

## Implementation Plan for Reopening In Accordance with the Pennsylvania Department of Health's Interim Guidance for Skilled Nursing Facilities During COVID-19

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.	
<b>1. FACILITY NAME</b>	
Church of God Home	
<b>2. STREET ADDRESS</b>	
801 North Hanover Street	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Carlisle	17013
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Carl Jones, Assistant Administrator	717-249-5322 Ext. 12086

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).
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>
August 3, 2020
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>
<input 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 checked="" 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>

**DATE AND STEP OF REOPENING**

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

**State Guidance Related to Facility Reopening Plan:**

If during the reopening plan there is a new outbreak in COVID-19 in the facility (Staff or Resident) the facility must cease with Step 1 of the reopening plan. The facility must be free of new COVID-19 cases for a period of 14 days before reinitiation of Step 1 can occur.

From the date the facility enters Step 1, if there are no new outbreaks of COVID-19 cases for Staff or Residents for 14 consecutive days the facility may move to Step 2 of the reopening plan.

If at any point during Step 2 there is a new COVID-19 outbreak at the facility, the facility must cease with Step 2 of the reopening plan. This will restart the 14 day period count before reopening can begin again. After the new 14 day period, if there are no new COVID-19 outbreak cases the facility may reinitiate Step 1 of the reopening plan.

From the date the facility enters Step 2, if there are no new outbreaks of COVID-19 for Staff or Residents for 14 consecutive days the facility may move to Step 3 of the reopening plan.

If at any point during Step 3 there is a new COVID-19 outbreak at the facility, the facility must cease with Step 3 of the reopening plan. This will restart the 14 day period count before reopening can begin again. After the new 14 day period, if there are no new COVID-19 outbreak cases the facility may reinitiate Step 1 of the reopening plan.

If the County in which the facility is located moved into a Red Phase, the facility must return to restrictive visitation. When the County moves back to the Yellow Phase, the facility may enter reopening again only when the prerequisites and requirements are also met.

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

Church of God Home 06/11/20

**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](#)**

May 24, 2020 to July 15, 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**

The facility has contracted with an approved outside lab provider (Solaris Diagnostics) to process all COVID-19 tests. Upon recognition of a resident need, the facility will obtain the lab and submit the test for processing to Solaris Diagnostics. Lab results are typically received within 48 hours pending lab processing volume.

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

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

If during the reopening plan there is a new outbreak in COVID-19 in the facility (Staff or Resident) the facility must cease with Step 1 of the reopening plan. The facility must be free of new COVID-19 cases for a period of 14 days before reinitiation of Step 1 can occur.

From the date the facility enters Step 1, if there are no new outbreaks of COVID-19 cases for Staff or Residents for 14 consecutive days the facility may move to Step 2 of the reopening plan.

As noted in the response to question 12 – all residents or staff noted to require COVID-19 testing due to an outbreak will receive COVID-19 testing which is then submitted to the lab for processing. Lab results are subject to the laboratory processing and volume demand at the lab.

- Staff are defined as any individual employed by the facility or who work in the facility consistently three or more days per week, regardless of their role.
- Contracted staff such as therapists or PRN staff who enter the facility consistently three or more days per week are considered staff.
- Personnel who attend to healthcare needs of the residents but are not employed by the facility and do not enter the facility consistently three or more days per week are not considered staff.

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

As noted in response to questions 12 and 13 – the facility has partnered with an approved outside lab provider to process all COVID-19 testing for any resident or staff member regardless of the presentation of symptoms if such testing is required as outlined in the facility infection control policy or as identified by the facility infection preventionist.

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

As noted in response to questions 12, 13 and 14 – the facility has partnered with an approved outside lab provider to process all COVID-19 testing as needed based on facility policy or as identified by the facility infection preventionist.

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

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

The facility completes an assessment of all residents with a change in condition or decline. Assessment findings are communicated to the residents physician for further review and recommendations. Based on the assessment findings the physician will provide additional guidance to the facility in the form of a physician order to determine the reason for the change in condition or decline. If the change in status or decline requires COVID-19 testing, a test would be completed immediately and submitted to the lab provider for processing.

If a resident presents with a change in status or a decline and is not able to be tested, AND the resident was considered high risk for the probability of COVID-19 the resident would be placed in quarantine in a private room for 14 days to insure all measures were taken to prevent the spread of COVID-19 in the event that the resident was positive for COVID-19 in the absence of testing.

If a staff member presents with a decline in status or are not able to be tested, the staff member would be instructed to immediately leave the facility and self quarantine at home for at least 10 days but may be up to 20 days based on severity of illness and the staff members overall health status. The staff member would also be instructed to follow up with their physician for additional assessment and treatment if indicated. The staff member would not return to work until they have met the state guidance on returning to work as outlined in the PA-HAN 516

**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 are cohorted to separate units or dedicated areas on a unit utilizing a zip sheet in three Zones, based on test results.

COVID + test (Red Zone): residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions

COVID – test potentially exposed (Yellow Zone): residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19

Unexposed (Green Zone): any resident in the facility who was not tested and is thought to be unexposed to COVID-19.

Zones as outlined above are clearly marked with limited access signs or temporary barriers to prevent unnecessary foot traffic to the areas based on current State and Federal guidance.

The facility will take all measure as practicle based on environmental limitations beyond the facility's control to keep COVID Positive (Red) and Unexposed (Green) Zones as far apart as possible.

If a resident is tested for COVID-19 due to developing symptoms, while awaiting test results the facility will move the resident to a private room or will remove the roommate from the current room. Under this situation the roommate will be considered exposed (Yellow).

If the symptomatic resident is in an Unexposed (Green) Zone, the facility will move the resident to the Exposed (Yellow) Zone in a private room.

If upon receipt of the test result the test is positive for COVID-19, the facility will move the resident to a (Red) COVID zone.

## 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)**

PPE is monitored daily noting the current stock supply in house, the current resident use, staff use and burn rate. The facility projects based on the current burn rate and stock supply the number of days the facility will have adequate PPE. If the facility has less than 1 week of PPE in house and is not able to obtain new stock the facility will contact the PA Department of Health, the Regional Healthcare Coalition regional manager and the County Emergency Management Agency for further assistance and/or direction. The facility will also implement the policy on Personal Protective Equipment under Crisis Capacity situations as outlined in the infection control policy.

**19. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES - For the facility to advance from Step 1 – There must be no staffing shortages and the facility is not under a contingency staffing plan.**

The facility staffing average is 3.5 Hours per resident per day. The current PA Department of Health requirement is 2.7 Hours per resident per day. The facility does utilize agency staffing and is actively pursuing new applicants and agency business partners to assist in staffing needs. The facility manages admissions, census and staffing daily to insure care needs are able to be managed under the current staffing prior to accepting and new admissions. Additionally, the facility has implemented all measures to maximize staffing and reallocate staffing hours to direct care or care related activities based on State and Federal regulations that have been waived or clarified as part of the emergency declaration due to the COVID-19 Pandemic.

**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**

The safety of our residents and staff remains our primary concern. In the event the Governor's plan reverts back to a Red Phase the facility will immediately take measures to comply with that order. StoneRidge Retirement Living leadership monitor State and Federal reporting and changes to the county and state cases daily. The facility continues to insure all State and Federal guidance related to screening, prevention and management of COVID-19 are in place and are reviewed to identify concerns related to trending that may require additional intervention by facility leadership.

## 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**

- Prior to admission, the Admissions Team identifies on the preadmission screen if resident is exhibiting symptoms of any respiratory infection (i.e. cough, fever, shortness of breath, etc.) to determine appropriate placement.
- For new residents (or residents with recent travel) the facility completes a risk assessment and obtains relevant travel history, contact with anyone with lab confirmed COVID-19 and identify if resident exhibits fever and signs and/or symptoms of acute respiratory illness.
- Ongoing, the facility actively screen residents daily for fever and respiratory symptoms. Residents noted to present with respiratory symptoms or temperature will have increased monitoring to every shift.

## SCREENING PROTOCOLS

### 22. STAFF

- Staff are screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19.
- All staff must pass the screening process before gaining access to the facility.
- Staff must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Staff exit the facility by the main entrance.
- All cross-over staff adhere to the facility's Infection Control Plan.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

As outlined in the Pa Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19 issued June 26, 2020 the following personnel are permitted to access SNFs and must adhere to universal masking protocols in accordance with HAN 492 and HAN 497:

- Physicians;
- Nurse practitioners; and
- Other clinicians;
- Home health;
- Dialysis services;
- The Department of Aging/Area Agency on Aging including the
  - Ombudsman and
  - Department of Human Services where there is concern for serious bodily injury, sexual abuse, or serious physical injury;
- Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the SNF; and
- Department of Health or agents working on behalf of the Department, such as LongTerm Care Ombudsman, or local public health officials.
- Health Care Workers (That are Not Staff) will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- All healthcare workers must pass the screening process before gaining access to the facility.
- Healthcare workers must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Healthcare personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

## SCREENING PROTOCOLS

### 24. NON-ESSENTIAL PERSONNEL

To limit exposure to residents, Non-essential Personnel will adhere to the following restrictions:

- The facility minimizes resident interactions with other personnel and contractors performing essential services (e.g. plumbers, electricians, etc.) to only necessary interactions under all steps of the reopening plan.
- Deliveries to the facility are completed in areas where there is limited person to person interaction.

Step 1:

- Restrict non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
- Cross-over staff will adhere to the facility's Infection Control Plan.

Step 2:

- The facility will permit non-essential personnel as determined by the facility leadership as being necessary.
- For residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.
- Non-essential personnel will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- All non-essential personnel must pass the screening process before gaining access to the facility.
- Non-essential personnel must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Non-essential personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.
- Services for residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.

Step 3:

- The facility will permit non-essential personnel to the facility in Step 3 with the following:
  - Non-essential personnel will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
  - All non-essential personnel must pass the screening process before gaining access to the facility.
  - Non-essential personnel must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
  - Non-essential personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.
- For residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.

## SCREENING PROTOCOLS

### 25. VISITORS

To limit exposure to residents, visitors will adhere to the following restrictions:

#### Step 1:

- All visitation is scheduled in advance through the facility Social Service Department.
- Restrict all visitors, except those listed in Section 23 above.
- Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the SNF.

#### Step 2:

- Outdoor visitation (weather permitting) will be permitted in neutral zones, designated by the facility.
- If weather does not permit outdoor visitation, indoor visitation will be permitted in a neutral zone, designated by the facility.
- Visitation is limited to residents unexposed to COVID-19.
- Visitation for exposed residents, adhere to restricting all visitors, except those listed in Section 23 above;
- Visitors will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Visitors must pass the screening process before gaining access to the facility.
- Visitors must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Visitors will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

#### Step 3:

- Indoor visitation is allowed in neutral zones designated by the facility.
- Visitation is limited to residents unexposed to COVID-19.
- Visiting in residents rooms is permitted only if the resident is unable to be transported to the designated area.
- Cross-over visitation is only permitted if there is no new facility onset of COVID-19 in the facility in which the cross-over visitor resides. This is determined at the time of the request by the facility administration.
- Visitation for exposed residents, adhere to restricting all visitors, except those listed in Section 23 above;
- Visitors will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Visitors must pass the screening process before gaining access to the facility.
- must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Visitors will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.
- Visitors are given an informational sheet upon entrance to the facility that explains the visitation protocols in writing and to contact the Administrator should they develop any signs and symptoms up to 14 days after their visit to the facility or if they test positive for COVID-19.



## SCREENING PROTOCOLS

### 26. VOLUNTEERS

To limit exposure to residents, Volunteers will adhere to the following restrictions:

Step 1:

- Restrict all volunteers.

Step 2:

- Volunteers will be permitted only for the purpose of assisting with visitation protocols.
- Volunteers may only conduct volunteer duties with residents unexposed to COVID-19.
- Volunteers will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Volunteers must pass the screening process before gaining access to the facility.
- must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Volunteers will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

Step 3:

- Volunteers will be permitted but may only conduct volunteer activities with residents unexposed to COVID-19.
- Volunteers may only conduct volunteer duties with residents unexposed to COVID-19.
- Volunteers will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Volunteers must pass the screening process before gaining access to the facility.
- must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Volunteers will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

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 is limited to residents unexposed to COVID-19.
- COVID-19 exposed residents may eat in the same room based on their preference with social distancing, and a limited number of people at tables, spaced by at least six feet.
- All residents will be given the choice to dine in dining rooms or their room based on their functional status (capability of feeding themselves), risks related to choking or aspiration and assistance level with feeding. If a resident is not able to communicate their choice the facility will assess the residents status and needs as outlined prior and determine the most appropriate dining environment for the resident. Dining preferences, needs and/or the outcome of the resident evaluation will be outlined in point of care / care plan.
- Staggering of meal times is available based on the preference of the resident and needs of the unit/facility. Dining times are evaluated ongoing as part of the quality assurance performance improvement program based on State and CDC guidance related to management of COVID-19 in long term care settings, as well as resident needs. Changes are made to dining times / process based on the QAPI findings as well as staff and resident input.

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

- A minimum of 6 feet social distancing will occur between dining tables.
- Only 1 resident may be seated at the table at a time.

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

- Residents must wear face coverings when not seated at the table.
- Dietary service-staff will conduct table side ordering with proper PPE
- Table clothes are cloth napkins will not be utilized during this time.
- Tables will not have pre-set silverware, glasses or condiments. All items will be served with each course. Individual sized condiments will be served with meal items.
- Appropriate precautions will be taken with eye protection and gowns for staff feeding residents who are identified as high-risk for choking and/or at risk of coughing during meal consumption.
- Staff members who are assisting more than one resident at the same time will perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

**30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**

- The Dietary Team will be responsible for cleaning and overall disinfection at the end of each meal.

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)**

- Limited activities will be conducted with five or less residents unexposed to COVID-19.
- Social distancing, hand hygiene and universal masking are required.

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

- Limited activities may be conducted with ten or less residents unexposed to COVID-19.
- Social distancing, hand hygiene and universal masking are required.

**33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3**

- Activities may be conducted with residents unexposed to COVID-19.
- Social distancing, hand hygiene and universal masking are required.

**34. DESCRIBE OUTINGS PLANNED FOR STEP 3**

- Activity outings are allowed only for residents unexposed to COVID-19.
- Outings are limited to no more than the number of people where social distancing of 6 feet can be maintained.
- Appropriate hand hygiene, and universal masking is required.

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**

To limit exposure to residents, Non-essential Personnel will adhere to the following restrictions:

- The facility minimizes resident interactions with other personnel and contractors performing essential services (e.g. plumbers, electricians, etc.) to only necessary interactions under all steps of the reopening plan.
- Deliveries to the facility are completed in areas where there is limited person to person interaction.

**Step 1:**

- Restrict non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
- Cross-over staff will adhere to the facility's Infection Control Plan.

**Step 2:**

- The facility will permit non-essential personnel as determined by the facility leadership as being necessary.
- For residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.
- Non-essential personnel will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- All non-essential personnel must pass the screening process before gaining access to the facility.
- Non-essential personnel must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Non-essential personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.
- Services for residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.

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

- Non-essential personnel will be educated on the following at the point of entrance and screening to the facility. Non-essential personnel will be monitored by the department director during their visit to the facility (during their activity in the facility) until the required task is completed and the non-essential personnel have left the facility. Concerns related to social distancing, hand hygiene and universal masking will be addressed immediately. If ongoing concerns are noted during the visit the non-essential personnel member will be removed from the facility.
- Non-essential personnel must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Non-essential personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.
- Services for residents exposed to COVID-19 the facility will adhere to the restrictions outlined in Step 1.

**Step 3:**

- The facility will permit non-essential personnel to the facility in Step 3 with the following:
  - Non-essential personnel will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
  - All non-essential personnel must pass the screening process before gaining access to the facility.
  - Non-essential personnel must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
  - Non-essential personnel will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

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

- Non-essential workers will not be permitted to work in areas or with residents in Red or Yellow Zones (Residents exposed to COVID-19)
- The facility has clearly posted which areas of the facility are designated as Red Zones, Yellow Zones, Green Zones and Neutral Zones. Non-essential workers will be educated on the policy related to zone types and which zones they are permitted to access during their visit.
- Non-essential personnel will be monitored by the department director during their visit to the facility (during their activity in the facility) until the required task is completed and the non-essential personnel have left the facility. Concerns related to social distancing, hand hygiene and universal masking will be addressed immediately. If ongoing concerns are noted during the visit the non-essential personnel member will be removed from the facility.

**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.

## VISITATION PLAN

### 38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

- Scheduled visitation is permitted under Steps 2 and 3 of the reopening plan.
- All visitation must be scheduled in advance with the facility Social Services department or Designee.
- Visitation hours will be 8:00 AM through 4:30 PM
  - *Visitation hours are subject to change and will be revised based on resident and resident visitor preferences and utilization of hours currently posted.*
- No visitation will be scheduled during resident meals
- Visitation will only occur in neutral zones as designated by the facility.
- Visitation Periods will not exceed more than 30 minutes at a time to insure all residents and resident representatives have the ability to schedule visitation at the facility.

### 39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

- Scheduled visitation may occur by contacting the facility Social Services Department or Designee.
- Prioritization will be made to scheduled visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness.

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

- Visitation areas will be sanitized using an EPA-registered disinfectant to wipe down areas between visits.

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

- Once the facility is in Steps 2 and 3 of the reopening plan the facility will determine those residents who can safely accept visitors.
- The facility has determined that the allowable number of visitors per resident is 2 at a time based on the need to maintain social distancing and infection control protocols.
- The visitation area will be monitored at all times to insure six-foot distance between the resident and the visitor(s).

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

- While we acknowledge and empathize with the limited visitation the COVID-19 Pandemic has created we are doing everything we can to resume visitation following State and Federal Guidance while focusing on creating the safest environment possible to accomplish this for our residents, staff and visitors. As such the following is our policy related to the order in which scheduled visits will be prioritized:
- Scheduled visitation will be prioritized for residents with diseases that cause progressive cognitive decline and residents expressing feelings of loneliness.
- Visitation will be scheduled insuring all residents / resident representatives have the opportunity to visit during that week. Visitation will be managed to prevent what could be viewed as an unfair visitation practice by any one individual having multiple visits in a week and preventing others from being able to schedule one visit in that same week.

**VISITATION PLAN**

**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 will be reviewed by the interdisciplinary team to determine if a resident can safely accept visitors. The facility will make all reasonable accommodations to permit visitation, knowing the importance and need for visitation.
- Only residents who are free of exposure to COVID-19 will be permitted to have visitors and all visitors must be free of COVID-19 and are able to pass the facility screening prior to proceeding with any visitation.

**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**

- Outdoor visitation is the preferred method for visitation, weather permitting and resident appropriate. During inclement weather scheduled visitation will be completed in the facility, in the neutral zone designated by the facility.
- Outdoor visitation areas, will provide coverage from inclement weather or excessive sun, with the use of shading on the porch or under a canopy.
- Facility staff and/or volunteer support staff who have been educated by the facility will schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit.

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

- The facility will utilize at least a 6 foot long table for visitation. The resident will be escorted by facility staff to the designated areas and assisted to their reserved table. The resident will be setup at one end of the table (Short Side of Table). The resident's visitor will be escorted and instructed to sit at the other end of the table (Short Side of Table). Having both the resident and the resident visitor sitting on each end of the table creating at least a 6 foot distance between both parties.
- Tables will be separated by at least 8 feet from other residents and their visitors.
- Tables will be labeled with a number to assist in resident and visitor transitioning when entering the visiting space.
- The side of the table designated for the resident and the visitor will be identified with signage.

**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**

- Indoor visitation space will be designated by the facility in neutral zones.
- Church of God Home Skilled Nursing Facility and Personal Care - Chapel – this room will be accessed from the outside for visitors, from the door located on the right side for the chapel. Prior to entry visitors will need to complete and pass the screening process including temperatures prior to facility access. Upon gaining access to the facility the visitor will be escorted to their visitation table.

STEP 2

<b>VISITATION PLAN</b>	
	<p><b>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <ul style="list-style-type: none"> <li>The facility will utilize an 8 foot long table for visitation. The resident will be escorted by facility staff to the designated areas an assisted to their reserved table. The resident will be setup at one end of the table (Short Side of Table). The resident’s visitor will be escorted and instructed to sit at the other end of the table (Short Side of Table). Having both the resident and the resident visitor sitting on each end of the table creates at least a 6 foot distance between both parties.</li> <li>Tables will be separated by at least 8 feet from other residents and their visitors.</li> </ul>
<b>STEP 3</b>	<p><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></p> <ul style="list-style-type: none"> <li>Residents will be reviewed by the interdisciplinary team to determine if a resident can safely accept visitors. The facility will make all reasonable accommodations to permit visitation, knowing the importance and need for visitation.</li> <li>Only residents who are free of exposure to COVID-19 will be permitted to have visitors and all visitors must be free of COVID-19 and are able to pass the facility screening prior to proceeding with any visitation.</li> </ul>
	<p><b>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <ul style="list-style-type: none"> <li>Outdoor visitation is the preferred method for visitation, weather permitting and resident appropriate. During inclement weather scheduled visitation will be completed in the facility, in a neutral area as identified by the facility.</li> <li>For the outdoor visitation area, ensure coverage from inclement weather or excessive sun, such as a tent, canopy, or other shade or coverage.</li> </ul> <p>Ensure adequate staff or volunteers to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation, and wipe down visitation areas after each visit. Facilities may leverage technology to use volunteers to perform scheduling activities remotely.</p>
	<p><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></p> <ul style="list-style-type: none"> <li>Church of God Home Skilled Nursing Care and Personal Care – Activity Porch Area and Yard – The porch area is covered with a roof and the yard area is shaded with trees. If additional shading is required the facility will utilize portable awnings. Access to this area is completed from the main parking lot at the facility. Prior to entry visitors will need to complete and pass the screening process including temperatures prior to facility access. Upon gaining access to the facility the visitor will be escorted to their visitation table.</li> </ul>
	<p><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></p> <ul style="list-style-type: none"> <li>Tables will be setup in the outdoor space with at least a 6 foot separation from other residents and visitors sharing the same area. All visitation will be monitored by a facility staff member or volunteer to insure compliance with the infection control practices including social distancing.</li> </ul>
	<p><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></p>

**VISITATION PLAN**

- Same

**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")**

- Same

**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**

- If a resident is not able to be assisted to the designated visitation area, the facility will educate the residents visitors on infection control practices that must be followed during their visitation, including the use of appropriate PPE, not stopping in hallway to speak to another resident outside of the of the resident they are visiting, to refrain from touching and hugging residents and/or staff while passing through hallways to access their residents room. Prior to entry visitors will need to complete and pass the screening process including temperatures prior to facility access.
- Upon completion of the visit the facility will disinfect the resident room area.

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**

Step 2:

- Volunteers will be permitted only for the purpose of assisting with visitation protocols.
- Volunteers may only conduct volunteer duties with residents unexposed to COVID-19.
- Volunteers will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Volunteers must pass the screening process before gaining access to the facility.
- must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Volunteers will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

Step 3:

- Volunteers will be permitted but may only conduct volunteer activities with residents unexposed to COVID-19.
- Volunteers may only conduct volunteer duties with residents unexposed to COVID-19.
- Volunteers will be screened at the main entrance. This entrance is the single point of entrance for facility access. Screening questions follow State and CDC guidance including temperature and symptoms indicative of COVID-19
- Volunteers must pass the screening process before gaining access to the facility.
- must wear a mask, practice social distancing, wear personal protective equipment based on RED, GREEN, and/or YELLOW zone risks, sanitize hands with at least 60% alcohol based hand sanitizer, appropriate hand hygiene with soap and water, washing hands for 20 seconds, wear gloves during care and other high risk situations and follow facility policy on cleaning protocols.
- Volunteers will exit the facility by the main entrance, the same single point entrance that they previously gained access to the facility through.

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

- Same

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**

Kristine Tobias, NHA

**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.

**Refer to Attestation Signature Page for Administrator Signature**

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

08/01/2020  
DATE