

## Implementation Plan for Reopening In Accordance with the Pennsylvania Department of Health's Interim Guidance for Skilled Nursing Facilities During COVID-19

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department.

FACILITY INFORMATION	
<p>This section contains the name and location of the facility along with contact information for an individual designated by the facility. That individual does not have to be the Nursing Home Administrator but should be someone available to respond to questions regarding the Implementation Plan.</p>	
<p><b>1. FACILITY NAME</b></p> <p>Lancashire Hall Nursing and Rehabilitation Center</p>	
<p><b>2. STREET ADDRESS</b></p> <p>2829 Lititz Pike</p>	
<p><b>3. CITY</b></p> <p>Lancaster</p>	<p><b>4. ZIP CODE</b></p> <p>17601</p>
<p><b>5. NAME OF FACILITY CONTACT PERSON</b></p> <p>Everton Fider, NHA</p>	<p><b>6. PHONE NUMBER OF CONTACT PERSON</b></p> <p>717-569-3211</p>

DATE AND STEP OF REOPENING	
<p>The facility will identify the date upon which all prerequisites will be met for reopening and the Step at which the facility will enter reopening. Those facilities that experienced a significant COVID-19 outbreak will identify the date the Department of Health survey was conducted (that is required prior to reopening).</p>	
<p><b>7. DATE THE FACILITY WILL ENTER REOPENING</b></p> <p>July 24, 2020</p>	
<p><b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b></p> <p><input type="checkbox"/> <b>Step 1</b>  <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i></p> <p><input checked="" type="checkbox"/> <b>Step 2</b>  <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i>  <b>AND</b>  <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i></p>	

## DATE AND STEP OF REOPENING

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

Yes, in April and May 2020

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

June 16, 2020, findings of the survey revealed no deficient practice

## STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

To ensure the facility has taken appropriate measures to protect residents and staff, descriptions of those strategies are required in this section (prerequisites to reopening).

11. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN MAY 24, 2020 AND JULY 24, 2020) IN ACCORDANCE WITH THE JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH

Universal testing completed on 5/19, 5/20 and 5/21/2020 and has been conducted weekly through 6/23. Last positive resident case was on 6/3 and the last positive employee case was identified on 6/9. The facility achieved 14 days with no new positive resident or employee cases as of testing on 6/23. Facility initiated bi-weekly testing which was completed on 7/14/20. Facility resumed weekly testing on 7/21/20 in accordance with new CDC and CMS guidance on 7/17/20 regarding weekly testing of employees. There are no current positive cases.

12. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS

Lancashire has a contractual relationship with a commercial lab for weekly testing and has access to testing kits to complete testing of symptomatic residents within 24 hours. We also have capability to have testing done through our local hospital provider as needed.

13. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK

The facility has the capacity to administer tests to all residents and staff through our contractual relationship with a commercial lab.

14. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF

The facility has the capacity and has been testing staff weekly since the week of May 22, 2020. Last round of weekly testing was completed on July 21, 2020

15. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

Non-essential staff and volunteers, if in the facility three or more days per week, will follow the same procedure as staff for testing.

16. DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED

Staff who decline or unable to test will be removed from the schedule. Residents who decline or are unable to test will be placed in a Yellow Zone and treated as potential exposure according to facility policy.

**STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING**

**17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH PA-HAN-509 PURSUANT TO SECITON 1 OF THE INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19.**

The facility has a policy for cohorting of residents who are diagnosed with COVID-19 according to DOH guidance in PA-HAN-509. Confirmed positive residents are placed in a Red Zone. These residents are separated from non-COVID positive residents. Staff are instructed to follow full transmission based precautions to include full use of PPE. Only essential staff are permitted on the unit. No visitation is permitted. No communal dining and no group activities permitted. Staff will schedule virtual visits to maintain contact with families. Residents who go out of the facility such as transfer to the hospital, are placed in a Yellow Zone upon return. The hospital must provide evidence of a negative COVID-19 test prior to re-admission. The resident remains on the Yellow Zone with isolation precautions until 14 days with no evidence of symptoms. If the resident would develop symptoms, testing would be completed immediately and if positive, the resident would be moved to a Red Zone. The facility designates dedicated staff on Red Zones to prevent cross contamination. The facility has an extensive cohorting plan in place.

**18. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)**

The central supply person provides a daily list of available PPE to ensure adequate supply and for planning purposes. The facility has established a one week emergency supply of PPE to address potential future shortages. The facility communicates the supply volume with the Wilmac Corporate purchasing staff to ensure coordination of requests for additional supply as needed. The corporate purchaser keeps a stock of critical PPE to share with the facilities. The Corporate Purchasing staff maintains communication with multiple company vendors and suppliers.

**19. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES**

There are no current nursing staffing shortages. The facility scheduler monitors daily PPDs and reviews/reports on future staffing needs each morning. Administrative support staff have been trained in the AHCA NA course and have filled in during past staffing crisis when the facility experienced an outbreak that left staffing vacancies. Nursing administrative staff (office nurses) were trained on med carts to cover for potential licensed staff vacancies during an outbreak. The facility used these nurses in the past when there were multiple nurses out due to testing or due to illness. The facility is prepared to implement these measures again. Use of these measures kept the facility from dropping below the state minimum staffing levels during our outbreak in April 2020. The facility is confident in its preparedness to address a staffing crisis should there be another outbreak. The facility also has a Crisis Staffing Policy in place.

**20. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN**

If Lancsater County is reverted by the Governor to a Red Phase, the facility will revert to all previous Interim Guidance restricting communal dining, group activities, outside visitors, volunteers and non-essential staff. Should this happen, facility staff will be designated to make phone calls or written correspondence to all individuals, including families, staff and residents alerting them of the change. This information will be posted on the facility website. Families, residents and staff have been informed via website and written correspondence that this potential exists so that they are prepared in advance.

## SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus.

### 21. RESIDENTS

Residents vitals including temperature checks are done daily. Each resident is also monitored for any signs or symptoms of COVID-19. If residents exhibit signs or symptoms, they are tested and placed in a Yellow Zone until results are received. If a resident has a positive result, they are moved to a Red Zone.

### 22. STAFF

Staff are screened daily prior to the start of his/her shift. The screening includes active temperature monitoring and completion of the questionnaire. Screening takes place at the main reception area for staff working evening shift. Day shift and night shift staff are screened at the back employee entrance prior to the start of their shift. Any employee presenting with positive symptoms is required to leave. Any such employee must report to their health care provider and receive medical clearance to return to work.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Health Care Personnel who are not staff (physicians, nurse practitioners, lab and x-ray techs, et..) are screened at the main reception area. The same rules apply as for the facility staff. Anyone who presents with signs or symptoms is asked to leave, see their health care provider and receive medical clearance to return to the facility. A letter was also sent to health care partners (Podiatry, Psychiatry, Wound Care, Dental, Barber/Beauty, etc...) who have not been coming to the facility during the pandemic requesting they provide verification of a negative test within a week of their return to the facility. We have included the outside health care personnel in our weekly testing. We will continue to screen health care personnel each time they come to the facility.

### 24. NON-ESSENTIAL PERSONNEL

Non-essential personnel have not yet been permitted to return to the facility, i.e. barber/beauty. However, they did receive a letter requesting that they provide a negative test within one week of return to the facility. They will be included in the weekly facility testing if they are working in the building three or more days a week. They will also be required to be screened at the front reception area prior to entering the facility. If non-essential personnel present with signs or symptoms, they will be asked to leave and see their health care provider. They will be permitted to return when they have medical clearance.

### 25. VISITORS

Visitors will have a designated "Visitor Registration Area" set up in the front lobby with a designated staff person completing the formal screening process. This will be a separate screening area than the front desk receptionist who is conducting screenings of staff and health care personnel. Visitors who refuse the screening will be refused entry to the facility. Visitors who present with symptoms will not be permitted entry to the facility. They will be directed to see their health care provider and may return when they provide the facility with medical clearance.

### 26. VOLUNTEERS

Currently, there are no volunteers. However, volunteer screening will be completed in accordance with established facility staff protocols for screening. Volunteers who assist in the building three or more days a week will be included in the weekly staff testing.

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

**27. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**

Communal dining resumed on July 15th in the main dining room. There is ample space in this area to arrange tables in groups to allow two individuals to sit at a long table at either end of the table to allow for six feet of distance between the residents. Residents will enter through the main doors of the solarium/dining room. A hand sanitizer station is set up at the entrance and a staff member will greet the residents as they enter the dining area. The residents will wear cloth masks as they travel through the building and to enter the dining room. The staff member will take the residents' temperature prior to entry and provided resident is afebrile, staff member will instruct the resident to use hand sanitizer prior to being escorted to his/her table. Taking temps prior to entering the dining room is an added precaution and does not substitute the resident screenings completed by nursing staff each day. Staff assigned to dining room will wear masks and face shields/goggles in accordance with current facility PPE practices. The dining staff will serve from the steam table as per pre-COVID process. Staff members assigned to the dining room will take resident orders, provide drinks and obtain food from the dining staff to serve residents at the tables. Staff will sanitize their hands between serving each resident. Additional hand sanitizing stations have been set up throughout the dining room. A hand washing sink is available for staff to wash their hands when their hands become visibly soiled. When meal service is complete, the residents will exit through the main entrance, again sanitizing their hands before returning to their assigned units.

Those residents who do not eat in the dining rooms will continue to receive tray line service in their rooms. On 7/21/20, the Rehab and Baker Dining rooms were opened for communal dining. Rosemont dining room resumed group dining on 7/22/2020. Each dining location has its own separate plan based on the size of the dining room, number of residents and availability of space to meet the social distancing requirements.

**28. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING**

Tables are grouped in a manner to create six feet or more of space between two residents who will sit at opposite ends of the tables.

**29. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF**

Staff will be required to wear masks and face shields/goggles in accordance with current PPE practices throughout the facility. Staff will be required to sanitize hands between serving of each resident.

**30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**

Six foot distancing is marked for tables. Residents enter one at a time maintaining social distancing and wearing a mask to enter the dining room. Staff are assigned to greet the resident, take temperatures, allow entry if there is no fever, instruct the resident to use hand sanitizer and escort the resident to his/her table. Staff take the residents's orders (wearing aforementioned PPE), provide drinks and obtain meal from dining staff serving at the steam table. Staff have been instructed to sanitize hands between serving of residents. Signs are posted at entrance to dining room reminding residents to wear masks, sanitize hands, maintain six foot of distance and to sneeze/cough into their elbows. Floor signs are placed to designate six feet between staff and residents. Signage indicates one door as entrance to dining room and the other as an exit. Hand sanitizer stations are well marked at entrance/exit.

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In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

**31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**

Limited activities with social distancing with five or less residents will occur in Step 1. Outside small group activities are preferred weather permitting. There is ample space to accommodate six feet of social distancing in the courtyards. Courtyards have covered gazebos to protect from the sun or rain. The gazebos have been set up to accommodate two to three individuals with physical barriers to enforce social distancing. Activities may be held in the solarium which has ample space to permit six feet of social distancing. Hand sanitizer stations are available in outside and inside designated areas. Floor signs designate six feet of space between residents. Universal masking is required at all times during small group activities, even when outside. Staff will avoid using items that require multiple residents touching them. Activities will be geared to eliminate the use of items that require touch; i.e. Trivia, sing-a-long, chair exercises, etc... However, if single use items are used for activities, such as bingo, books, cards, etc... they will be cleaned and sanitized upon completion of the activity. All surfaces will be cleaned and sanitized after each program. The activity area will be cleaned and sanitized at the end of each program.

**32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)**

Limited activities with social distancing and universal masking for residents in groups of no more than 10 will occur in Step 2. Outside small group activities are preferred weather permitting. There is ample space to accommodate six feet of social distancing in the courtyards. Courtyards have covered gazebos to protect from the sun or rain. The gazebos have been set up to accommodate two to three individuals with physical barriers to enforce social distancing. Activities may be held in the solarium which has ample space to permit six feet of social distancing. Hand sanitizer stations are available in outside and inside designated areas. Floor signs designate six feet of space between residents. Universal masking is required at all times during small group activities, even when outside. Staff will avoid using items that require multiple touch by residents. The activity area will be cleaned and sanitized at the end of each program. Activities will be geared to eliminate the use of items that require touch; i.e. Trivia, sing-a-long, chair exercises, etc... However, if single use items are used for activities, such as bingo, books, cards, etc... they will be cleaned and sanitized upon completion of the activity. All surfaces will be cleaned and sanitized after each program. The activity area will be cleaned and sanitized at the end of each program.

**33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

Group activities will occur in Step 3. The staff will continue to ensure universal masking, social distancing, and cleaning and disinfecting between all group programs. Activities may be scheduled at multiple times to allow for spacing, supervision, and to ensure hand sanitizing as well as universal masking. Activities will be geared to eliminate the use of items that require touch; i.e. Trivia, sing-a-long, chair exercises, etc... However, if single use items are used for activities, such as bingo, books, cards, etc... they will be cleaned and sanitized upon completion of the activity. All surfaces will be cleaned and sanitized after each program. The activity area will be cleaned and sanitized at the end of each program.

**34. DESCRIBE OUTINGS PLANNED FOR STEP 3**

Outings will be limited to the number of residents and staff that can safely be managed in terms of social distancing requirements. Outings may include banking, shopping, ice cream, etc... Consideration will be given to the number of residents who can safely be accommodated with social distancing requirements in the facility van. The staff may need to accommodate multiple residents by staggering outings and offering multiple options to include all residents that are interested in participating. Universal masking will be required. Hand sanitizer is available for resident and staff use during the outing. Staff are responsible for supervising to ensure compliance with hand sanitizing, mask use and social distancing during the outings.

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.

**35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**

Non-essential staff have not been permitted at Step 2 for this facility.

**36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3**

Non-essential personnel include the beautician, members of the clergy and outside entertainers. These individuals will be permitted to return to the facility in Step 3. They will be required to follow staff protocols for screening and weekly testing. Weekly testing will occur for those non-essential personnel who will be working in the facility three or more days a week (i.e. the beautician). Non essential personnel will be required to follow protocols for PPE use, infection control measures, and social distancing. The beautician will be required to follow guidance of the PA Board of Cosmetology regarding precautions for COVID-19. The facility administrator has a copy of this guidance and will review with the beautician prior to resuming service in the facility. The beautician will be responsible for ensuring cleaning and disinfecting between residents. The beautician will be required to follow all facility protocols regarding PPE use, social distancing and infection control practices. Non-essential personnel will receive education prior to resumption of service. Records will be retained by the facility to demonstrate completion.

**37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Any residents exposed to COVID-19 are cohorted on a Yellow Unit. These residents will not participate in communal dining, group activities, or be permitted to leave the unit until it is determined that they are not infectious. Facility policy is written in accordance with CDC and DOH guidance for this determination. Limited staff are assigned to the Yellow Zone, non-essential personnel are not permitted on this unit to decrease potential for exposure. Non-essential Personnel will not be permitted in any Red Zones (active positive cases). All zones are well marked with signs.

**VISITATION PLAN**

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

**VISITATION PLAN**

**38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Visits will be scheduled by unit Monday, Wednesday, Thursday and Friday. No visits will be scheduled on Tuesdays as that has been designated the scheduled facility testing day. Visit will be at 10 AM, 11 AM, 2 PM and 3 PM. Each visit will last a half hour and then there will be a half hour between the next visit to allow time for disinfecting and sanitizing the visitor area. Visits will be scheduled outside in the Appel/Rosemont Courtyard. There will be two visitors/residents permitted in the courtyard at each designated time slot. Visits will be held in each gazebo, there is one on each end of the courtyard providing more than six feet of social distancing between the two sets of visitors. Each visiting area is set up with chairs or benches so that visitors and residents remain six feet apart. Signage for reminders and markers are placed throughout as visual reminders. Both residents and visitors will wear surgical or cloth masks. Visitors will complete an informed consent, infection control education and return demonstration for competency related to PPE use and proper hand washing.

**39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Visitation days have been assigned to each unit. This is the same schedule that was used for the virtual and window visits. Monday-Rehab, Wednesday-Rosemont, Thursday-Baker and Friday-Appel. Families are instructed to contact the Therapeutic Recreation or Social Service staff to schedule visits.

**40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**

An EPA approved disinfectant will be sprayed on benches and cushions between visits. All surfaces will be wiped down. All PPE will be discarded and or removed prior to the next scheduled visitation.

**41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**

Two visitors per resident will be permitted for each resident based on the available space to maintain social distancing.

**42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Each unit is assigned a day. Families will call to schedule the visits and they will be scheduled on a case by case basis. If there is a critical need due to emergency situation, the facility staff will work directly with individuals involved to accommodate the needs based on the situation.

**43. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)**

Only those residents who are not in Yellow or Red Zones (potential or actual exposure to COVID 19) will participate in outside visits. Residents in these areas will have virtual or window visits and compassionate visits per facility policy. Outside visits will be permitted for residents in Step 2. The same process will be followed as established for Step 3 in which all precautions are in place. See item 38.

**44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE**

See items 38 and 46.

**45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**

There are two gazebos in the courtyard which are physically distanced by more than six feet. Visual barriers are strategically placed as reminders for residents and visitors to remain on their side of the courtyard during the visits. Physical barriers are placed between the residents and visitors in each gazebo area to maintain six feet of physical distance. Visitors are provided with and sign off on rules for the visits at the registration area. Staff will be present at all times to supervise visits.

**46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE**

**STEP 2**



## VISITATION PLAN

### WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE

Indoor visitation space will be set up in the main lobby area during inclement weather. Seating will be arranged to maintain six feet of space between individuals. Floor signs will provide reminders to maintain distance. Visual barriers will be strategically located to separate visitation space. Signage is available at the entry way which directs visitors first to the Visitor Screening Area. Upon completion of screening, TR and/or SS staff will greet the visitors, provide education and have a signed return demonstration infection control and PPE competency prior to the visit. Visitors will sanitize their hands and sign out prior to exiting the building through the main entrance area.

#### 47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS

Visual barriers are strategically located to separate visitation space. Signs are posted at the front entrance stating that masks are required to enter the building. There are masks placed at the front entrance for those visitors who do not have their own masks. Signage is posted at the entry way which will direct visitors first to the Visitor Screening Area. Floor signs provide reminders and are measured to equal six feet of physical space. TR and/or SS staff will escort the visitor to the visitation area upon completion screening of education. Staff will be present to supervise visits.

#### 48. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 3 (CONSIDERING SUCH SAFETY FACTORS AS TRANSPORTING RESIDENT TO VISITOR LOCATION)

Residents who have not had an exposure (i.e. not residing on a Yellow Zone) will be permitted to have visits as established under Step 3. Residents who are on Yellow or Red Zones will not participate in visits. However, staff will set up virtual visits or window visits to accommodate these residents. The facility has had this plan in place and successfully utilized this option to keep residents connected with families/loved ones during the pandemic. The facility has an established policy/procedure already in place to address infection control, PPE use, sanitizing, and an established schedule assigned by day/unit. As the in person visits occur, staff will need to be assigned to conduct the window and virtual visits while other staff conduct and coordinate the in person visits.

#### 49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52

Yes, see item 38

#### 50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

This is explained in detail in items 38 and 46.

#### 51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

Same, see item 38.

#### 52. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

Same, see item 46.

#### 53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

Same, see item 46.

#### 54. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM

Staff have identified a list of potential residents who are not able to safely be transported to the visitation area. They have contacted families to discuss visitation options. Residents who do

STEP 3

## VISITATION PLAN

not have a roommate may have a room visit. Staff will be responsible for completing the screening, education and return demonstration competency for PPE use and infection control measures. The visitor will be escorted by staff to the resident room to ensure that travel throughout the facility is limited only to that designated area. Visitors will be permitted to visit for a half hour, same as the outdoor visits. Staff will supervise to ensure that PPE use, infection control measures and social distancing rules are followed. Upon completion of the visit, staff will clean and disinfect surfaces and will escort the visitor from the designated visitation area to the exit to ensure that travel is limited from the visitation area. For those residents who have a roommate, staff will identify a safe visitation area to conduct a visit. If roommate is able to leave the room during the visit, the visitation will occur as stated above. If the roommate is not able to leave the room, the staff will work with the resident and family to coordinate either a virtual or window visit.

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

**55. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

Volunteers will follow the same protocols as staff regarding all infection control requirements, PPE use, screening and testing weekly. Volunteers will not be permitted on Yellow or Red units to prevent contact with potential or actual COVID-19.

**56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**

Volunteers in Step 2 will only be used for the purpose of assisting with outside visits as described in item 38. Volunteers are required to follow the same protocols as staff regarding all infection control requirements, PPE use, screening and weekly testing.

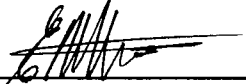
The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

**57. NAME OF NURSING HOME ADMINISTRATOR**

Everton Fider

**58. ATTESTATION**

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria is met as described in the *Interim Guidance for Skilled Nursing Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.



\_\_\_\_\_  
SIGNATURE OF NURSING HOME ADMINISTRATOR

7/23/20

\_\_\_\_\_  
DATE