

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	
Westmoreland Manor	
2. STREET ADDRESS	
2480 South Grande Blvd	
3. CITY	4. ZIP CODE
Greensburg	15601
5. NAME OF FACILITY CONTACT PERSON	724-830-4011
Angela Knauff, NHA	

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
7/17/2020
7. 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>
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
NO

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

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).

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](#)

6/20/2020 to 7/2/2020

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

Contract with Westmoreland Regional Hospital and Excelsa Health Physician Practices, Inc. d/b/a Excelsa Health Works Occupational Medicine

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

Contract with Westmoreland Regional Hospital and Excelsa Health Physician Practices, Inc. d/b/a Excelsa Health Works Occupational Medicine

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

Contract with Westmoreland Regional Hospital and Excelsa Health Physician Practices, Inc. d/b/a Excelsa Health Works Occupational Medicine

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

Treated same as employees through contract with Westmoreland Regional Hospital and Excelsa Health Physician Practices, Inc. d/b/a Excelsa Health Works Occupational Medicine

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

Residents who decline or are unable to be tested move to the yellow zone. Testing is a condition of employment for employees. An alternative method of testing would be utilized if medical condition warranted.

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*.

Any singular positive resident may be isolated in a private room or cohort with another positive resident which creates a red zone. The remaining potentially exposed residents would remain and turn the area to a yellow 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)

Personal Protective Equipment (PPE) is tracked daily to ensure an adequate supply is available for staff to care for positive cases as well as infection prevention practices and swabbing for testing and managing their ADL's.

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

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

The facility has consistently met or exceeded facility PPD of 2.7 and is not under a contingency staffing plan. Emergency staffing plan is in place if the need arises.

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

Residents and families would receive a Civics Plus emessage or verbal telephone alert regarding the change. Employees would receive a Code Red alert regarding the change. Visitor restrictions would be activated as follows: visitors, volunteers, non-essential health care personnel and other non-essential personnel and contractors will not be permitted at the facility. Special visitation will be granted for end of life circumstances only deemed by the physician.

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

Residents are screened every shift on each unit by the nursing staff. Screening tools are utilized to determine if symptoms and/or possible exposure is present. If warranted the resident is immediately masked and placed in isolation precautions.

21. STAFF

One entrance is designated for employees. They are screened at the beginning and end of each shift. Screening tools are utilized to determine if symptoms and or possible exposure is present. If so, they are immediately sent home to follow up with their own Primary Care Physician and Facility's Infection Preventionist.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

One entrance is designated for healthcare personnel. They are screened upon arrival and departure. Screening tools are utilized to determine if symptoms and or possible exposure is present and they are not permitted entrance to the facility.

23. NON-ESSENTIAL PERSONNEL

One entrance is designated for non-essential personnel. They are screened upon arrival and departure. Screening tools are utilized to determine if symptoms and or possible exposure is present and they are not permitted entrance to the facility.

24. VISITORS

One entrance is designated for visitors. They are screened upon arrival and departure. Screening tools are utilized to determine if symptoms and or possible exposure is present and they are not permitted entrance to the facility.

25. VOLUNTEERS

One entrance is designated for volunteers. They are screened upon arrival and departure. Screening tools are utilized to determine if symptoms and or possible exposure is present and they are not permitted entrance to 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.

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

Current meal times will remain in place.

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

To allow proper social distancing in the dining rooms, residents will all face one way with 6 feet of spacing placed between residents. Residents and staff were interviewed for preference of in room eating versus dining room. If a unit does not allow for all residents to eat at the same time per their preference, they will be offered another seating time or we will create a hybrid schedule that will allow the residents to eat at their preferred time.

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

Staff will take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating and staff who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents. Masks will be worn at all times.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

C side may also utilize the Solarium for dining if they choose. Sanitization will be performed after each meal service.

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)

Activities will be conducted on unit dining rooms with five or less residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking will take place.

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

Activities will be conducted on unit dining rooms with ten or less residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking will take place.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will be conducted on unit dining with residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking will take place.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be evaluated by the IDT upon request and ability to maintain safety and diligence in social distancing, hand hygiene and universal masking.

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	
34. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2	Deemed necessary non-essential personnel include but not limited to: contractors, 3rd party vendors/as needed, and volunteers.
35. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3	All non-essential personnel will be screened prior to entering the facility. Proper hand hygiene will take place and universal masking will be required. Masks will be made available during the screening process.
36. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19	All non-essential personnel will be restricted from entering the “red or yellow” resident areas.

VISITATION PLAN	
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.	
37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT	Visits are scheduled Tuesday and Thursday 10:00am- 12:00pm 1:00pm-2:00pm 3:30pm-5:00pm & Wednesday 10:00am-12:00pm 1:00pm-2:00pm 3:30pm-7:00pm.
38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR	Scheduling will take place through our Switchboard Operator at 724-830-4000.
39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT	EPA registered disinfectant will be utilized in between each scheduled visit.
40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?	A-1 Patio has been designated as the area where a resident and their visitors can meet and remain socially distance at six (6) feet apart from the resident. Please note that visitors that arrive together are not required to socially distance from each other.
41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED	Scheduled visits will be first come first serve due to the size of the facility. Each resident is to have an opportunity for one scheduled visit each before any second or subsequent resident visitor is to be granted. Priority for loneliness and cognitive changes will be considered.
STEP 2	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)
	Residents who are unexposed to covid-19, tolerable of weather condition with the capacity to mentally and physically tolerate transport to visitation in an outdoor space.
	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
	Visitation will be outside on the A-1 patio in areas designated. The area is accessible through the parking lot to a canopy protected patio which leads to an internal neutral zone if significant weather condition changes.
	44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS

VISITATION PLAN

	<p>Demarcations of 6ft distancing will be clearly identified and monitored by staff and or volunteer assigned along with tent like areas to provide privacy between families</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>Multi-Purpose room will have designated visitation areas as a neutral zone that is accessible from the A-1 patio for “excessively severe weather” potential.</p>
	<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>Tables that are 6 feet in length will be utilized to seat resident and visitor at a safe distance not easily disrupted and/or tent areas. Increments of 6ft will be indicated by floor markings.</p>
STEP 3	<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>Visitation is limited to residents who are unexposed.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes, as an option</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>
	<p>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”)</p> <p>Same</p>
	<p>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”)</p> <p>Same</p>
	<p>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”)</p> <p>Demarcations of 6ft will be clearly labeled for separate sitting areas for each family and resident</p>
	<p>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</p> <p>The visitor will be screened, utilize hand hygiene before and after the visitation and don a mask the entire visit as with end of life visitations.</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>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</p> <p>All volunteers will be screened prior entering the facility. Proper hand hygiene will take place and universal masking will be required. Masks will be made available during the screening process. They will not be permitted in red or yellow areas.</p>

VOLUNTEERS

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

Volunteers are allowed for the purposes of visitation protocols such as scheduling of visits, transporting (but not lifting) residents and monitoring visitation.

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

Angela Knauff

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.

Angela Knauff

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE: 7.23.2020 revised 9/14/2020