

**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 RoseCrest Assisted Living	
2. STREET ADDRESS 1000 Graham Way PO Box 1285	
3. CITY Mars	4. ZIP CODE 16046
5. NAME OF FACILITY CONTACT PERSON Debbie Serafine	6. PHONE NUMBER OF CONTACT PERSON 724-687-3370

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 7/14/2020	
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

N/A

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](#)

7/2/2020 to 7/10/2020

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

We have Covid-19 testing swabs on-site. Once a resident begins showing symptoms, we will get an order from our facility MD and test the resident. The test will be sent to MHS Lab.

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

We have Covid-19 testing swabs available. We will obtain an order from our facility MD and test all residents and staff immediately. Tests will be sent to MHS Lab.

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

We have Covid-19 testing swabs available. We will obtain an order from our facility MD and test all staff. Tests will be sent to MHS Lab.

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

All of our agency staff has been directed to go to Walmart or CVS by their agencies to get tested. Any volunteers will need to get an order from their PCP and go to the nearest testing site available to them.

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

We currently have not had any staff or residents decline to be tested or that are unable to be tested. If we have this occur, asymptomatic employees who refuse to take the test, may be able to work but only under the following situations: with residents that are being treated for Covid-19; only if wearing additional personal protective equipment which is over and above what is required by the DHS for direct or non-direct caregivers at the time the test is offered by RoseCrest Assisted Living and as determined appropriate by executive management.

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*.

If isolation or cohorting is required due to positive test results, the resident(s) will be isolated to their apartment. All meals will be brought to them and no other residents will be permitted to enter their apartment. Staff will be required to dress in full PPE when entering the room and take all necessary precautions to not transmit the virus to any other residents or staff.

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)

On hand we currently have 15 face shields, 98 gowns, 120 masks, and 10 cases of gloves in various sizes. If more PPE is needed, we can obtain more from our community central supply.

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

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

Currently, we are fully staffed with the use of agency personnel. If we have employees that test positive and are unable to work, we have management staff that can step in to cover shifts and we are contracted with several nurse staffing agencies.

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

All families will be called and notified that the reopening plan has been put on hold due to the county entering the red phase. We will revert back to window visits, face time, and phone calls only for residents.

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

Every resident's temperature is checked twice per day. At that time, resident is evaluated for any signs or symptoms associated with Covid-19. If screening reveals possible virus, resident will be immediately tested and put into isolation until negative results are obtained.

22. STAFF

Every employee's temperature is checked at the beginning of their shift. They are also asked the following screening questions: Have you traveled to a CDC High Risk Area? Have you had any direct exposure to a positive Covid-19 person? Have you had any indirect exposure to a positive Covid-19 person? Do you have a new cough or new/changed respiratory symptoms?

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Every person's temperature is checked as soon as they walk in the door. They are also asked the following screening questions: Have you traveled to a CDC High Risk Area? Have you had any direct exposure to a positive Covid-19 person? Have you had any indirect exposure to a positive Covid-19 person? Do you have a new cough or new/changed respiratory symptoms?

24. NON-ESSENTIAL PERSONNEL

Every person's temperature is checked as soon as they walk in the door. They are also asked the following screening questions: Have you traveled to a CDC High Risk Area? Have you had any direct exposure to a positive Covid-19 person? Have you had any indirect exposure to a positive Covid-19 person? Do you have a new cough or new/changed respiratory symptoms?

25. VISITORS

We are not currently allowing visitors but when we do, every person's temperature is checked as soon as they walk in the door. They are also asked the following screening questions: Have you traveled to a CDC High Risk Area? Have you had any direct exposure to a positive Covid-19 person? Have you had any indirect exposure to a positive Covid-19 person? Do you have a new cough or new/changed respiratory symptoms?

26. VOLUNTEERS

We are not currently allowing volunteers but when we do, every person's temperature is checked as soon as they walk in the door. They are also asked the following screening questions: Have you traveled to a CDC High Risk Area? Have you had any direct exposure to a positive Covid-19 person? Have you had any indirect exposure to a positive Covid-19 person? Do you have a new cough or new/changed respiratory symptoms?

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)

Breakfast is from 8:30am – 9:00am, lunch is from 12:30pm – 1:00pm and dinner is from 5:15pm – 5:45 pm.

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

We have our tables moved apart so that they are 6 feet from each other. Only 2 residents are seated at a table together. We do not have the ability to serve them in their rooms due to not having enough tray tables. If there were an outbreak and isolation was needed, we will obtain tray tables from our community central supply.

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

All staff are required to wear masks and gloves at all times. Staff are required to wash their hands prior to entering the dining room. All residents are required to either wash their hands with soap and water or use alcohol based hand sanitizer that is provided by staff before the meal is served.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

none

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)

Mind stretch, trivia games on TV, sing-a-longs, stretching and other similar activities that don't require touching of any items or sharing of things. These activities will be held in the Great Room or the Pebblebrook Living Room and will be done in groups of 5 residents at a time. Residents will be seated 6 feet apart from one another. All residents will have their hands washed before and after the activity and will be asked to wear a mask.

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

Same types of activities as in Step 1 but with groups of 10 residents. We will continue with social distancing, hand washing, and masks.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

We will resume some of our normal activities such as ball toss, crafting, and bringing in outside entertainment. All equipment will be sanitized prior to and after the activity and all resident will wash their hands before and after the activity. Residents will continue to wear masks and social distance. These activities will take place in the Great Room. We will still continue with activities listed in Step 1 and 2 with the smaller groups in the Pebblebrook Living Room.

ACTIVITIES AND OUTINGS

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

We will take outings with 4 residents at a time to ensure that they are properly social distancing. The bus will be completely sanitized prior to the residents getting on the bus and it will be completely sanitized once they have gotten off of the bus. The residents will wash their hands before getting on the bus and hand sanitizer will be available for them to use during the outing. When the residents return to the facility they will be required to wash their hands. Outings that will be done will be trips to the local park for a picnic lunch that we will take with us from the facility, trip to a local ice cream shop, or just a scenic drive. We will limit the exposure that the residents have with others by only going on outings that we are able to social distance them from others and don't require them to be touching multiple surfaces or things.

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

We will only be allowing 2 non-essential personnel in the building at a time. These types of personell will be contractors to fix equipment such as cable, dishwasher, HVAC system, etc. They will be screened upon entrance and their temperature taken. They will be asked to wear a mask and gloves while they are in the facility and to keep at least a 6 foot distance from the residents.

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 will be required to wear a mask, gloves and follow social distancing guidelines at all times while in the facility. Hand sanitizer will be available for them to use before and after they enter the building.

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

They will be screened upon entrance and their temperature taken. They will be asked to wear a mask and gloves while they are in the facility and to keep at least a 6 foot distance from the residents. If they do not have gloves or a mask we will provide one for them.

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 will be from 10:00am -12:00pm and 3:00pm – 5:00pm. Each visit will be limited to 30 minutes or less. Visitors will be asked the same screening questions that our staff and other personnel are asked. They will have their temperature taken, given hand sanitizer and a face shield.

VISITATION PLAN

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will be asked to call our activities staff to schedule their visit. All visits must be scheduled in advance. We will limit visits to one visit per resident per day. Visitors will be limited to 3 visits per week. This will ensure that all residents have a chance to have visitors and that all families wishing to visit have an opportunity to visit.

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

All chairs and surfaces will be disinfected prior to the first visit of the day and after each visit. All visitors and residents will either wash their hands or use hand sanitizer before and after the visit. Face shields will be required for residents and visitors.

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

2 – 2 adults or 1 adult and 1 child.

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

Since all of our residents have a diagnosis of dementia no one will be prioritized over the others. Visits will be scheduled on a first-come, first-serve basis by calling and scheduling where there is availability.

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)

All of our residents are able to have visitors safely and will be able to be transported the designated areas.

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

Visitation will occur in the front of the building. Resident will be seated on the porch and visitors will be seated on the sidewalk. Canopies have been purchased for the families to keep them shaded and out of inclement weather. Residents with visitors on the right side of the porch will go out through the front door and visitors will walk from the parking lot to the designated canopy. Residents with visitors on the left side of the porch will go out through the door on the porch and visitors will walk through the parking lot to the designated canopy.

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

The distance between the porch and the sidewalk is more than 6 feet. There is a railing and shrubbery in between so that the residents will not be able to get closer to the visitors.

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

The parlor at the front entrance will be used and visitors will come in through the front door and go straight into the parlor. The family room will also be used and visitors will enter through the door next to the family room and go straight into the family room.

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

The resident will be seated in the chair closet to the great room and visitors will be seated in chairs across the room from them. There will be 6 feet between them. In the family room the resident will be seated in a chair on one side of the room and visitors will be seated in chairs across the room that are 6 feet away.

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)

STE 3

VISITATION PLAN

All of our residents are able to have visitors safely and will be able to be transported the designated areas.

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

Yes

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")

Visitation will occur in the front of the building. Resident will be seated on the porch and visitors will be seated on the sidewalk. Canopies have been purchased for the families to keep them shaded and out of inclement weather. Residents with visitors on the right side of the porch will go out through the front door and visitors will walk from the parking lot to the designated canopy. Residents with visitors on the left side of the porch will go out through the door on the porch and visitors will walk through the parking lot to the designated canopy.

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")

The distance between the porch and the sidewalk is more than 6 feet. There is a railing and shrubbery in between so that the residents will not be able to get closer to the visitors.

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")

The parlor at the front entrance will be used and visitors will come in through the front door and go straight into the parlor. The family room will also be used and visitors will enter through the door next to the family room and go straight into the family room.

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")

The resident will be seated in the chair closet to the great room and visitors will be seated in chairs across the room from them. There will be 6 feet between them. In the family room the resident will be seated in a chair on one side of the room and visitors will be seated in chairs across the room that are 6 feet away.

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

If this occurs, visitors will be brought in through the entrance that is closest to the resident's room so that they are going through the least amount of area in the building. Visitors and resident, if able, will be provided with gowns, gloves, and masks or face shields.

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

We will not be allowing volunteers in during Step 2. During Step 3, volunteers will have their temperature taken upon entering the building and asked the screening questions. They will be required to wear a mask and to maintain social distancing at all times.

VOLUNTEERS

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

We will not be allowing volunteers in during Step 2

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

Deborah Serafine

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