

HEALTHCARE COMMUNITY STATUS UPDATE

DATE: _____

Phase as of today's date:	
Phase 0: Any facility with an active outbreak of COVID-19, as defined by the Communicable Disease Service (CDS), per the COVID-19 Communicable Disease Manual chapter, any facility that cannot attest to criteria to advance phases, and all facilities if New Jersey is in maximum restrictions per the Road Back to Recovery	Skilled Nursing Assisted Living
Phase 1: Facilities that never had an outbreak or that concluded an outbreak and 14 days have passed since New Jersey moved to Stage 1 (May 2, 2020) of the Road Back to Recovery and the facility has submitted all the required attestations	Skilled Nursing Assisted Living
Phase 2: Facilities that never had an outbreak or that concluded an outbreak and 14 days have passed since New Jersey moved to Stage 2 (June 15, 2020) of the Road Back to Recovery and the facility has submitted all the required attestations	Skilled Nursing Assisted Living
Phase 3: Facilities that never had an outbreak or that concluded an outbreak and 14 days have passed since New Jersey moved to Stage 3 (DATE TBD) of the Road Back to Recovery , and the facility has submitted all the required attestations	Skilled Nursing Assisted Living

Visitation policy as of today's date:		
Outdoor Visits Only: by appointment, with restrictions, and weather permitting	SN	AL
Indoor and Outdoor Visits: by appointment, with restrictions, and/or weather permitting	SN	AL
Unrestricted Visits	SN	AL
To schedule an appointment for a visit, contact the following individual(s): _____ at _____		

Dining policy as of today's date:		
In-Room Dining Only	SN	AL
Indoor Communal Dining with Social Distancing	SN	AL
Outdoor Dining Offered	SN	AL

Recreation and Socialization policy as of today's date:		
1:1 Activity in Resident Rooms	SN	AL
Small Group Activities with Social Distancing	SN	AL

Communications: Our community provides regular updates to residents and families via an email and text notification system. If you would like to be included, contact:
_____ at _____

Phone Number for Urgent Issues/Complaints: _____