

**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 Valley View Haven	
2. 4702 East Main St	
3. CITY Belleville	4. ZIP CODE 17004
5. NAME OF FACILITY CONTACT PERSON Nan Yeater NHA	6. 717-935-2105

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 July 21, 2020	
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <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>	
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) No outbreak	
9. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 6/10/2020	

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**

6/8/2020 to 7/1/2020

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**

Valley View Retirement Community is utilizing Contamination Source Identification (CSI-DX) laboratories to complete all COVID-19 diagnostic testing of residents showing symptoms of COVID-19 within 24 hours. A daily (Mon-Fri) courier to the lab has been arranged with additional supports available if needed on the weekends. Additionally, we are pursuing the option of utilizing Geisinger laboratories for future testing.

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

Facility has the capacity to administer COVID-19 tests to all residents/staff if there is an outbreak within 24 hours. CSI-DX Laboratories and/or Geisinger Laboratories would be utilized.

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

Facility has the capacity and resources – PPE and swabs to administer COVID-19 tests to all staff including asymptomatic staff.

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

Procedure for testing for non-essential staff and volunteers (when applicable) will be to assign appropriate days for testing, utilize appropriate PPE, swabs and the laboratory. If a staff member is suspected to have COVID-19 they will be asked to do “drive by” testing (at the facility) and remain at home and will not be permitted to work.

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

Facility assesses residents routinely and will appropriately record resident refusal or staff decline if it occurs. Facility will arrange for appropriate testing of resident or staff if they accept. Facility policy requires staff to comply with testing. Staff who chooses not to comply will not be scheduled to work until testing is complete. Staff will work with resident in an attempt to have the resident accept testing. Resident(s) who refuse may need to be relocated or quarantined if he/she displays signs/symptoms of COVID-19. The policy is in place that defines that a new admission will be tested.

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**

Residents diagnosed with COVID-19 would be isolated in a “red zone”. Residents will be isolated and if needed, cohorted on this neighborhood for the time period necessary. This would include residents who have had a recent exposure to COVID 19. Should an additional area be needed for isolation / cohorting – additional neighborhoods and rooms are identified and utilized which could be on the neighborhood where the resident resides.

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)**

Routine assessment of cache of PPE is completed weekly and as needed – the facility currently has a sufficient supply for a minimum of one week.

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

Staffing is monitored on a daily basis by the staff scheduler, RN Supervisors, Director of Nursing to ensure that staffing is maintained. Additional supports have been discussed and are able to be implemented if staff shortages occur – for example – cross training team members from other departments.

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

- 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**
- All reopening activities would halt should the facility experience a new onset positive COVID-19 case. The facility utilizes a mass communication software to assist with informing residents, families and team members immediately. Additional information would also be placed on the Valley View website. Dining room operations and visitation would all be shut down immediately when returning to room service for all resident meals and no visitation.

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

Routine screening/monitoring of all residents including temperature checks are completed once daily. Ongoing monitoring / screening efforts are in place and staff is directed to report any new symptoms or signs of the virus, or illness to the RN Supervisor. Respiratory observation of residents is completed twice daily. If screening would reveal any potential for COVID-19, resident will be immediately isolated to his/her room and Infection Preventionist / Director of Nursing consulted. Consultation is available routinely with the Infection Preventionist Nurse. Routine COVID Team Meetings are held to review guidance and implement new guidelines / policies and direction as needed.

21. STAFF

All staff who are working complete a screening prior to entering for work and a temperature check. The temperature check is completed again at the end of their shift. Any abnormal signs or symptoms are noted and are reported to the RN Supervisor, Infection Preventionist and Director of Nursing – which could result in an employee not being approved for work that day, or being required to report off or seek additional assessment / treatment. If screening reveals possible virus, the Supervisor is immediately contacted and – additional measures such as additional testing, contact tracing, communications with residents and team members would be initiated.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff (e.g. contracted staff and / or medical providers), Hospice Team Members, contracted therapies – are required to complete the screening / answer questions, and have their temperature checked prior to the start of their shift or visit and after - to the building. Healthcare personnel who show positive signs / symptoms of illness or COVID-19 may not work and would be given direction on further assessment / treatment from the RN Supervisor – which may be in conjunction with the Infection Preventionist.

23. NON-ESSENTIAL PERSONNEL

Non-essential personnel are screened prior to entering for work and temperature checks at the beginning / end of the shift.

SCREENING PROTOCOLS

24. VISITORS

End of life and compassionate care visits are in place as needed. Residents if they prefer, may have visits "between the glass" which involves residents on one side of the glass barrier and a family member(s) on the other side. Telephones may be used for communication. Residents are advised that the visits may not entirely be private in nature. FaceTime or skype is being utilized per resident/family preference. The Chapel is being utilized for pre-scheduled visits between a resident and one family member. Separate entrances / exits utilized for residents and family members. Distance is maintained as a 6-foot distance between resident and visitor with a plexiglass barrier in between. Prior to entering the community, family member/visitor completes a Visitor Screening form which defines the date, time in/time out, name of resident being visited, description of signs or symptoms (if any – permission is not granted for visitation). During the past 20 days, they must indicate if tested positive for COVID-19, have had contact with someone who tested positive for COVID-19, have had contact with someone under investigation for COVID-19, or have been in contact with someone directed to self-quarantine due to potential exposure. If any of these answers are positive, permission is not granted for visitation. Visitation Protocol Document is reviewed – a signature is required that the family member/visitor agrees to comply with the expectations. Failure to do so will result in them being asked to leave and would affect ability to visit in the future. Team members will assist with the monitoring of the visits. In and prior to Step 1, visitation is permitted for end of life and compassionate care visits. In Step 2 and 3 visits are taking place in the Chapel or designated area.

25. VOLUNTEERS

Volunteers will complete a screening / questions and have a temperature check prior to initiating their assignment (when use of volunteer is initiated). Screening/questions and temperatures are reviewed by the Infection Preventionist Nurse. Volunteers will be tested prior to them starting to volunteer. Volunteers have been contacted and their assistance with visitation arranged for prescheduled visits – Tuesdays/Wednesdays/Thursdays.

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

Communal dining will be established by the reconfiguration of the main dining room, assisted dining room and appropriate neighborhood dining area. Tables are in place to maintain the six-foot distance between residents with plexiglass shield between the two. Masking will be required upon entrance/exit to the Haven dining room / dining areas and appropriate disinfecting completed between meals. Policy will be implemented with staff and resident training / education. Residents will be monitored to ensure that an appropriate distance remains between individuals. Appropriate sanitation will be completed following meals of tables, chairs, plexiglass and high touch areas.

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

Dining rooms and neighborhood dining spaces are reconfigured to create a six-foot distance between dining residents. An entrance and exit was created in the Haven dining room and assisted dining space. Staff will utilize and assess for preferential dining in the Haven and Haven Assisted Dining spaces for residents. Initial re-opening of the dining room spaces will occur for the lunch and dinner meals. In the weeks following, opening for breakfast will be added to the routine. Policies will be implemented with staff and resident training / education.

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

Infection Control measures are initiated as per policy – masking by staff, hand sanitizer before/after visits. Residents will mask to and from the areas, and while in the halls, unless they refuse. Areas/tables/chairs/plexiglass will be sanitized between seatings. Policies will be implemented with staff and resident training / education.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will be interviewed for preference in terms of where they wish to dine. Specific entry/exit points are maintained. There will be two residents at the tables, separated by plexiglass.

In each block below, describe the types of activities that will be planned at each step and the outings that will be planned at Step 3 (an all-inclusive list is not necessary). Include where they will be held and approximately how many residents will be involved. Describe how social distancing, hand hygiene, and universal masking will be ensured. Also include precautions that will be taken to prevent multiple touching of items such as game pieces.

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

Activities are being completed on the Neighborhoods or occasionally in the Activities Room – with social distancing in place. Sanitation is completed in the Activities Room following the activities, and in the neighborhoods following the activity and between sessions. Any game pieces are sanitized in between the activities. Residents will use hand sanitizer prior to coming in and leaving. Areas are sanitized by staff between sessions. Polices are implemented with staff and residents.

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

Activities may be initiated for 10 or less residents unexposed to COVID-19 with appropriate social distancing of six feet between residents. Appropriate sanitation and cleaning will be implemented per policy between the activities. Any residents displaying any signs or symptoms of illness will not be permitted to participate. Staff will utilize masks, residents will be offered masks. During Step 2 if there is a new facility onset of COVID-19, facility will cease reopening, which restarts our 14-day period count.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities will be initiated for residents unexposed to COVID-19 with appropriate social distancing. Appropriate sanitation and cleaning will continue to be implemented per policy between the activities. Any residents displaying any signs or symptoms of illness will not be permitted to participate. Staff will utilize masks, residents will be offered masks. Step 3 activities will cease if there is a new facility onset of COVID-19 — facility will cease reopening which restarts our 14-day period count.

33. DESCRIBE OUTINGS PLANNED FOR STEP

There are no outings planned at this time.

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

Beauty Shop employees have worked as laundry and housekeeping staff. Two Beauty Shop employees have returned to the Beauty Shop to provide services in the Beauty Shop. One Beauty Shop employee continues to work in housekeeping, and assists in the Beauty Shop if necessary. Business Office employees (3) work off site remotely, and will be in the building at pre-scheduled times. All employees continue to follow the daily check-in and answer questions, have temperature checked before shift / after shift.

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

Nonessential personnel will be educated and expected to comply with social distancing, hand hygiene and universal masking when returning to work. The policy remains implemented.

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

Non-essential staff will not be permitted to enter an isolation room and will be expected to adhere to signage. The policy is implemented.

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

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

Visitation schedules are established for one hour in the am, one hour in the afternoon, and one hour early evening. The Chapel will be utilized and all visits will be pre-scheduled by a central scheduler. The person monitoring the visits or staff transporting the residents for visitation will ensure that the resident has a mask and will perform hand hygiene prior to the visit, as well as maintaining social distancing. The Visitor Screening Form and Visitation Protocol documents will be utilized. Volunteers will greet family members at the doorway. A team member will review visit protocol with family members.

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

Following policies, visitation areas will be sanitized utilizing appropriate cleaning solutions – tables, chairs, surfaces and floors. Adequate time is provided to properly sanitize and clean. Plexiglass utilized for visits will be sanitized.

39. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL? Utilizing the Chapel – there is capability to have six residents and six visitors at one time. A separate entrance and exit will be maintained for residents and visitors at all locations. It is anticipated that visitors will be scheduled three times daily – 0930 - 1030 AM, 1:30-2:30 PM and 6-7 PM. One visitor per one resident is permitted at this time.

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

Visits will be prioritized for residents who have had no phone calls from or to family, or no skype or FaceTime visits and no “between the glass visits”. Social Services and Activities team members will be asked to assist with preferences and prioritizing – which includes residents with dementia or those that are lonely or seem isolated. A central scheduler will schedule all of the visits and maintain the schedule.

41. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE

At this time, outdoor visitation has not been arranged.

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

If a resident is outside and someone would come into the parking lot, Activity aide would ensure that the six-foot distance is maintained. Otherwise, there are no outdoor visits scheduled at this time.

43. 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

All visits are scheduled indoors at this time.

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

Separated by tables and use of a plexiglass barrier.

STEP 3

45. 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)

Central scheduler will obtain a list of residents who can safely accept visitors routinely. All visits will be pre-scheduled. Residents will be asked to wear a mask to and from the location.

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

Not applicable at this time.

47. 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”)

Not applicable at this time.

48. 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”)

Not applicable at this time. However, if a resident is outside for a walk and someone appears in the parking lot or other areas, the Activities Aide will be responsible for maintaining a six-foot distance between resident and visitor.

49. 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”)

VISITATION PLAN

Indoor visitation space will be the Chapel Entrance. Visitors will be directed to follow the route to these areas with no loitering in between. A proctor will be available to assist as will a volunteer. There will be a separate entrance and exit.

50. 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")

51. Same

52. 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

In end of life or compassionate care situations, visitors will sign in and complete screening and temperature, will be masked. Residents will have these visits scheduled by the central scheduler or Administrator or Nursing Supervisor as needed. Visitor will follow previously described protocol.

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.

53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

Volunteers are recruited, educated on all infection control precautions, and will follow screening protocols as well as having completed COVID-19 testing prior to assisting with in-person family visits. Volunteers will mask appropriately, use social distancing and follow precautions for hand hygiene. Should a resident be exposed to COVID-19, volunteers will be included in the communication and information that follows regarding that resident and follow up measures that are being implemented. This is the extent of utilizing volunteers at this time.

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

There are no outdoor visitation protocols in place at this time – therefore no volunteers would be utilized for this purpose.

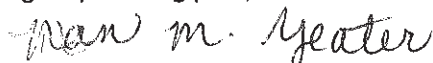
The Nursing Home Administrator (NHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-57, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 58.

55. NAME OF NURSING HOME ADMINISTRATOR

Nan Yeater

56. 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 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

8/13/2020