Expand Visitation, Activities, and Communal Dining Checklist

A facility may expand visitation, activities, and communal dining subject to the below criteria and the additional requirements included in the document titled “Requirements for Facilities to Expand Visitation, Activities and Communal Dining”, dated June ____, 2020. All visitation and expanded activities will immediately stop if residents or staff test positive after reopening. Newly positive cases include cases that were identified in residents after admission to the facility. Newly positive cases do not include new residents that are admitted to the facility with a known COVID-19 positive status or residents with a known COVID-19 positive status that are transferred to the hospital and readmitted to the facility. All new staff cases are considered newly positive.

Copies of all information utilized to complete this checklist should be maintained with the checklist, available for reference at any time.

As of the date of completion of this checklist, the Arkansas Department of Health has not announced a statewide closure of visitation. In addition, this facility meets the following criteria and has determined that expanded visitation, activities and communal dining should be implemented.

☐ The facility has completed baseline testing of all residents and staff at least once and has provided the results and all requested documentation of such to the Arkansas Department of Health.

☐ The facility has complied with all other guidelines issued by the Arkansas Department of Health after baseline testing in response to any positive cases identified during baseline testing.

☐ The facility has not had a newly identified case of COVID-19 in the 28 days preceding the date the facility intends to expand visitation or other activities. The last positive COVID-19 test result was received on _________________________ (date). The anticipated date facility will be able to reopen is ________________________.

☐ The facility does not have a shortage of staff or personnel, based on individual facility needs and internal staffing policies, in the personnel groups identified within the weekly report submitted to the National Healthcare Safety Network Long-Term Care module, attached to this checklist, or other ADH-approved report.

☐ The facility has proper PPE and sufficient supply for residents and staff, and has documented at least one week’s inventory of the supply items identified within the weekly report submitted to the National Healthcare Safety Network Long-Term Care module, attached to this checklist, or other ADH-approved report.

☐ The facility has considered any special needs of its residents and relevant safety factors and is prepared to expand visitation and other activities for its residents.

☐ The facility conducts screening of every visitor, vendor, and employee of the facility prior to entrance.

_________________________________________________________  ______________________
Facility Administrator                                      Date