPE per CDC/CDPH guidelines. <input type="checkbox"/> Signage on proper donning and doffing of PPE posted outside the room. <input type="checkbox"/> Designated medical equipment. <input type="checkbox"/> Trash bin inside the room for used PPE. <input type="checkbox"/> Meals and medications delivered in the room. <p>Staff are trained on the proper donning/doffing procedures of PPE w/ gloves, plastic face shields, gowns, and masking. All surfaces have scheduled cleanings each shift, and Q2hours for frequently touched surfaces. Staff initial to confirm cleaning is maintained and logs are kept as records. Staff are trained on cleaning chemicals proper waiting time, and cleaning supplies are labeled with the proper "waiting period". Participants have the ability to dine together, go on group activities, and community outings - with the use of social distancing, universal masking except when eating/drinking, and frequent hand washing/sanitizing. OA's landscape and program design affords substantial outside activities.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 5. Personal Protective Equipment (PPE)

Requirement	Evaluation
<p><input checked="" type="checkbox"/> All facility staff are wearing a face covering while on the premises.</p> <p><input checked="" type="checkbox"/> Persons in care are wearing a face covering (as they are able to tolerate) whenever they leave their room or are around others, including whenever they leave the facility.</p> <p><input checked="" type="checkbox"/> Facility has an adequate 30-day supply of PPE (e.g., facemasks, respirators, gowns, gloves, and eye protection such as face shield or goggles) and a list including items on hand or indicating where such items will be acquired (such as a CCL Regional Office) and when.</p> <p><input checked="" type="checkbox"/> Facility has a contingency plan to address PPE supply shortages, including extended use and reuse in accordance with CDC guidelines.</p> <p><input checked="" type="checkbox"/> PPE is stored in a location that is readily accessible to staff. Location of stored supplies.</p> <p>OA ensures all staff wear face coverings will in the facility. Staff who are not fully vaccinated are provided FDA-approved surgical masks.</p> <p>Persons in care are provided face coverings to wear as they tolerate. They are encouraged to wear them whenever they are in the communal areas with other residents. Staff provide support and instruction to wear them whenever they leave the facility.</p> <p>Facility maintains a 30-day supply of PPE including face masks, gowns, gloves, face shields. There is a list maintained of all contact numbers and the emergency plans.</p> <p>A contingency plan is maintained for PPE shortages in accordance with CDC guidelines for extended use and reuse - including telehealth services when applicable, CDC training on the proper washing of cloth masks for both hygienic and maintenance of masks, OA has secured contracts for ongoing supplies of PPE orders, and reuse guidelines are included in printed Mitigation plan.</p> <p>PPE is stored the supply room, and ready supplies are strategically placed around the house for staff access.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 6: Staffing

Requirement	Evaluation
<p><input checked="" type="checkbox"/> Facility has a contingency plan for staffing, in alignment with its emergency preparedness plans, for backup staffing using all resources (e.g., corporate resources, temporary staffing agencies, or other resources) in advance of staff testing to be able to cover shifts based on potential staff quarantines.</p> <p><input checked="" type="checkbox"/> Facility has a source for additional staffing needs.</p> <p><input checked="" type="checkbox"/> Name of contact person, name of other facility, agency, or other resources and work and home contact information.</p> <p>Planning Teams will be notified in advance that there may be instances in which their previous Alternative Service Model (ASM) may need to be implemented at home if there is a need to quarantine or if there is a shortage due to Covid pandemic situations, or inability to provide direct service related to staffing for these matters.</p> <p>To minimize outbreaks, staff and participants will be in cohorts throughout the day so it is known who they are with if a positive test/symptomatic situation is reported.</p> <p>If a staff member/participant has a positive test, those individuals who have direct exposure will be confidentially notified and follow quarantine protocols based on vaccination status. All individuals (staff/participants) will be required to submit to response Covid PCR testing.</p> <p>During a period where there is a positive Covid status, and the result is reduced staffing to our participants, the impacted participants will have the opportunity to receive ASM services if they choose. Other clients will be notified if there was a positive test results - as they will also be subject to both response testing and may also choose to access ASM services during this time.</p> <p>OA may contact its sister company, Advance Kids, Inc, to access additional staff in the presence of staff shortage. Scheduling Department, 916-363-6103, 9755 Lincoln Village Drive, Sacramento, CA 95827.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 7: Communication

Requirement	Evaluation
<p> <input type="checkbox"/> Facility has plans for when to notify resident's Primary Care Provider (PCP) or call 911. <input checked="" type="checkbox"/> Facility has plans for communicating with authorized representative. <input checked="" type="checkbox"/> Provider or staff assigned to contact, if needed, has a contact list including the following: <input checked="" type="checkbox"/> Name, Title, and work and home contact information. <input checked="" type="checkbox"/> All necessary agencies and individuals listed below, as applicable. <input checked="" type="checkbox"/> Local County Public Health Department. <input checked="" type="checkbox"/> Local Adult/Senior Care Regional Office. <input type="checkbox"/> Local County Medical Emergency Services. <input checked="" type="checkbox"/> Residents' or Clients' Responsible Party or Authorized Representative. <input checked="" type="checkbox"/> Long Term Care Ombudsman. <input checked="" type="checkbox"/> Regional Center or Placement Agency. <input type="checkbox"/> Assisted Living Waiver Program. <input type="checkbox"/> Local County Behavioral Health Agency. Those who have had direct exposure will be notified and instructed to test Notification to CCLD, CDPH, and the RC/placing agency. All participants/ authorized representatives, and staff members will receive notification letters. In the event, the participant is directly the one with a Covid positive case, Long Term Ombudsman will also be notified. Intake & Client Service Manager in conjunction with the Program Director ensures all contact names and phone numbers are maintained in the event an exposure notification is required. </p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 8. Memory Care

(To be completed if you have a dedicated memory care unit or are serving residents with memory care needs)

Requirement	Evaluation
<p>A. Staff</p> <p><input type="checkbox"/> Dedicate staffing to the memory care area and within the memory care area to avoid cross contamination with other sections of the facility and other areas of the memory care area based on care being provided to residents.</p> <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>B. Residents</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Remind and assist resident to perform routine hand hygiene, particularly before/after meals and activities. <input type="checkbox"/> Remind and assist residents to practice physical distancing where possible. <p><u>Environmental Modifications</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider markings on the floor in common spaces that indicate where residents can sit or stand. <input type="checkbox"/> Consider color-strip barriers, like those in an airport or store, in common spaces to remind residents to avoid areas where they shouldn't be, such as areas where care is being provided to residents with COVID-19. <input type="checkbox"/> Arrange furniture in a way that facilitates social distancing, such as replacing couches with individual chairs spaced at least 6 feet apart, or remove chairs from areas where residents are not permitted to sit. <input type="checkbox"/> Limit the number of residents in common areas at any one time or space residents at least 6 feet apart as much as possible. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Model staying out of an individual's space. <input type="checkbox"/> Gently remind residents who are able to move on their own when they get too close to other residents or facility staff. <input type="checkbox"/> Sending nonverbal "messages" such as facial expression, touch (hand under hand), or gestures. <input type="checkbox"/> Redirect residents as necessary. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Remind and assist residents to wear cloth face coverings (if tolerated) when outside their room or interacting with others. <input type="checkbox"/> Utilize face coverings that have a design/fabric styles and fasteners, materials, and themes that are comfortable and appealing to the individual resident (nature, sports teams, hobby, color, animals, holidays, etc.). <input type="checkbox"/> If a resident is a lip reader or someone with the resident, such as a caregiver or visitor, needs to read their lips to communicate, a clear FDA-approved mask may be an option. <input type="checkbox"/> If residents pull their face covering down, try distraction or positive reinforcement and describe how wearing a face covering helps to stop the spread of germs and keep people well. Consider a breakaway lanyard to prevent mask from landing on the floor or furniture. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Physical Distancing (Continued)</p> <ul style="list-style-type: none"> <input type="checkbox"/> If residents are anxious that a mask will stop them from breathing, offer reassurance and show them that it won't. <input type="checkbox"/> If residents have had a past experience that might make them fearful about wearing a mask, talk to them about it and try to find ways to reassure them. <input type="checkbox"/> Masks distort the ability to recognize faces or facial expressions and more time may be required for residents to understand what is being said or asked. <input type="checkbox"/> If a resident takes their face covering off, remind them again to please wear the mask as a memory impaired resident may forget why wearing a mask is important. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue to provide structured activities. <input type="checkbox"/> Stagger times throughout the day to facilitate social distancing. <input type="checkbox"/> Provide activity opportunities to reduce wandering, for example, exercises in the residents' room/ apartments or walking in hallway or outside. <input type="checkbox"/> Break up into smaller groups. <input type="checkbox"/> Provide safe alternatives, such as walking with individual residents. <p><u>Dining/meals</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Facilitate physical distancing during meals. <input type="checkbox"/> Provide necessary assistance/supervision for safety. <input type="checkbox"/> Use dedicated dining staff (if applicable). <input type="checkbox"/> Use dedicated meal trays/carts for the memory care area. <p>N/A</p>	<p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing</u></p> <p><i>Provide Individualized Attention and Help Residents Cope with Isolation</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Anticipate behaviors and plan proactively rather than responding reactively; disruption in routine may be upsetting to residents. <input type="checkbox"/> Provide gentle reassurance along with behavioral techniques to a resident who is exhibiting anxiety and agitation. They may require individual assessment by a trained psychologist. <input type="checkbox"/> Identify the triggers and time of day undesirable behaviors occur. Know the person: each person may need individualized interventions. Put yourself in the person's shoes. <input type="checkbox"/> Try to understand their surroundings from their perspective. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing (Continued)</u></p> <p><i>Provide Individualized Attention and Help Residents Cope with Isolation (continued)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Contact family members who are supportive to explain to the resident the reason for mask wearing, if the resident refuses to wear their mask; a virtual visit or phone call, if visitation is not possible, could be arranged. <input type="checkbox"/> Assist residents with self-administration of medication as prescribed; do not overmedicate. <input type="checkbox"/> Consider alternative ways to reduce feelings of isolation, e.g., music, art. <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p><u>Physical Distancing</u></p> <p><i>Quarantine and Isolation in Memory Care</i></p> <p><input type="checkbox"/> When there is one or more active COVID-19 cases in memory care, staff should implement universal use of eye protection and N95 respirators until the case(s) is cleared.</p> <p><input type="checkbox"/> Follow all other recommendations for isolation and testing when responding to active COVID-19.</p> <p>N/A</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Additional Mitigation Plan Report Comments (Licensee/Facility only)

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Additional Mitigation Plan Report Comments (Licensee/Facility only)

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Additional Mitigation Plan Report Comments (Licensee/Facility only)

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Licensee/Administrator Certification:

I declare that the foregoing information is true and correct to the best of my knowledge.

Licensee/Administrator Signature: *[Signature]* Date: 11-23-21

** Please sign, date, and submit this form to: CCLDFacilityCovidPlan@dss.ca.gov.

Submit Form

Print

Save

Licensing Program Analyst:

I have reviewed and verified this COVID-19 Mitigation Plan Report.

LPA Signature: _____ Date: _____