

## 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	
Homewood at Martinsburg	
2. STREET ADDRESS	
437 Givler Drive	
3. CITY	4. ZIP CODE
Martinsburg	16662
5. NAME OF FACILITY CONTACT PERSON	814-793-1310
Lisa Defibaugh	

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
7/12/2020
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input checked="" type="checkbox"/> <b>Step 1</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>
<input type="checkbox"/> <b>Step 2</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <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

7/1/2020

## 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](#)

6/30/2020 to 7/8/2020

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

The facility has an adequate supply of testing kits from our contracted lab provider to test upon onset of symptoms or suspected exposure within 24 hours.

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

The facility has a contracted lab provider and access to test supplies for testing within 24 hours.

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

The facility has the ability to test all staff as needed through contracted lab provider.

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

Non-essential staff employed by outside agencies will be tested by their employers. Volunteers can be tested at our facility if needed and processed by our contracted lab provider.

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

Residents that are unable to be tested will be isolated. The facility HR policy requires all staff to submit to testing as needed to continue employment. Staff who refuse testing will no longer be permitted to work.

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*.

The facility has the ability to create a "Red Zone" to cohort and isolate residents diagnosed with COVID-19.

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 facility maintains a supply of PPE adequate for isolation precautions. The Director of Purchasing provides regular shipments of PPE to the facility to ensure adequate supply in the event of an outbreak. The facility may also utilize resources from sister facilities within the organization. A weekly burn rate calculator is maintained to monitor supplies.

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

The facility is currently staffed well above the state requirement and maintains staffing at or above 4.2 PPD on a daily basis. In the event of an outbreak, the facility can utilize campus staff to provide coverage and convert to 12 hour shifts to reduce the number of staff required to operate in a 24 hour period. The facility has sufficient staff and will not fall below the state minimum of 2.7.

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

The facility will halt reopening plans and resume restrictions if Blair County should revert to Red.

## 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 each shift (3 times in a 24 hour period) for signs and symptoms of COVID-19, evaluation of temperature, pulse oximetry and potential exposures. Screening also occurs upon return to the facility from any appointment.

### 21. STAFF

All Staff are screened at the beginning of each shift for signs and symptoms of illness, temperature and potential exposure.

### 22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All Health Care Personnel are screened upon entry for signs and symptoms of illness, temperature and potential exposure.

### 23. NON-ESSENTIAL PERSONNEL

All Non-Essential Personnel are screened upon entry for signs and symptoms of illness, temperature and potential exposure.

### 24. VISITORS

All visitors will be screened prior to entry to the facility or visitation area for signs symptoms of illness, temperature and potential exposure. They must include contact information and sign out after each visit.

### 25. VOLUNTEERS

All volunteers will be screened prior to entry to the facility or visitation area for symptoms of illness, temperature and potential exposure.

## 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)

Residents are scheduled in the dining room to ensure social distancing can be achieved. An additional dining time has been added for the lunch meal on our Springfield unit to accommodate distancing.

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

All tables and seating are spaced to allow 6 feet of distancing.

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

All high touch point surfaces are sanitized before and after use. Residents sanitize hands before and after meals and wear masks to and from the dining room. Staff utilize mask, gown and eye protection when assisting residents with high potential for coughing or choking.

### 29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

We will make every effort to honor resident preference for dining either in room or dining room but must maintain distancing requirements.

## 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)

Unexposed residents will participate in small group activities of 5 or less with residents maintaining 6 feet of distance. Masking, and hand hygiene will be required. Activities will use disposable items or items that can be sanitized between use. Crafts will include individually packaged supplies with one person per table. Planned activities include trivia games, poetry readings, gardening, reminiscing, travel videos, word games, sensory experiences, history groups, daily devotions, and bible groups.

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

Unexposed residents will participate in small group activities of 10 or less with residents maintaining 6 feet of distance. Masking, and hand hygiene will be required. Activities will use disposable items or items that can be sanitized between use. Crafts will include individually packaged supplies with one person per table. Planned activities include trivia games, poetry readings, gardening, reminiscing, travel videos, word games, sensory experiences, history groups, daily devotions, and bible groups.

### 32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Unexposed residents will participate in small groups of resident interest and preferences throughout the day while maintaining required distancing. Masking and hand hygiene will be required. In addition to activities outlined in step 2, we will add movies, adapted bingo, birthday parties, baking demonstrations, exercise, crafts and church.

### 33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Unexposed residents will be offered outings in groups of 5 to maintain required distancing. Masking and hand hygiene will be required and all high touch point surfaces will be sanitized before and after each trip. Outings will include scenic rides, ice cream trips, packed lunch on the bus, drive through lunches, covered bridge tours.

## 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.

### 34. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

Beautician and salon services, Wound Care and Podiatry services.

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

Providers will be required to enter the facility at our screening station entrance and provide necessary PPE for the service type and location. Masking and hand hygiene is required. Services are limited to one resident at a time and in room service should be provided when possible. For salon services to unexposed residents, sanitation between each resident is required.

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

If the facility should have exposed residents, non-essential services would not be permitted in a red or yellow zone.

## 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.

**37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Visitation can be scheduled through the unit clerks for the hours of 9:00am to 12:00 pm and from 1:30 to 7:00 pm. Visits are limited to 30 minutes per visit and 2 visits per week. No more than 2 visitors are permitted at one time.

**38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Families may call the unit clerks to schedule a visit. Visitors will be advised that they are not permitted to come if they are experiencing any sign or symptoms of illness.

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

Sanitizing cleaner is provided at each visitation area and staff and / or volunteer will wipe down all contact surfaces before and after each visit.

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

Residents will be permitted 2 visitors at a time.

**41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**

Scheduled visitation will be prioritized for residents with diseases that cause progressive cognitive decline such as Alzheimer's, and residents expressing feelings of loneliness.

**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 in a green zone determined to be unexposed will be assessed for safety to transport to visitation area.

**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**

There are three outdoor visitation areas designated for safe and socially distanced visits. The visitation areas have coverage from weather and are located in areas that allow visitor access without entering the facility. Visitation areas are located near the unit entrances where the residents reside.

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

Seating for the visitors and residents are clearly marked with signage and pavement is marked to ensure a minimum of 6 feet is maintained. Visits will be monitored by staff or a trained volunteer.

**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**

There are 2 established visitation areas, 1 near each unit. These areas are in neutral zones with visitor and resident seating clearly marked with signage. The floor is marked to ensure a minimum of 6 feet is maintained at all times.

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

STEP 2

VISITATION PLAN	
	In addition to clear markings on the floor and placement of seating, staff and volunteers will monitor visits to ensure seating is not moved and floor markings are not crossed.
<b>STEP 3</b>	<b>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)</b>  Residents in a green zone deemed to be unexposed and showing no signs or symptoms of illness will be permitted to visit.
	<b>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b>  Outdoor visitation will continue to be offered in step 3.
	<b>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")</b>  Same
	<b>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")</b>  Same
	<b>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")</b>  Same
	<b>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")</b>  Same
	<b>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</b>  Visitor will be screened and must wear a mask and perform hand hygiene prior to being escorted to the resident room. A nonporous chair will be provided 6 feet from the resident and be sanitized by staff or volunteer before and after the 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.
	<b>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</b>  All volunteers will receive COVID-19 education prior to returning which will include prevention measures of social distancing, masking, hand hygiene, sanitation and residents zones. Volunteers will only be permitted to provide services to residents who are in designated green zones, i.e. residents who have not been exposed to COVID-19.
	<b>55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</b>  Volunteers will be allowed only for the purpose of assisting with visitation protocols with screening, social distancing, hand hygiene and masking.

## 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

Lisa Defibaugh

### 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.

*Lisa Defibaugh*

\_\_\_\_\_  
SIGNATURE OF NURSING HOME ADMINISTRATOR

July 12, 2020

\_\_\_\_\_  
DATE