



183 Leader Heights Road  
 P.O. Box 2726  
 York, PA 17405  
 800.233.1957 or 717.741.0911  
 Fax: 717.747.7021

## SENIOR LIVING COVID-19 SUPPLEMENTAL APPLICATION

**Name of applicant (legal name):**

Has the organization developed a comprehensive COVID-19 response plan including the use of the CDC's recommended COVID-19 Planning Checklist?	Yes	No
How many residents have tested positive for COVID-19? What was the date of the most recent positive test?		
How many resident deaths have occurred due to COVID-19? Which level of care experienced deaths due to COVID-19 (e.g., Skilled nursing, assisted living, independent living)? What was the date of the most recent resident death?		
Provide any known details on how residents may have contracted COVID-19?		
How many staff members have tested positive for COVID-19? What steps are taken once a staff member tests positive?  What was the date of the most recent positive test?		
Has the organization implemented the following protocols for all staff members? Daily fever and respiratory symptom screenings, monitor staff travel out of state and confirm they have not been in contact with anyone outside of work who has tested positive?	Yes	No
Are records of the above screening questions maintained?	Yes	No
What are the guidelines for requiring mandatory staff quarantine?		
What is the contingency plan for a staffing shortage?		
Has the organization implemented the following precautions at all facilities? Visitor restriction, not including compassionate care measures, such as end of life situations?	Yes	No
Volunteer and non-essential healthcare personnel restrictions?	Yes	No
Cancellation of all group activities and communal dining?	Yes	No
For anyone entering the organization's premises has the organization implemented fever and respiratory symptom screenings, monitoring of travel out of state and confirmed no contact with anyone outside of work who has tested positive?	Yes	No
Are records of the symptom screenings kept?	Yes	No
Describe any additional precautions being taken at this time.		
Provide details on any "No" responses to the above questions.		

What protocols are implemented when a resident tests positive or presents symptoms of COVID-19?

Is the resident placed in a private room with their own bathroom? Yes No

Is the health department immediately notified? Yes No

If a resident requires a higher level of care and/or the facility cannot fully implement all recommended precautions, is the resident transferred to another facility? Yes No

What steps are taken to monitor other residents and staff that may have been in contact with the resident?

Describe any additional precautions being taken at this time.

Provide details on any "No" responses to the above questions.

Have any buildings been repurposed for use under the PREP Act (Public Readiness and Emergency Preparedness Act or Defense Production Act)? Yes No

If yes, please provide details on how the repurposed building is being used.

Is the organization participating in any type of COVID-19 cohort arrangement with other senior living facilities? Yes No

If yes, please provide details: