

LTC Reopening Plan Application Template

Date	
Facility	
Contact Name	
Contact's Phone Number	
Contact's Email	

Request to move from Stage _____ to Stage _____

Stage 2 Requirements (all must be checked/completed):

- ☐ No new facility-onset COVID-19 positives among residents for the last 14 days
- ☐ PPE supply for 30 days
- ☐ Attach line list of COVID-19 positives
- ☐ No staffing shortages
- ☐ Referring hospitals have bed capacity

Stage 3 Requirements (all must be checked/completed):

- ☐ No new facility-onset COVID-19 positives among residents for the last 28 days
- ☐ PPE supply for 30 days
- ☐ Attach line list of COVID-19 positives
- ☐ No staffing shortages
- ☐ Referring hospitals have bed capacity

Narrative plan including measures that will be taken to successfully move into desired stage:

Describe facility's decision for meeting requirement of support person needing to be tested:

Describe location and plan to disinfect visitation area:

DHCQ Reviewer	
Date approved	