

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	
St. John Specialty Care Center	
2. STREET ADDRESS	
500 Wittenberg Way	
3. CITY	4. ZIP CODE
Mars	16046
5. NAME OF FACILITY CONTACT PERSON	724-625-4725
Samantha Rapuk	

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).
6. DATE THE FACILITY WILL ENTER REOPENING
7/27/2020
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (<u>CHECK ONLY ONE</u>)
<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 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>
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
Not a significant outbreak, but we experienced one positive employee and one positive resident.

DATE AND STEP OF REOPENING

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

Click or tap to enter a date.

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).

10. 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](#)

6/23/2020 to 7/6/2020

11. 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 keep a supply of COVID tests in the building that are available to supervisors at all times. The lab also has a courier available at our request to transport specimens to the lab in a timely fashion.

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

We have contracted with MHS labs, who are able to provide us with large quantities of tests on time. When requested they deliver the test kits to the facility quickly. We are also contracted with Butler Labs in the event that MHS could not meet our needs.

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

The Infection Preventionist communicates any plans to test to Administration, and the information is disseminated down to the staff members with dates and location of where testing will take place. The facility has already completed two rounds of testing on residents and staff. This will be the final round of testing until further instructions from DOH or CMS are received or until we receive a positive result on a resident or staff member.

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

All employees in building were tested. Dietary, Activities, Maintenance, Housekeeping, Secretaries, Therapists, etc. We do not have any volunteers at this time.

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

Residents who decline must be placed on yellow units, with others that have an unknown status. If a staff member declines to be tested they must only work yellow units as per PA_HAN 509.

16. 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*.

For isolated incidents, we can isolate just the room and unit in which there is a positive case. If we were to have multiple cases, we have a designated COVID unit that we can turn into a red zone.

17. 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 Infection Preventionist and Central Supply Clerk inventory PPE on a routine basis and utilize the CDC Burn Rate Calculator. If there is a shortage or difficulty obtaining products the Infection Preventionist is made aware. To save on gowns we utilize reusable gowns that can be washed and worn again. We have also implemented reuse of some PPE (per CDC guidance) such as faceshields and N95 masks to slow the burn rate.

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

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

Currently, staffing is meeting above minimum requirements. We would follow our staffing disaster plan if a staffing crisis occurs. All staff would do alternate jobs, but never work outside their scope of practice.

19. 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

We would return to limitations, personal restrictions, and other measures to reduce the spread of COVID-19 within our facility.

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.

20. RESIDENTS

Temperatures and Pulse Oxygen levels are taken 2 times a day. If a resident were to present with signs or symptoms of COVID, the MD would be notified and testing would be done. The resident would be kept in or be put in isolation until the test results were received.

21. STAFF

Temperatures are taken prior to the start of shift. A set of questions are asked at the screening to all staff and if someone were able to answer “yes” to any of these questions, they would be instructed to call the Return-to-Work line. If a staff member were to present with signs and symptoms of COVID 19, they are asked to call the Return-to-Work line for further instruction. Staff have been notified as to the signs and symptoms of Covid and have been instructed to not come to work if they have any of these symptoms. The screening practice is monitored and updated per CDC, CMS, and DOH guidelines.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

We have asked that all non-staff members, to the extent allowable, only work in our facility and not work between facilities. These individuals follow the same screening as staff, visitors, volunteers, and non-essential personnel.

23. NON-ESSENTIAL PERSONNEL

Temperatures are taken at the entrance to the building. All of the same screening questions that we ask staff are asked. If someone were to have symptoms or answer “yes” to any of the questions, they would be asked to leave the building.

24. VISITORS

Temperatures are taken at the entrance to the building. All of the same screening questions that we ask staff are asked. If someone were to have symptoms or answer “yes” to any of the questions, they would be asked to leave the building.

25. VOLUNTEERS

Temperatures are taken at the entrance to the building. All of the same screening questions that we ask staff are asked. If someone were to have symptoms or answer “yes” to any of the questions, they would be asked to leave the building.

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

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

Residents are given the option of eating in their rooms or going to the dining rooms. Meals will be served at their regular times.

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

Tables are spaced out at least 6 feet apart. No more than 2 residents are to sit at a table at one time. Staff will wipe down tables with disinfectant after each meal. Residents are to do proper hand hygiene, assisted by staff, before and after each meal.

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

Residents will wear cloth masks as tolerated. Staff will continue to wear their standard PPE. In addition, they will wear gloves when serving food and change them out per Infection Control guidelines.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents who require feeding assistance will be assisted by staff. If staff are assisting multiple residents they must perform hand hygiene in between each resident.

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.

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

All activities are done on an individual basis as much as possible. Staff will go room-to-room in order to do activities with residents. Staff will perform appropriate donning and doffing of PPE and hand hygiene between each room. Residents and staff can gather in groups of 5 or fewer residents. Residents will be spread out at least 6 feet apart. Hand hygiene will be done with all residents before and after the activity. Residents will wear cloth masks as tolerated. Examples of activities include: Crafts, painting, poetry, reading, social visits (resident and staff), music, puzzles, activity packets, and FaceTime calls with family.

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

Residents and staff can gather in groups of 5 or fewer residents. Residents will be spread out at least 6 feet apart. Hand hygiene will be done with all residents before and after the activity. Residents will wear cloth masks as tolerated. Examples of activities include: FaceTime calls with family, Chapel and Outdoor visits with family, outside entertainment, Bingo, crafts, poetry, reading, social visits, music, puzzles, reminiscing, trivia.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Residents and staff can gather in groups of 5 or fewer residents. Residents will be spread out at least 6 feet apart. Hand hygiene will be done with all residents before and after the activity. Residents will wear cloth masks as tolerated. Examples of activities include: FaceTime calls with family, Chapel and Outdoor visits with family, outside entertainment, Bingo, crafts, poetry, reading, social visits, music, puzzles, reminiscing, trivia.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Drives around the countryside, sightseeing, picnics in the park or other, socially distant outdoor locations

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.

NON-ESSENTIAL PERSONNEL	
<p>34. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</p> <p>Non-essential personnel will require screening and additional precautions including social distancing, hand hygiene, and universal masking. Those non-essential personnel will include people such as podiatrists, physiatrists, construction contractors, wound care</p>	
<p>35. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</p> <p>All staff, both essential and non essential, have been educated on the proper use of PPE and the importance of hand hygiene. We also require that all personnel wear face coverings and gowns while in the facility.</p>	
<p>36. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p> <p>Non-essential personnel will not be allowed into the building if we move back into phase 1 and have a positive Covid-19 case.</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>For both Phase 2 and Phase 3, visitation will be limited to the hours from 10:00am to 8:00pm Monday-Friday.</p>	
<p>38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</p> <p>All visitors must schedule their visits through the Activities Director. Please call 724-625-4712 to schedule a visit. No one is allowed to visit without an appointment.</p>	
<p>39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</p> <p>After the visit is completed, Activities staff will sanitize all chairs and tables with an EPA approved disinfectant such as Dispatch wipes. They will provide the allotted kill time prior to allowing any residents or families at the tables. Face shields will be sanitized in the same manner.</p>	
<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 three residents at a time can be scheduled for visits. Each resident will be allotted up to 3 family members per visit.</p>	
<p>41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</p> <p>Visits are scheduled on a first-come, first-served basis. Each resident is allowed to schedule 1 visit per week. Visits will be scheduled for 30 minutes per resident per week.</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>The Activities staff will give nursing a list of scheduled visits daily and the nursing staff will ensure that there are no contraindications of visiting for the resident.</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 visits only: Visits will take place outside in the habitat. Upon arrival, visitors will stop in the ambulance entrance where they will be asked a series of screening questions and have their temperature taken. Visitors will then exit the building and drive around to the back, where they will park in front of the maintenance garage. Diagonal from the maintenance garage is a ramp and 7 steps</p>

VISITATION PLAN

that leads into the habitat. Visitors will sit at the table and chairs closest to the stairs they came down. Staff will bring the resident outside. Residents and visitors will wear face shields, provided by St. Johns. Visitors must stay in the designated area and are not permitted to touch the resident. At the end of each visit, the visitors will return the face shields. In order for us to be able to this timely and be on time for the next visit, we ask that you adhere to the 30-minute timeframe for your visit and be prompt for your scheduled visit time. If it is raining or too hot, the visit can be moved to the Chapel or rescheduled.

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

The residents will be seated at a table and visitors will be seated at a separate table directly across from the residents. The tables are 6 feet long and seating between tables is 6 feet apart.

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

The chapel will be used in the event of inclement weather. Upon arrival, visitors will come into the first set of main lobby doors but not the second. Visitors will sit in the entranceway, visitors will see chairs to the left as soon as they come in. Staff will bring the resident downstairs into the chapel in the main lobby. Resident and visitors will visit between the glass window. Visitors are asked to bring a phone, so the staff can call them during the visit. This will allow for resident and visitors to hear each other. Visitors must stay in the designated area and are not permitted to enter the building.

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

Resident and visitors will visit between the glass window. Visitors are asked to bring a phone, so the staff can call them during the visit.

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)

The Activities staff will give nursing a list of scheduled visits daily and the nursing staff will ensure that there are no contraindications of visiting for the resident.

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

Outdoor visitation will continue in the same manner as it did in Phase 2.

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")

See above description of the Habitat

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")

See above description of the Habitat

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")

The Chapel will be used for indoor visitation in this Phase. Upon arrival, visitors will stop in the ambulance entrance where they will be asked a series of screening questions and have their temperature taken. They will then proceed back outside and re-enter the building through the main lobby. Visitors will proceed through both sets of double doors where they will be directed to enter the Chapel. The resident will be brought into the chapel prior to the family entering. The resident will be taken out of the Chapel after the family has left.

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")

STEP 3

VISITATION PLAN

Tables will be placed between the visitors and the resident. The tables are 6 feet long. Visitors will be required to wear a face shield (provided by facility).

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

There will be no visitation in resident rooms or outside of the designated visitation spaces.

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.

54. 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 be screened in the same way that staff are screened. Volunteers will be required to participate in an infection control and prevention educational session provided by the facility. If a resident is diagnosed with Covid, the facility will regress to Phase 1 and no volunteers will be able to enter the facility.

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

Compassionate care visits with 1 resident only.

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.

56. NAME OF NURSING HOME ADMINISTRATOR

Samantha Rapuk

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

DATE