

**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 Garden Spot Village	
2. STREET ADDRESS 433 South Kinzer Avenue	
3. CITY New Holland	4. ZIP CODE 17557
5. NAME OF FACILITY CONTACT PERSON Christina Rouvre-Haesler, Nursing Home Administrator	6. PHONE NUMBER OF CONTACT PERSON 717-355-6218

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 8/3/2020	
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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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

7/13/2020

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

6/16/2020 to 7/20/2020

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

All RNs in skilled nursing have been educated on proper test administration and therefore are capable to test residents within 24 hours of symptoms being exhibited and receipt of provider order. Currently we have a contract with Clarity Labs who will be supplying us with test kits through Phoebe Pharmacy.

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

A contract has been executed with a private lab, Clarity, to provide swabs and COVID-19 testing. This lab can provide assistance with universal testing of residents and staff.

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

A contract has been executed with a private lab, Clarity, to provide swabs and COVID-19 testing. This lab can provide assistance with universal testing of staff.

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

Non-essential staff and volunteers will need to be tested through their primary care physician's office or where their primary care physician indicates them to test.

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

Per HR policy, testing for staff is considered a mandatory part of the job function and therefore refusal to test is akin to notification of resigning.

Residents refusal or inability to test will result in the resident being assumed to be positive and therefore will be under quarantine measures for 14 days.

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.

Any resident that is suspected positive or confirmed positive will be isolated in their room. Their room will become a red zone.

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)

GSV currently has a base line supply of personal protective equipment in storage and supplies for a minimum of one month in the event of a full outbreak of COVID-19. An inventory list is maintained to continually review supply levels and vendors are contracted to obtain additional supplies as needed.

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

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

GSV currently has staffing levels that exceed the PA state minimal and has a contract with Mediquest Staffing to assist should GSV experience staffing shortages. Additional staff have been cross trained to provide additional nursing care support. GSV will use the online NA training program, should it be required to do so. GSV will also use the guidance from the CDC Strategies to Mitigate Healthcare Staffing Shortages.

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 Lancaster County reverts back to Red Phase, GSV will halt all reopening plans and revert back to Step 1. Residents, Resident POA and Staff will be contacted via phone with a recorded message detailing what halting reopening plans indicate for GSV. Residents will be notified through a verbal announcement and postings in Resident Households in a conspicuous location.

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

Residents are screened every shift for temperature, pulse ox and are asked and observed for possible symptoms of COVID 19. If a temperature of 100.0 or greater is noted and/or symptoms of COVID 19 are identified, the resident is placed in droplet precautions and their Provider is notified for next steps.

22. STAFF

All staff complete screening upon entering the corridor (prior to entering households). Each staff member has their temperature taken (cannot work if 100.00 or above), asked if they have any symptoms of COVID-19 (per CDC guidance), if they had possible exposure to COVID-19, requires them to use hand sanitizer and ensures they have a surgical mask on. If screening reveals they have a possible virus, they are instructed to go home and contact their healthcare provider for next steps and are not able to work until cleared by a provider.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are required to follow the same steps as all staff as indicated in #22.

24. NON-ESSENTIAL PERSONNE

Non-essential personnel are required to follow the same steps as all staff as indicated in #22.

25. VISITORS

In Step 1 there are no visitors unless under compassionate care situations. In Step 2 & 3 visitors will only be permitted outside of the households with pre-screening of visitors, hand sanitizing, masks for all individuals, and appropriate social distancing. Please note that masks must be worn properly: covering both the mouth and nose completely. Visitors are expected to keep mask on the entire visit.

If it is under a compassionate care situation, visitors (2 at a time max) are allowed to go directly to the resident's room post screening, hand sanitizing and with a mask.

All visitors will go through the same screening process as staff. Each visitor will have their temperature taken (cannot visit if 100.00 or above), asked if they have any symptoms of COVID-19 (per CDC guidance), and if they had possible exposure to COVID-19. Additionally they are required to use hand sanitizer and ensure they have a surgical mask on. If screening reveals they have possible virus, they are told to go home and contact their healthcare provider for next steps and are not able to visit.

SCREENING PROTOCOLS

26. VOLUNTEERS

In Steps 2 & 3 when volunteers are permitted to return for the purpose of visitation procedures, they will be required to follow the same steps as all staff as indicated in #22.

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)

The meal schedule will allow for residents to have breakfast at their request and/or upon arising, with lunch and dinner served at routine times. Springwood and Summerfield will have two serving times for lunch and dinner to allow for social distancing. Fallcrest and Wintergarden will continue with one serving time at lunch and dinner due to the large dining area available.

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

Tables are spaced apart for social distancing and one person is seated at a table. Roommates may be seated together but at opposite ends of the table.

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

All staff will follow appropriate infection control measures and wear masks at all times when in resident care areas.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Staff members will use hand sanitizer when switching assistance between residents. Residents will be provided the opportunity to wash their hands prior to the meal and after the meal.

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 such as reminiscing, digital visitation with families, Bible study and bingo will occur on a one-on-one basis or small group (5 or less). These activities would occur in the resident's room or a common area in their household where at least 6ft distance can be maintained between residents. In the event of bingo or similar activities, residents will be provided their own chips and card which is cleaned by staff post-use. Residents will be provided opportunities to use hand sanitizer or other measures to clean their hands. Residents are provided masks and encouraged to use them when outside their rooms.

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

As described in #31, with exception of allowing ten or less residents per group.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will occur in locations where proper social distancing can occur for those residents not exposed to COVID-19. The location will determine the size of the group based on the amount of residents in the area with proper social distancing. As stated in #31, residents will be provided masks to use when outside their rooms and will clean their hands prior to leaving and upon returning.

ACTIVITIES AND OUTINGS

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings off-campus are not anticipated at this time. Residents and staff will instead utilize the multiple shaded outdoor space areas while maintaining proper social distancing.

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

Non-essential personnel that have been determined necessary in Step 2 include beauticians, barbers, podiatrists, optometrists, and dentists, as well as other consultants. The stated disciplines have been included to ensure residents remain at the highest functioning level physically, emotionally, and spiritually. In the event of beautician and barber usage, services will be utilized as necessary for emotional health of residents, one person at time.

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

Care areas are utilizing one entrance to enter/exit from. Each team member (essential and non-essential) is required to have their temperature taken, answer a series of questions regarding symptoms and potential exposure and sanitize hands prior to entering the area. Masks are mandatory of all persons entering the campus at large and the mask must be of surgical quality when entering a Health Care area. Signs are posted at the check-in station reminding individuals to keep a minimum 6-foot social distance. When close proximity to a resident is required to provide service/care, both parties are required to wear a mask.

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

Residents potentially exposed to COVID-19 are isolated to their rooms. Yellow tape/stickers clearly identify the room and only specifically assigned team members are permitted to enter the room. Individuals are also informed visually through signage when they are entering a potentially COVID-19 restricted area. Non-essential personnel may not enter.

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 hours will occur on Mondays on the hour and last for 40 minutes (max) each between the hours of 9am and 5pm. For example, visitation will occur at 9am, 10am, 11am 12pm, 1pm and so on. After the 40 (max) minute visitation, volunteers and/or staff will have 20 minutes to sanitize the areas of visitation to ensure proper infection control. Please note that the goal will be to open up visitation to Mondays and every other Saturday after an initial period of Monday-only visitation.

VISITATION PLAN

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitation will be conducted on certain days of the week at specified times. Families and friends will be able to visit a website (www.gardenspotvillage.org/meet) in order to schedule visits. Guidelines regarding visitation will be located on this website. If a family member or friend lives a significant distance away from the facility or cannot use the website to schedule a visit, special pre-scheduled visitations can occur by contacting the Therapeutic Recreation department.

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

Between each visit, any tables, chairs, doors or high contact services will be cleaned, with the use of an EPA approved cleaner, by volunteers or the staff member overseeing the visitation.

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

At this point in time, 4 visitors may visit a resident at one time only in order to maintain social distancing and proper infection control. Children are permitted to visit when accompanied by an adult visitor. Adult visitors must be able to manage children and children older than 2 years must wear a mask during the time of visit. Children must also maintain strict social distancing.

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

Compassionate Care visitation will occur, as needed, based on the situation. All other non-Compassionate Care visitation will occur based on the order family members/friends sign up. Again, special consideration will be made for those that live a significant distance from the community and cannot arrive during the pre-scheduled times. It is up to the family member/friend to contact the Therapeutic Recreation department to prearrange these. Under no circumstances will non-prescheduled visitations occur.

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)

Residents will need to be in good health, not showing signs of COVID-19 (fever, cough, SOB...) and able to be transported to a designated area protected by the weather.

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

Outdoor visits will occur under the covered porch by the chapel entrance. In the event of severe weather or heat, the visitations will take place in the vestibule listed in # 46.

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

Tape will be placed on the floor to indicate a six-foot distance between resident and visitor(s). Additionally, tables will be placed in-between residents and visitors to maintain safe distancing.

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 space to be used for visitation is located in the vestibule between the chapel and the chapel entrance. This space will be sectioned into two separate areas.

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

Tape will be placed on the floor to indicate a six-foot distance between resident and visitor(s). Additionally, tables will be placed in-between to maintain that distance.

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 as # 43

STEP 3

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

VISITATION PLAN

Outdoor and indoor visitation will be utilized during Step 3.

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")

Outdoor visits will occur under the covered porch by the chapel entrance. In the event of severe weather or heat the visitations will take place in the vestibule listed in # 46. Access to the vestibule will be through a short section of outdoor sidewalk. In the event of rain, an umbrella will be used to keep residents dry.

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")

A staff member or volunteer will be utilized to monitor visitations to assure a 6-foot distancing will be maintained during visitation. The area utilized for visitation will also include a marked off area to delineate safe distancing boundaries.

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 (2 at a time max) are allowed to go directly to the resident's room post screening, hand sanitizing and with a mask. Visitors will be educated to maintain safe social distancing during their time of visit. Masks are expected to be worn properly (mouth and nose fully covered) and worn throughout the entire 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.

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

All volunteers will be required to complete a COVID-19 infection control training program prior to returning to volunteer duties. Volunteers will be educated on the following: screening guidelines, proper hand hygiene, required face mask use, and infection control guidelines. Per Step 2 & 3, volunteers are only able to return for the purpose in assistance of visitation procedures to those residents unexposed to COVID-19. Only personnel would be permitted to be in any areas where there is facility onset of COVID-19 case/s.

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

Volunteers may be utilized for the purpose of visitation procedures.

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.

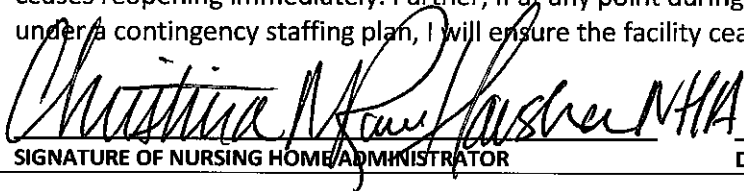
ATTESTATION

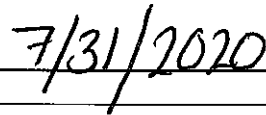
57. NAME OF NURSING HOME ADMINISTRATOR

Christina Rouvre-Haeusler, NHA

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

Saved 7/21/20