

Reopening Plan Attestation for SL Bella Terra, L.L.C.

SL Bella Terra, L.L.C. – [Facility License #65A008 – Phased Reopening Attestation – Entering Phase # 1

I, Frank Evegán, of full age, hereby certify that I am employed with SL Bella Terra, L.L.C. License # 65A008 in the capacity of Executive Director that I am duly authorized to make the representations contained within this attestation on behalf of SL Bella Terra, L.L.C. and to bind SL Bella Terra, L.L.C. thereto; I attest that the facility has implemented all the requirements set forth in Section (I) (3) to (11) of Executive Directive No. 20-026 to advance to PHASE 1 and SL Bella Terra, L.L.C. currently:

- a. Has an “Outbreak Plan,” as required by N.J.S.A. 26:2H-12.87, and the plan is posted on the facility’s website for public view. The plan includes effective communication methods to notify patients/residents, their families or guardians and staff about any infectious disease outbreaks and includes strategies and methods for virtual communications in the case of visitation restrictions, at a minimum on a weekly basis;
- b. Is not experiencing a staffing shortage, is not under a contingency or crisis staffing plan and has a documented plan for securing additional staff in case of a COVID19 outbreak among staff as part of the facility’s “Outbreak Plan;”
- c. (CMS certified facilities only) has a documented communication plan and is informing residents, their representatives, and families of the residents by 5 p.m. the next calendar day following the subsequent occurrence of either: each time a single confirmed infection of COVID-19 is identified, or whenever three or more residents or staff with new-onset of respiratory symptoms occur within 72 hours of each other, in accordance with CMS rule 42 CFR §483.80(g);

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- d. Is prominently displaying on their website and/or social media platforms and including in communications to families, guardians and the public, a phone number or method of communication for urgent calls or complaints; and
- e. Is meeting testing and data reporting requirements of residents and staff as outlined in NJDOH E.D. 20-026.

Signature: _____ Date: _____, 2020

Name (Printed): Frank Evegán

Email Address:

Facility Name and Address:

Phone Number:

License Number:

Title: Executive Director

FEvegán@SeniorLifestyle.com

SL Bella Terra L.L.C.

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65A008

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