

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	
Clepper Manor	
2. STREET ADDRESS	
959 E. State Street	
3. CITY	4. ZIP CODE
Sharon	16146
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Mary K. Bennett NHA Administrator	724-981-2750 Extention 1201

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
7/27/2020
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 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>

DATE AND STEP OF REOPENING

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

NO

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

6/15/2020

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](#)

6/19/2020 to 6/22/2020

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

Any resident who would exhibit any signs/symptoms of COVID-19 will be immediately isolated to a designated Private room and be COVID tested within 24 hours. We currently contract a third party lab that gives us the capacity to complete testing.

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

If the facility experience an outbreak all staff including asymptomatic staff will be required to be tested. All residents including asymptomatic residents and any resident who would exhibit any signs/symptoms of COVID-19 would be tested immediately. We currently contract a third party lab that gives us the capacity to complete testing.

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

All staff, including asymptomatic staff will be tested. New hires will be tested and present a negative COVID prior to starting employment. We currently contract a third party lab that gives us the capacity to complete testing.

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

We do not plan on utilizing volunteers at this time. Non-essential staff and volunteers must present a negative COVID test prior to resuming activity within our building.

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

Any staff person who refuses would be sent home to self quarantine for 14 days. After 14 days if they are still asymptomatic they can return to work. Residents refusing testing will be isolated for 14 days. After 14 days if they are still asymptomatic they can return to a non-isolation status. If these resident develop fever or respiratory symptoms testing request will be re-visited with the resident or responsible party and they will remain in isolation.

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*.

Residents who have COVID-19 are placed into appropriate Transmission-Based Precautions and will be immediately isolated to a designated Private room for 14 days and remain in isolation until they have negative results of COVID-19 molecular assay from at least two consecutive nasopharyngeal swab specimens collected greater than or equal to 24 hours apart (total of two negative specimens)

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

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 facility currently has adequate PPE and continuously works all avenues to procure additional supplies to maintain par levels. The facility also has corporate support for procurement of PPE and stockpile of supplies in case the facility runs low.

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

Facility has an emergency staffing plan that it can implement if necessary that includes the use of non-certified staff assisting with meal tray delivery, bed making, etc; also the use of different staffing patterns for staff, and other staff incentives. The Facility continues our recruitment efforts to increase house staff.

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

If at any point the county reverts back to the red phase facility we immediately revert back to current restrictions. Center will notify all residents and families of the reinstatement of restrictions.

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

All residents who are admitted to the facility will be screened at the point of entry for fever and/or signs and symptoms of COVID-19 by obtaining their temperature and assessing for a dry cough, fever, and/or respiratory symptoms. Hospital paperwork will be reviewed at this time by the licensed nurse. All admissions will be placed in the dedicated Triage Room that is located closest to the point of entry to minimize exposure to resident and facility areas until the resident can be cleared or isolated based on their assessment that is located close to the entrance for new admissions. If the resident displays signs and symptoms of fever, SOB, dry cough, or on some occasions, abdominal pain, diarrhea, or an intermittent fever upon arrival they will be transported to a private room with a private bathroom or bedside commode with PPE and signage on the door. The staff and resident have the necessary PPE in place during the transport within the facility.

22. STAFF

The facility actively screen all staff for fever and symptoms of illness before starting each shift. Screening includes physically monitor temperature of staff entering the building and ask questions regarding other COVID-related symptoms, nausea, vomiting, diarrhea, abdominal pain, runny nose, and fatigue.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

The facility actively screen all essential health care personnel including therapy personnel, hospice, home care, dialysis, ombudsman, state surveyors, chaplain at end of life, mortician, etc. for fever and symptoms of illness before starting each shift. Screening includes physically monitor temperature of staff entering the building and ask questions regarding other COVID-related symptoms, nausea, vomiting, diarrhea, abdominal pain, runny nose, and fatigue.

24. NON-ESSENTIAL PERSONNEL

Non-Essential personnel are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of COVID-19. Any Non-Essential personnel that develops signs or symptoms during their shift immediately stops patient care and leaves the facility.

SCREENING PROTOCOLS

25. VISITORS

Visitation will occur outside area and will be scheduled in advance. Any visitor who is scheduled for a visit will be screened for signs and symptoms, including having their temperature taken. The screening will take place lobby and the visitor will not be permitted in the residents' areas. If they screen positive for signs and symptoms, the visitor will be asked to leave and follow up with their medical provider. They will be asked to reschedule for a different time. In order to reschedule they will have to be symptom free for 72 hours without the use of fever reducing medication and be 10 days post symptoms onset.

26. VOLUNTEERS

The facility does not use volunteers at this time

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)

Communal dining will be permitted for asymptomatic residents. There will be prescheduled times for the residents to sign up to utilize the dining rooms since each dining room can only support 7 residents per meal properly social distanced.

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

Seating arrangements will be set up so all residents will be 6 feet apart. Markers will be on the floor to indicate 6 ft to assure the furniture does not shift over time. Residents will be brought in and out of the room in a manner to maintain social distancing.

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

Staff will continue to universally wear masks throughout the meal and assist residents

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will be required to wear face masks during transport to and from the dining room

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)

Activities would be held in dining rooms that can only support 10 residents at the time. Activities would include bingo, floor specific resident council, exercise, random trivia, etc..

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

Due to the facility floor plan, space for more than 10 residents is not possible.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings would only be permitted if COVID19 is completely eliminated from the community to limit risk of resident exposure. Outings would be limited to the number of residents who can be transported while being socially distanced.

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

Clergy Podiatry Dentist Optometrist Pain Management Psychology

36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3

Anyone entering the building is educated on social distancing, hand hygiene and universal masking upon entry. A handout with this information is also available at the reception desk.

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

Non-essential personnel will not be permitted in our isolation rooms. These rooms are clearly marked stating isolation.

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

Visits will be Monday through Friday at the following times: 9:30am / 11:30am / 1:30pm / 3:30pm in an outdoor visitation space. One visit would be allowable per timeslot. If demand for visitation is higher we would expand hours and eliminate outside activities on that day. Visits would be 20 minutes each to allow time for proper cleaning and disinfecting

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Families will have access to request times for visitation based on the Visitors Schedule. This will be managed by the Activity Director. Families will receive the process for visitation scheduling during weekly family calls.

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

Activities or designee will sanitize all furniture and other areas that may have been touched during visit, utilizing approved supplies. Activities will also assist with hand hygiene with residents.

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

Center would be able to effectively manage up to 2 visitors at a time.

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

Scheduled visits will be prioritized for residents who may benefit the most from a visit from family and friends. Then visits will be scheduled based on family availability to come in

STEP 2 **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)**

Outside area is a covered area which keeps residents out of the elements. In order to transport resident safely, at minimum the resident must be able to sit in an upright position.

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 PLAN	
	Residents and families will access the side covered area next to the facility entrance. Residents will come to the main lobby, exit through the side doors and visit with families. Residents will utilize the area outside of reception area. The area will be covered utilizing a canopy.
	45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS Visit will be monitored to assure that proper social distancing takes place. Facility will also place markers on the ground to indicate 6ft of separation
	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 Indoor space would be a last resort and would only be able to accommodate one family at a time. The confenarance room area will be used and a similar path as the outdoor space using the side door to conference room. Visitors would only be in the confenarance room where no resident rooms are
	47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS 6ft table would be utilized to assure social distanced
STEP 3	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) Same guidelines as above, however residents who cannot safely transport to a neutral zone will be permitted in room visit. In room visit will only be permissible if the resident is in a private room. Visitors will be required to wear proper PPE throughout the visit.
	49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52 Outdoor visitation will be the preferred method of visitation
	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") same
	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") same
	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") same
	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") same
	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 Visitors will wear PPE and rooms will be completely disinfected by housekeeping after visit.

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.

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

Volunteers are not planned to be utilized at this time

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

Volunteers are not planned to be utilized at this time

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

Mary K. Bennett NHA Administrator

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