



ED Plan of Operation



***Purpose –** If you plan on being out of your building for more than three days, you must submit your plan of operation that is approved by the home office. It must be complete and approved prior to your absence. This is to ensure that business is handled while you are away. Not doing so could result in a write-up and/or termination. This plan will be given to all departments to ensure clear communication

Dates of absence requested: _____

Point of contact for family concerns: (Plan A) _____ (Plan B) _____

Point of contact for resident concerns: (Plan A) _____ (Plan B) _____

Point of contact for staff/home office concerns: (Plan A) _____ (Plan B) _____

Point of contact cell number: (Plan A) _____ (Plan B) _____

Who is responsible for staff call-offs: (Plan A) _____ (Plan B) _____

What is the plan if there is no coverage for call-offs? _____

Have you notified all families, residents, and staff of your upcoming absence? Y N

Does everyone know who to contact for what? Y N

Have you notified your nursing team? Y N

Who is doing tours/ assessments & move-ins in your absence if marketing is unable to? _____

Is your PTO submitted and approved? Y N

Do you have enough PTO to cover your absence? Y N

If you've asked someone to cover your building, have you met with them to hand over anything that isn't complete that will need to be completed while you are out? Y N

Have you notified the state (when applicable) Y N

Who is in charge of hiring, write-ups, and terminations while you are away? _____

***If you answered 'no' on any of the above questions, an explanation is needed.** _____

ED Signature & Date

(A)Main Point of Contact or On Call Signature & Date

(B)Main Point of Contact or On Call Signature & Date

Office approval: _____ Date: _____