

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	
WILLIAM PENN CARE CENTER	
2. STREET ADDRESS	
2020 ADER ROAD	
3. CITY	4. ZIP CODE
Jeannette	15644
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Lisa Nicely RN	724-327-3500

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
8/3/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input checked="" 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 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

DATE AND STEP OF REOPENING

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

6/29/2020

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 [JUNE 8, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

6/24/2020 to 7/3/2020

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

Excelsa Laboratory will process all symptomatic residents within 24 hours

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

Excelsa Laboratory has agreed and has capacity to test all residents and staff in the event of an outbreak.

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

Excelsa Laboratory has agreed and has capacity to test all asymptomatic staff

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

Excelsa Laboratory has agreed and has the capacity to test all non essential staff and volunteers

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

Residents that decline testing will be placed in a yellow zone for 14 days isolation. If resident develops signs or symptoms consistent with COVID-19 testing request will be revisited for consent to test. Staff that refuse testing will be terminated. In the event staff is unable to test they will be placed on home isolation for 14 days.

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

COVID-19 positive residents will be cohorted on a designated Red Zone. All exposed or suspected residents will be cohorted on a Yellow zone.

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)

Facility will maintain a week or greater supply of PPE. Supply inventory completed at the minimum weekly. Facility continues to purchase PPE from multiple vendors. In the event facility encounters a shortage of less than a week supply a needs survey will be completed for the request of supplies from the Department of Health.

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

The facility has established an emergency staffing plan. Although the facility cannot ensure that no staffing crisis will occur, the facility continues to utilize agency staff and recruit new staff to meet the facility's needs. The facility will reach out to the Department of Health for direction and assistance as needed if staffing shortage occurs.

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

Staff will be notified of any Halt placed on the reopening via mass text, Paycom and /or in person as able.

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 are screened every shift for temperature and monitored for any signs and symptoms of COVID-19. If screening reveals any signs or symptoms the physician is notified. Resident to be tested based on physician's order. Resident would be placed on a Yellow Zone pending test result. In the event resident tests positive resident would be placed on a red zone and contact tracing completed.

22. STAFF

Staff are screened at the beginning and end of their shift for temperature and signs and symptoms of COVID-19. If signs or symptoms present during their shift or at time of exiting, staff are instructed to cease resident care/contact, alert the RN Supervisor immediately, and exit the facility. Staff with known travel to high risk areas are screened before return. Staff must meet the return to work criteria to return. Contact tracing will be completed if staff member tests Positive.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare Personnel are screened upon entering facility for temperature and signs and symptoms of COVID-19. If signs or symptoms present during their time in the facility, Healthcare Personnel are instructed to cease resident care/contact, alert the RN Supervisor immediately, and exit the facility. Healthcare Personnel Staff with known travel to high risk areas are screened before return. Healthcare personnel must meet the return to work criteria to return. Contact tracing will be completed if personnel tests Positive.

24. NON-ESSENTIAL PERSONNEL

Non-Essential Personnel are screened upon entering facility for temperature and signs and symptoms of COVID-19. If signs or symptoms present during their time in the facility, Non-essential Personnel are instructed to cease resident care/contact, alert the RN Supervisor immediately, and exit the facility. Non-Essential Personnel Staff with known travel to high risk areas are screened before return. Non-Essential personnel must meet the return to work criteria to return. Contact tracing will be completed if personnel tests Positive.

25. VISITORS

Visitors are screened upon entering facility for travel to high risk areas, temperature and signs and symptoms of COVID-19. If Visitor has traveled within past 14 days to a high risk area they will not be permitted to visit or if they present with any signs or symptoms of COVID-19. If signs or symptoms present during their time in the facility, Visitors are instructed to cease resident contact, alert the RN Supervisor immediately, and exit the facility.

SCREENING PROTOCOLS

26. VOLUNTEERS

Volunteers are screened upon entering facility for temperature and signs and symptoms of COVID-19. If signs or symptoms present during their time in the facility, Volunteers are instructed to cease resident care/contact, alert the RN Supervisor immediately, and exit the facility. Volunteers Staff with known travel to high risk areas are screened before return. Volunteers must meet the return to work criteria to return. Contact tracing will be completed if volunteer tests Positive.

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.

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

Resident meal times shall remain as were previously. Resident will have opportunity to choose lunch or dinner service in the communal dining room.

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

Tables and chairs shall be arranged to maintain 6 ft social distance and accommodate residents passing each other. One resident per table.

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

Residents shall wear a facemask to and from the dining room. Resident will have a designated table. One resident per table. Staff will continue universal masking and Hand hygiene.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

[Click or tap here to enter text.](#)

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)

In the Activity Room with 5 or less residents. Residents will be appropriately spaced to maintain Social distance of 6 ft. It will be clearly marked on the floor. Residents shall wear facemask while outside their rooms.

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

In the Activity Room with 10 or less residents. Residents will be appropriately spaced to maintain Social distance of 6 ft. It will be clearly marked on the floor. Residents shall wear facemask while outside their rooms.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

In the Activity Room with number of residents determined with ability to maintain social distance of 6ft. It will be clearly marked on the floor. Residents shall wear facemask while outside their rooms.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

No outings planned as social distance cannot be maintained for transportation.

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

Non-essential personnel shall not occur until Step 3

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 such as beautician will be allowed during Step 3 with screening and additional precautions including social distancing, hand hygiene, and universal masking. Beauty Shop will be limited to one resident at a time. Resident and beautician will be masked during the entire interaction and proper cleaning of surfaces shall be completed before another resident may be brought to the beauty shop. Education shall be provided.

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

Residents positive or suspected of COVID-19 shall be in a red or yellow zone. Residents on yellow or red zone are to remain in their rooms if possible. These residents will not be eligible for non-essential services. Beautician shall only be permitted in neutral zone and shall not be permitted on any of the units. Beautician shall utilize phone to communicate with staff. Red or yellow zones shall be marked.

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

Visitation hours will be 9:00 AM – 11:30 Am and 1:00 PM to 4:00PM Monday through Friday and Saturday 9:00Am to 11:30AM. Outdoor visits will be scheduled with the Activities Department and last 15 minutes each. Outdoor visits will occur as weather permits.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors can schedule their visitation times with the Activity Department at 724-327-3500.

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

All surfaces that have been touched by staff, resident, or visitor shall be cleansed with approved sanitation solution and allowed appropriate dry time before next visitation will be begin.

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

There will be 2 visitors permitted per resident and No children under the age of 12.

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

Scheduled visits shall be prioritized based on residents age with eldest first. Visits will only be scheduled for residents residing in a green zone.

STEP 2

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).

VISITATION PLAN

	<p>43. MD or CRNP will determine any resident that is medically stable for outdoor visitation</p> <hr/> <p>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</p> <p>Visitation shall occur under canopy at Pulmonary/Rehab entrance. Areas will be visually marked for where resident is to be seated to maintain 6 ft social distance. Visitors will pull up in their vehicle under the canopy at the Pulmonary/Rehab entrance. Visitors are asked to remain in their vehicle throughout the visit. A physical barrier shall be in place in the event visitor is unable to remain in vehicle.</p> <hr/> <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 visually marked for where resident is to be seated and the visitors are to remain in their car to maintain 6 ft social distance. Visit will be supervised by staff or facility approved volunteer to observe universal masking and social distance is maintained.</p> <hr/> <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>Scheduled visits will be cancelled as there will be no indoor visitation during Step 2.</p> <hr/> <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>No indoor visitation will occur</p>
<p>STEP 3</p>	<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>MD or CRNP will determine any resident that is medically stable for outdoor visitation</p> <hr/> <p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will continue as in Step 2</p> <hr/> <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> <hr/> <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> <hr/> <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>Indoor visits shall occur in the front lobby. Visitor will enter through the front entrance. Areas will be visually marked for where resident and visitors are to be seated with a physical barrier between the two to maintain 6 ft social distance.</p> <hr/> <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>Areas will be visually marked for where resident and visitors are to be seated with a physical barrier between the two to maintain 6 ft social distance. Visit will be supervised by staff or facility approved volunteer to observe universal masking and social distance is maintained.</p>

VISITATION PLAN

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**

Visitor will be screened at Pulmonary/Rehab entrance and escorted to residents private room. Only one visitor per resident permitted. Visit shall be for 15 minutes. Visit will be supervised by staff or facility approved volunteer to observe universal masking and social distance is maintained. Visitor will be accompanied to exit facility.

VOLUNTEERS

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**

Residents positive or suspected of COVID-19 shall be in a red or yellow zone. Red or yellow zones shall be clearly marked. Residents on yellow or red zone are to remain in their rooms if possible. These residents will not be eligible for non-essential services and will not have interaction with volunteers.

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

Volunteers may assist with screening visitors, accompanying visitors to assigned visitor station, observing and maintaining universal masking and social distancing requirements for visitation and assisting visitors with exiting the building. Education shall be provided.

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**

Heather Fello RN, NHA,LNC

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

