

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

FACILITY INFORMATION	
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.	
1. FACILITY NAME Spang Crest	
2. STREET ADDRESS 945 Duke Street	
3. CITY Lebanon	4. ZIP CODE 17042
5. NAME OF FACILITY CONTACT PERSON Daniel Deitzel III, Executive Director	6. PHONE NUMBER OF CONTACT PERSON 717-274-1495

DATE AND STEP OF REOPENING	
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).	
7.	DATE THE FACILITY WILL ENTER REOPENING August 17, 2020
8.	SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE) <input type="checkbox"/> Step 1 <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 June 8, 2020, Order of the Secretary of Health)</i> <input checked="" type="checkbox"/> Step 2 <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 June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
9.	HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) No
10.	DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 6/24/2020

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

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](#)

6/10/2020 (initial round) to 7/2/2020 (completion of 2nd round)

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

All residents are monitored daily for COVID-19 symptoms and a temperature check. We have swabs available and can provide the testing 24 hours a day by RN Staff Supervisors. We have contractual relationships with Wellspan Health and Clarity Labs.

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

We have contractual relationships with Wellspan Health and Clarity Labs. Swabs have been available from our commercial laboratory upon request.

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

We have contractual relationships with Wellspan Health and Clarity Labs. Swabs have been available from our commercial laboratory upon request.

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

Based on availability and capacity, Spang Crest is committed to providing testing of non-essential staff throughout existing lab contracts. Volunteers will be encouraged to seek diagnostic COVID-19 testing on their own through their personal physician or clinic.

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

All residents have the right to refuse testing. If a resident refuses, resident will be provided with additional education on the benefits of testing. If resident continues to refuse, resident will be placed in isolation for 14-days within a designated yellow zone, with staff wearing appropriate PPE for the yellow zone.

LutherCare maintains a team member testing policy and staff who decline or are unable to be tested must meet with requirements of this policy for continued employment.

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 residents who are diagnosed with COVID-19 according to DOH guidance in PA-HAN-509. Confirmed positive residents would be placed in a red zone isolated from non-COVID residents. Staff will follow our infection control policy and use appropriate PPE when caring for these residents in the red zone. These residents would not be part of the reopening guidelines as outlined below.

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)

A weekly inventory of PPE is maintained by the central supply person and is available upon request. This includes gloves, sanitizer, face shields, goggles, etc.

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

We currently do not have a staffing shortage. The facility scheduler and the PC manager monitor our staffing ratios on a daily basis. We would work with our corporate HR department to manage staff from other locations as needed should a staffing shortage occur. We also have contractual relationships with multiple staffing agencies should those needs arise.

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

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 Lebanon County is reverted to a Yellow or Red Phase, all reopening steps would be halted immediately. We would use our various communication methods to alert residents, families and staff as to the changes in our reopening status. These methods include phone calls, letters, social media, website posts and our One Call telephonic messaging system.

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

Current residents are screened daily including a temperature check. New residents are tested within 48 hours prior to being admitted and again once admitted into the building. They are held in isolation until test results are obtained and held in quarantine for 14 days post-admission. Staff wear appropriate PPE during this period of time. If a resident requires a COVID-19 swab following their daily screening, that floor will be quarantined until the test results are returned. Reopening steps would also be halted for that floor until the test results are returned.

22. STAFF (includes contracted staff and attending physicians/extenders)

All staff are screened, including a temperature check, when they enter the building and when they exit the building. Any staff member not passing the screen will be asked to exit the building and be tested.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All Healthcare personnel are asked to wear PPE, including gown, mask, gloves and eye protection. Once they have donned the appropriate PPE, they may enter the building for screening including a temperature check. Those who are unable to pass the screening process are asked to exit the building and the outside vendor would be notified.

24. NON-ESSENTIAL PERSONNEL

Upon implementing our reopening plan, all non-essential personnel will be screened including a temperature check when they enter the building and when they exit the building. Any personnel not passing the screen will be asked to exit the building. They will be asked to wear a mask and social distance for the time they are in the facility.

25. VISITORS

Upon implementing our reopening plan, all visitors will be screened including a temperature check when they enter the building or prior to an outside visit. Any visitor not passing the screen will be asked to exit the building. They will be asked to wear a surgical mask and social distance for the time they are in the facility. If they do not have a surgical mask, one will be provided.

26. VOLUNTEERS

Upon implementing our reopening plan, all volunteers will be screened including a temperature check when they enter the building and when they exit the building. Any volunteer not passing the screen will be asked to exit the building. They will be asked to wear a surgical mask and social distance for the time they are in the facility.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Upon implementing our reopening plan, residents will be dining in one of 3 locations, either on the floor where they reside or in the main dining room if that is their preference. Floors will be rotated through the main dining room based on census and availability of seating. A supply of brown bags will be kept at the entrance to all dining areas as needed.

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

Tables and chairs will be arranged to include a 6-foot social distance between residents in all dining areas.

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

Hand sanitizer will be located at the entrance to each dining area. Staff will encourage residents to practice hand hygiene before and after the meal. Staff will continue to follow appropriate infection control practices in the dining areas, including wearing masks and face shields. Tables and chairs will be sanitized between each meal.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

ACTIVITIES AND OUTINGS

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)

Activities may be held in the activity room with the tables being spaced 6 feet apart. Residents will be encouraged to wear a face mask. Tables and chairs will be sanitized between each activity program. Activity staff will engage 5 or less residents in small group settings for physical, social and spiritual activities. Face masks will be collected at the end of each activity program and placed in paper bags with their names on them and kept in a designated area on each floor. Program supplies will be one-use only, whenever possible. Reusable supplies will be cleansed at the conclusion of the program or between resident touches. Activities during this phase will only include residents from one floor at a time. Elevators will be used as needed with a maximum of 2 residents with masks. Staff will encourage residents to practice hand hygiene before and after the activity.

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

Activities may be held in the activity room with the tables being spaced 6 feet apart. Residents will be encouraged to wear a face mask. Tables and chairs will be sanitized between each activity program. Activity staff will engage 10 or less residents in small group settings for physical, social and spiritual activities. Face masks will be collected at the end of each activity program and placed in paper bags with their names on them and kept in a designated area on each floor. Program supplies will be one-use only, whenever possible. Reusable supplies will be cleansed at the conclusion of the program or between resident touches. Activities during this step will only include residents from one floor at a time. Elevators will be used as needed with a maximum of 2 residents with masks. Staff will encourage residents to practice hand hygiene before and after the activity.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will resume as usual with social distancing and universal masking. Activities may be scheduled at multiple times to allow for proper spacing and supervision. Hand hygiene will be encouraged before and after each activity program. Activities during this step may include residents from different floors.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Bus trips with a maximum of 6 residents may resume as scheduled by floor and with social distancing. Hand hygiene will be encouraged before and after each outing.

NON-ESSENTIAL PERSONNEL

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

The beautician will be allowed to return in Step 2 with 1 resident at a time in the beauty shop. Universal masking and hand hygiene will be required. The beautician will complete residents on one floor per day only. The beautician will be responsible to sanitize between each resident. The beautician will be required to have a negative COVID-19 swab prior to re-entering the building and will be screened, including a temperature check upon entry and exit of the facility.

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

All members of management and shift supervisors will be responsible to ensure compliance with infection control procedures and universal masking for non-essential personnel in Steps 2 and 3.

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

Residents in Yellow or Red zones are not allowed to participate in reopening plans. All staff, residents and visitors will be educated to refrain from reopening including activities, communal dining, etc.

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.

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

Visiting hours will be held from 8:30 AM to 4:30 PM, 7 days per week. Each visit is to last no longer than 30 minutes, and there will be 15 minutes between each visit to ensure proper social distancing and sanitizing of the area.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Designated staff will be assigned to each unit to schedule these visits. The use of a common calendar will be used to schedule these visits. Each floor will be assigned a day initially as follows: Tuesday – Personal Care, Wednesday – 1st Floor, Thursday – 2nd Floor and Friday 3rd Floor. Weekends and Mondays will be used as the exception when families cannot visit at other times.

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

Designated staff will be assigned to sanitize tables and chairs between each visit.

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

2 visitors per resident will be maintained throughout the visit, not to include pets or children initially

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

Any resident triggered for a decline in condition or significant change in condition will be prioritized. Specifically those residents with disease that cause progressive cognitive decline and residents expressing feelings of loneliness and depression.

STEP 2 **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)**

Any residents who have been classified as medically stable and in a green zone will be allowed to visit. Residents who cannot physically be transported to the visitation areas will be waiting until Step 3 for visitation.

44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER,

VISITATION PLAN

	<p>THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE</p> <p>There are 3 outdoor areas for visitation, 2 areas are accessible via the main entrance without entering a resident care area. The third area is adjacent to the main dining room and can be accessed via Nowlen Street without entering the facility. Chairs, tables and shade will be provided in all outdoor areas. All outside visitation areas will have an indoor area to go to in case of inclement weather.</p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Areas will be marked using brightly colored tape and signage to ensure distancing.</p>
	<p>46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE</p> <p>The Gathering Place will be used with tables placed 6 feet apart and sanitized between visits.</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Areas will be marked using brightly colored tape and signage to ensure distancing.</p>
STEP 3	<p>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)</p> <p>Any residents who have been classified as medically stable and in a green zone will be allowed to visit.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will not be needed during step 3 unless that is a family member's preference.</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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")</p> <p>SAME</p>
	<p>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</p> <p>Visitors will be screened, including temperature check and wear full PPE (including gowns, mask, gloves, hair and foot protection and eye protection) when visiting in a resident room.</p>

VOLUNTEERS

<p>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.</p>
<p>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</p> <p>Volunteers will be screened upon entering and exiting the building for each volunteer session. Volunteers will be educated on the signs and symptoms of COVID-19 and only used to assist with residents in a green zone. Universal masking and appropriate hand hygiene will be required throughout their time in the facility.</p>

VOLUNTEERS

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

Volunteers and outside entertainers will only be allowed in Step 3.

ATTESTATION

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

Daniel W. Deitzel III

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

DATE