

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	
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 Luther Acres	
2. STREET ADDRESS 400 St. Luke Drive	
3. CITY Lititz, PA	4. ZIP CODE 17543
5. NAME OF FACILITY CONTACT PERSON Mark Kessler, NHA	6. PHONE NUMBER OF CONTACT PERSON (717) 626-1171

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 9/3/2020	
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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 <u>June 8, 2020, Order of the Secretary of Health</u>)</i> AND <i>Have the absence of any outbreak for 14 consecutive days since baseline COVID-19 testing</i>	

DATE AND STEP OF REOPENING	
9.	HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
Yes	
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	
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 <u>JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH</u>
6/12/2020 to 8/18/2020	
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 receive temperature and pulse oximetry checks Q shift, if significant change is observed, staff will report to the physician, Licensed nurses are able to perform a nasopharyngeal swab within 24-hours. Swabs are refrigerated until picked up by courier for off-site analysis. Facility has a sufficient supply of swabs to test all residents.	
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK
The Healthcare Center has the capacity to test all residents and employees. The Healthcare Center has a current relationship with Clarity Labs and LG Healthlab to perform COVID-19 testing on demand, with sufficient supply of swabs on hand to test all residents and staff. Licensed nurses collect swabs, and specimens are refrigerated until picked up by courier for off-site analysis. Universal baseline testing has been performed by Clarity Labs.	
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF
Luther Acres has a current relationship with Clarity Labs and LG Healthlab to perform COVID-19 testing on demand, with sufficient supply of swabs on hand to test all residents and staff. Licensed nurses collect swabs, and specimens are refrigerated until picked up by courier for off-site analysis. Universal baseline testing has been performed by Clarity Labs.	
15.	DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS
Based on availability and capacity, Luther Acres is committed to providing testing of non-essential staff through existing commercial lab relationships. Volunteers will be tested and cleared to work prior to working in the Health Center.	
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 quarantine for 14-days within the designated Yellow Zone (possible exposure to COVID-19), with staff wearing the appropriate PPE for that level of exposure. Luthercare maintains a "Luthercare Team Member Testing Policy". Staff who decline or are unable to be tested will not be permitted to work in the Health Center.	

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*.
- If a resident tests positive, he/she will be placed in a Red Zone room, with a labeled Red Zone sign on the door.
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 current cache of personal protective equipment is adequate. Inventory of personal protective equipment (PPE) is updated daily Monday through Friday, which consists of N95 and surgical masks, gowns, gloves, face shields, goggles, sanitizer etc. Par levels are consistent with the possibility of an outbreak throughout the Health Center.
19. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES
- Current staffing status exceeds mandated staffing requirements. Should a shortage of licensed nurses or resident care aides become imminent, Luthercare has contractual agreements with multiple staffing agencies to supplement staffing needs.
20. DESCRIBE THE PLAN TO HALT ALL REOPENING IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN
- Facility will notify families and employees of any change in plan of the reopening through the use of "One Call" and will be posted on the corporate website. Facility will convert to zoning plan in place if change were to occur.

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 will continue to be screened Q shift as well as checking temperature and pulse ox. New residents are tested for COVID-19 prior to arrival as a new admission. Any resident exhibiting symptoms of COVID-19 would automatically be placed in isolation precautions and considered a Yellow Zone per facility protocols. Yellow Zone indicates possible exposure to the virus.

22. STAFF

Staff are screened twice daily for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the NHA/DON or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Non-staff healthcare personnel are screened upon arrival and exit for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the NHA/DON or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

24. NON-ESSENTIAL PERSONNEL

Non-essential personnel are screened twice daily for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the NHA/DON or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

SCREENING PROTOCOLS

25. VISITORS

Visitors are screened upon arrival and exit for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the NHA/DON or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

26. VOLUNTEERS

Once volunteers are permitted access to the Healthcare Center again, they will be screened upon arrival and exit for signs and symptoms of COVID-19 via a daily questionnaire and temperature checks. Abnormal results are reported to the NHA/DON or shift supervisor before allowing entry into the care areas. Those who exhibit symptoms consistent with the virus are turned away to seek medical treatment/consultation.

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)

Breakfast, Lunch, and Dinner. Dining times 8:00AM, 11:15AM, 12:00PM, 4:15PM, 5:30PM. If no staggered hours are to occur, continue with regular schedule.

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

Dining room will hold four (4) rows of five (5) tables at six feet apart with 1 person per table. During breakfast there will be 1 seating with 20 residents, and during lunch and dinner there will be 2 seatings with 20 residents per seating.

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

Dining tables will be set with silverware and napkins and staff will serve drinks and condiments to residents. Staff will wear masks and faceshield, and wash hands before and after serving meals. Tables will be sanitized between uses. Residents hands will be sanitized before and after meals.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Facility will implement assigned seatings, including time and place. Once the last resident leaves dining room, each table will be sanitized before it is reset for the next seating.

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)

Activities will be conducted with five (5) or less residents unexposed to COVID-19 and will be held outdoors, in the activity room, and Agape. Activities will focus on Body, Mind, Spirit including support groups, resident council and activities specializing in physical, intellectual and emotional needs. Residents will be socially distanced at six (6) feet apart, perform hand hygiene throughout activities and are required to wear masks during entire activity.

<p>32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT)</p> <p>Activities will be conducted with ten (10) or less residents unexposed to COVID-19 and will be held outdoors, in the Holder Dining room, and Agape. Activities will focus on Body, Mind, Spirit including support groups, resident council and activities specializing in physical, intellectual and emotional needs. Residents will be socially distanced at six (6) feet apart, perform hand hygiene throughout activities and are required to wear masks during entire activity.</p>
<p>33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3</p> <p>Activities will include entertainment for all residents and will be conducted with residents unexposed to COVID-19. Residents will continue to practice social distancing, perform hand hygiene and are required to wear masks during entire activity.</p>
<p>34. DESCRIBE OUTINGS PLANNED FOR STEP 3</p> <p>No outings planned at this time.</p>

<p>In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>). In Step 3, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.</p>
<p>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</p> <p>In Step 2, Beauticians are permitted. The Beauty Shop will run at 50% capacity with a multitude of infection control precautions in place. In Step 3, Home Care companions and caregivers are permitted. The standard will be one companion/caregiver per resident per shift.</p>
<p>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</p> <p>Shift supervisors are tasked with ensuring compliance with infection control procedures and universal masking of non-essential personnel.</p>

VISITATION PLAN
<p>For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.</p>
<p>37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</p> <p>Visiting hours will be from 10AM – 6PM, Monday through Friday, and 10AM – 4PM Saturday and Sunday due to the presence of screeners only until 4PM. Each visit will be 30 minute blocks. Blocks will be 25 minutes of quality time with families and 5 minutes to sanitize area after visits.</p>
<p>38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</p> <p>Visitors will be notified to contact the Therapeutic Recreational Director and team and provide a desired visitation time. Requests for visitation time will be approved at the coordinator's discretion depending on the number of other visits at the time and space constraints.</p>
<p>39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</p> <p>Areas and seating will be wiped down in between and after visits.</p>

VISITATION PLAN	
	<p>40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</p> <p>No more than 2 visitors outside and 2 visitors inside per visit are permitted. If there are more than 2 visitors the time will be split to 15 minutes each.</p>
	<p>41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</p> <p>Visits will be prioritized on a first-come, first-serve basis, taking into consideration those residents with cognitive impairment or expressing feelings of loneliness.</p>
STEP 2	<p>42. 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)</p> <p>A collaborative team effort between IDT (Interdisciplinary Team) will determine medical appropriateness based on resident preferences, equipment needs, and weather exposure. All staff shall be responsible for providing transportation and set up needs for the outdoor visit.</p>
	<p>43. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE</p> <p>Outdoor visitation space will be the Canopy Area which is located to the right of the Healthcare Center entrance. It is a concreted patio with 2 benches that will seat 1 visitor per bench. Visitors will be screened, perform hand hygiene and be directed to the outdoor visitation space. Staff will bring resident outside once visitor(s) arrive, and all will be required to wear a mask during the entire visit. Visitor(s) and resident will be socially distanced six (6) feet away and will be monitored by staff. In the case of severe weather, families will be notified and appointments will be rescheduled.</p>
	<p>44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Clear markings on the patio floor will be placed six-feet apart in outdoor area to assist resident and visitor compliance with social distancing.</p>
	<p>45. 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 LAM Conference Room will be utilized for indoor visitation space in the event of severe weather. Visitors will be screened, perform hand hygiene and be directed to the indoor visitation space. Staff will bring resident to the conference room once visitor(s) arrive, and all will be required to wear a mask during the entire visit. Visitor(s) and resident will be socially distanced six-feet away and will be monitored by staff. In the case of severe weather, families will be notified and appointments will be rescheduled.</p>
STEP 3	<p>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>The chairs around the table in the conference room will be set-up in advance of each visit to maintain the six-foot distance between resident and visitor(s).</p>
	<p>47. 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>There are no foreseen reasons (other than end of life circumstances) for denying visitation of any resident at this step as long as they are free of communicable diseases.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51</p> <p>Outdoor visitation will be recommended whenever possible as weather permits.</p>
	<p>49. 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>

VISITATION PLAN	
50. 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.
51. 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.
52. 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.
53. 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	Not applicable at this time.

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols. In Step 3, all volunteer duties may be conducted. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.
54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS
Resident and community volunteers will be educated and trained on the various zones. Volunteers will be educated on the signs and symptoms of COVID-19 and will be asked to not enter the facility if they are experiencing any symptoms. Volunteers will be educated on the prescreening process and will be required to wear a mask during their time in the facility. Volunteers are required to perform hand hygiene and social distancing from residents.
55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2
Volunteers will transport non-exposed residents to outdoor visitation appointments and will assist in activities, including entertainment. No Resident Dies Alone program will be permitted in Step 3.

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 1-56, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 57.
56. NAME OF NURSING HOME ADMINISTRATOR
Mark Kessler

57. 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

9/2/2020

DATE