

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

Facility Name: <u>Central Valley Training Center</u>	Facility License Number: <u>507001405</u>
Facility Email Address: <u>mvelazquez@cvtcinc.com</u>	Facility Telephone Number: <u>209-522-0332</u>
Licensee/Administrator: <u>Mary Velazquez</u>	Facility Type: <u>Adult Day Program</u>
CCLD Regional Office: <u>Sacramento CA.</u>	Date: <u>01/21/2021</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 RCFCIs: 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> <p><input type="checkbox"/> Regularly monitor and document daily:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Temperature checks. <input checked="" type="checkbox"/> Symptoms of COVID-19. <input checked="" type="checkbox"/> Change in condition. <input checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p> <p>1. Staff and participants are required to pass a Health Screening which includes a daily temperature check and questions regarding COVID-19 symptoms and possible exposure.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>B. Staff</p> <p><input checked="" type="checkbox"/> Check temperatures and symptoms prior to start of each shift.</p> <p><input checked="" type="checkbox"/> Document checks and symptoms.</p> <p>CVTC is committed to implementing strategies to slow the transmission of COVID-19. CVTC is following the steps below upon reporting to work. Health screening requirements are communicated and enforced. Staff and participants not passing or refusing the health screening will be sent home.</p> <p>Daily Health Screening Procedure:</p> <p>1) Do you have or have you had a temperature of 100.4 or higher currently or within the last 24 hours?</p> <p>a. No – Proceed.</p> <p>b. Yes – Contact your supervisor during business hours or the On-Call Manager after business hours. Individual will be sent home.</p> <p>2) Do you have the following symptoms: fever, chills, shaking chills, cough, difficulty breathing, sore throat, congestion or runny nose, fatigue, body or muscle aches, loss of taste or smell, nausea or vomiting, diarrhea, loss of appetite?</p> <p>a. No – Proceed.</p> <p>b. Yes, but symptoms have a known cause and are not worse than their baseline (asthma, COPD, chronic sinusitis, etc.) – proceed to question number 3.</p> <p>c. Yes – Symptoms: _____ . Contact your supervisor during business hours or the On-Call Manager after business hours. Individual will be sent home.</p> <p>3) Have you been exposed to someone with confirmed COVID-19 in the last 14days? For COVID-19, a <u>close</u> contact is defined as any individual who was within 6 feet of an infected person, where infected person was not wearing a mask, for at least a cumulative 15 minutes in a 24-hour period, starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time patient is isolated.</p> <p>a. No – proceed.</p> <p>b. Yes – Contact your supervisor during business hours or the On-Call Manager after business hours. Individual will be sent home.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>C. Visitors</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 signage 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>AT ALL TIMES: Essential Virtual and outdoor visits are allowed.</p> <p>ESSENTIAL VISITS: These are: medically or legally necessary; visits from social workers; government health and social services agency visits; visits by service contractors necessary to maintain facility operations; or visits mandated by court order or federal law, such as visits by Adult Protective Services or the Long-Term Care Ombudsman. These visitors are allowed indoors even when indoor visits would otherwise be limited.</p> <p>WHEN OUR FACILITY MEETS CERTAIN GUIDELINES: indoor visits are allowed. These are indoor visits on our premises, allowed when we meet all of these:</p> <ul style="list-style-type: none"> <input type="checkbox"/> We have had no new transmissions of COVID-19 for 14 days. <input type="checkbox"/> We are not experiencing any staff shortages. <input type="checkbox"/> We have adequate supplies of Personal Protective Equipment (PPE) and essential cleaning supplies. 	<p>Approved: <input checked="" 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>For safety and COVID-19 mitigation purposes, CVTC is complying with State of California – Health and Human Services Agency Department of Social Services PIN 20-23-ASC and updated in PIN 20-38-ASC to stop the spread of COVID-19.</p> <p>Surveillance testing scheduled of all staff in facilities without COVID-19 <i>Facilities should conduct surveillance testing of 25 percent of all staff every 7 days (E.g., choose different staff to test every 7 days). The purpose of a surveillance testing strategy is to monitor the spread of the virus in order to isolate the virus and mitigate.</i></p> <p>CVTC is partnering with Biocept to complete surveillance testing process at this time. After swabbing samples are sealed and sent to a lab to complete a viral test to determine if you have a current infection. Results are available in about 48 hours.</p> <p>Biocept calls CVTC Human Resources if any employee tests positive. Employees who test positive will be contacted and California Department of Public Health (CDPH) guidelines will be followed. CVTC will conduct contact tracing, notify potentially exposed individuals and further mitigation will be conducted as advised by CDPH.</p>	<p>Approved: <input checked="" 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>For safety and COVID-19 mitigation purposes, CVTC is complying with State of California – Health and Human Services Agency Department of Social Services <u>PIN 20-23-ASC</u> and updated in <u>PIN 20-38-ASC</u> to stop the spread of COVID-19.</p> <p><i>Retesting residents and staff in facilities with COVID-19</i> <i>Retest all staff and residents as soon as one or more COVID-19 positive individuals are identified in a facility.</i> <i>The retests of all staff and residents should be performed at least every 7 days, until no new cases are identified in two sequential rounds of testing.</i></p>	<p>Approved:</p> <p><input checked="" 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 type="checkbox"/> Facility has plans to isolate or quarantine residents as needed (who, what, when, how, where, and until when). <input 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 timelimits. <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Cohorting</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> If a dedicated COVID-19 positive unit/wing is unavailable, residents with active COVID-19 are co-horted together. <input checked="" type="checkbox"/> Single-occupancy rooms may be temporarily used for double occupancy in cohort unit/wing. <input checked="" type="checkbox"/> Dedicated staff are scheduled to work in the cohort unit/wing. <input checked="" 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 checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p> <p>Cohort:</p> <ol style="list-style-type: none"> 1. CVTC cohort design is informed by California Department of Public Health <u>guidance on cohorts</u> for considerations, mixing and precautions. 2. No more than 10 individuals per cohort at 6 feet distance. 3. Cohorts are not larger than the space allows. 4. Groups of staff and participants are kept together and do not intermingle with other groups to the greatest extent possible. 5. Regular staff, supplemental "floater" staff, and consumers within the cohort remain consistent and do not intermingle with other cohorts. 	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>B. Staff</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 checked="" 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 checked="" type="checkbox"/> Limit staff interactions to staff assigned to the same cohort. <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p> <p>Designation of Space:</p> <ol style="list-style-type: none"> 1. Cohort classroom and outdoor spaces are physically separate from the designated sick room or area. 2. If individuals do not pass health screening or become ill, they will be separated from the cohort and sent home. 3. Individuals will be isolated in a designated sick room or area. 4. Ill participants are to be picked up within two hours of notification. 	<p>Approved: <input checked="" 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 checked="" type="checkbox"/> Yes</p> <p>Name, name of agency (if applicable), and work and home contact information: <u>Nikki Anderson – HR Coordinator – Office 209-951-1671 mobile 209-471-1111</u> <u>Mary Velazquez, Program Director-Office 209-522-0332 mobile 209-471-4404</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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" 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 checked="" type="checkbox"/> Isolation rooms. <input checked="" type="checkbox"/> Clean PPE placed outside the room. <input checked="" type="checkbox"/> Signs are posted outside of resident's room indicating infection prevention precautions and required PPE per CDC/CDPH guidelines. <input checked="" type="checkbox"/> Signage on proper donning and doffing of PPE posted outside the room. <input checked="" type="checkbox"/> Designated medical equipment. <input checked="" type="checkbox"/> Trash bin inside the room for used PPE. <input type="checkbox"/> Meals and medications delivered in the room. <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" 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>Personal Protective Equipment (PPE):</p> <ol style="list-style-type: none"> All staff and participants are <u>trained in how to use PPE's</u>. PPE and 6-foot social distance is required at all times. If social distancing is not possible to provide adequate care for a participant, CVTC will follow CDC's <u>Guidance for Direct Service Providers and Public Health Guidance for Community-Related Exposure</u>. PPE and social distancing are required at all times. If social distancing is not possible to provide adequate care for a participant, CVTC will follow CDC's <u>Guidance for Direct Service Providers and Public Health Guidance for Community-Related Exposure</u>. Staff and participants are assigned appropriate PPE's including face coverings as recommended by the <u>Guidance for the use of Face Coverings</u> issued by the California Department of Public Health: <ol style="list-style-type: none"> Indoors & in line to enter facility Waiting for public transit and while driving or ridesharing While working and attending day program Outdoors while maintaining 6 feet of distance with non-household members <p>Exclusions to this mandate are based on Community Care Licensing's <u>PIN-20-33-ASC Addendum A</u>. Staff and participants exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a nonrestrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.</p>	<p>Approved: <input checked="" 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>Staffing Shortages:</p> <ol style="list-style-type: none"> Staffing shortage is defined as being unable to maintain in person attendance of a minimum of one trained staff to a maximum of 4 consumer participants. Each facility has a staffing plan including regular cohort staff and additional cohort specific floater staff. Each cohort adjusts to daily variations in staff and consumer attendance to keep from additional mixing with other groups. Management utilizes all staff approved to work in the cohort as needed. Historical records of cohorts are maintained to keep separate from others if an exposure does occur. During staffing shortages facility management will make adjustments to the number of staff and consumers who are on site, utilizing remote options. 	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Section 7: Communication

Requirement	Evaluation
<p> <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Local County Behavioral Health Agency. </p> <p> *** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better. </p> <p> Designated Staff for Daily Communications: 1. CVTC continues to provide updates to service delivery, exposures and mitigation regarding Covid-19. This information will be provided by CVTC management. </p>	<p> Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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>NO MEMORY CARE UNITS</p> <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>B. Residents</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Remind and assist resident to perform routine hand hygiene, particularly before/after meals and activities. <input checked="" 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 checked="" 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 checked="" 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 checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p> <p>The facility has been prepared for the return of participants with updating capacity in each room, rearranging and removing furnishings to support social distancing and floor markers to indicate 6 foot distance.</p> <p>New curriculum and lesson plans are developed and delivered to participants relating to hand hygiene and reducing the spread of COVID-19 -19.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement

Evaluation

Physical Distancing

- Model staying out of an individual's space.
- Gently remind residents who are able to move on their own when they get too close to other residents or facility staff.
- Sending nonverbal "messages" such as facial expression, touch (hand under hand), or gestures.
- Redirect residents as necessary.

*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.

Upon facility reopening, social distancing curriculum is ready to deliver.

Approved:

Yes No

Comments:

Requirement	Evaluation
<p>Physical Distancing</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Remind and assist residents to wear cloth face coverings (if tolerated) when outside their room or interacting with others. <input checked="" 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 checked="" 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 checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" 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 checked="" type="checkbox"/> If residents are anxious that a mask will stop them from breathing, offer reassurance and show them that it won't. <input checked="" 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 checked="" 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 checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Physical Distancing</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Continue to provide structured activities. <input checked="" 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 checked="" type="checkbox"/> Break up into smaller groups. <input checked="" type="checkbox"/> Provide safe alternatives, such as walking with individual residents. <p>Dining/meals</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Facilitate physical distancing during meals. <input checked="" 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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Physical Distancing</p> <p><i>Provide Individualized Attention and Help Residents Cope with Isolation</i></p> <ul style="list-style-type: none"> <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Try to understand their surroundings from their perspective. <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Physical Distancing (Continued)</p> <p><i>Provide Individualized Attention and Help Residents Cope with Isolation (continued)</i></p> <ul style="list-style-type: none"> <input checked="" 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 checked="" type="checkbox"/> Assist residents with self-administration of medication as prescribed; do not overmedicate. <input checked="" type="checkbox"/> Consider alternative ways to reduce feelings of isolation, e.g., music, art. <p>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Requirement	Evaluation
<p>Physical Distancing</p> <p>Quarantine and Isolation in Memory Care</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>*** DAY PROGRAM *** Not all items apply. The buildings will not receive participants on site until the region is in red tier or better.</p>	<p>Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Comments:</p>

Additional Mitigation Plan Report Comments (Licensee/Facility only)**EXCERPT FROM CVTC INJURY ILLNESS PREVENTION PLAN - SECTION 8- COVID-19 EXPOSURE AND PREVENTION PLAN**

Preventing the Spread of Infection in the Workplace

CVTC will follow Universal Precautions and ensure a clean workplace, including the regular cleaning of objects and areas that are frequently used, such as bathrooms, break rooms, conference rooms, door handles, and railings. Administration will work in collaboration with Program Directors to monitor and coordinate events around the COVID-19 pandemic, as well as to create work rules that could be implemented to promote safety through infection control.

Preventative Measures

CVTC monitors and adjusts the level of Covid-19 preventative measures recommended and required by local, state and federal authorities. The following preventative measures will be posted and adhered to at all CVTC locations to reduce the transmission of COVID-19 in the workplace.

- Remote work agreements for identified positions during the "stay at home" order.
- Daily Health Screenings conducted daily, asking the following questions:
 - Do you have or have you had a temperature of 100.4 or higher currently or within the last 72 hours?
 - Do you have a cough and/or shortness of breath?
 - Have you been exposed to someone with confirmed COVID-19?
- Frequent hand washing with warm, soapy water for at least 20 seconds; or used an alcohol-based hand sanitizer that contains at least 60% alcohol. (Alcohol-based hand sanitizers are installed throughout the workplace and in common areas). Hand sanitizer that contains methyl alcohol will not be used due to its high toxicity.
- Employees should avoid touching their eyes, nose, and mouth with unwashed hands. It is also recommended that employees use tissue or a paper towel if they touch commonly touched surfaces (phones, toilet/door handles and counters).
- All employees are required to wear masks (single use, or cloth), and any other Personal Protective Equipment like gloves based on the tasks and per PPE training and CDC guidelines.
- Employees are to stay home when ill.
- Requiring outside daily vendors to wear a mask when entering any CVTC facility.
- Practice Social Distancing at 6 feet.
- Comply with directives for the number of individuals allowed in a given workspace.
- Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

Additional Mitigation Plan Report Comments (Licensee/Facility only)

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Handwritten notes and signatures in the top section of the page, including a signature that appears to read "John Doe".

[Redacted]

[Redacted]

[Redacted]

Main body of handwritten text, including a signature that appears to read "Jane Smith" and a date "11/19/2020".

Licensee/Administrator Certification:

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

Licensee/Administrator Signature: Mary Helen Program Director Date: 1/21/2021

** 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: Ruth C. Wallace Date: 2/2/21