

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 Cedar Haven Healthcare Center	
2. STREET ADDRESS 590 South 5th Avenue	
3. CITY Lebanon	4. ZIP CODE 17042
5. NAME OF FACILITY CONTACT PERSON Steven Zablocki	6. PHONE NUMBER OF CONTACT PERSON 717-274-0421

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 3/23/2021
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE) <input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i> <input checked="" type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any outbreak 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) Yes

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](#)

6/10/2020 to 6/12/2020

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

Rapid COVID-19 test performed in house. Swabs obtained by facility staff and processed by a commercial laboratory, as needed.

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

Rapid COVID-19 test performed in house. Swabs obtained by facility staff and processed by a commercial laboratory, as needed.

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

Rapid COVID-19 test performed in house. Swabs obtained by facility staff and processed by a commercial laboratory.

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

Testing will be performed outside of the facility. Non-essential staff will be required to have a baseline test prior to resuming work. Facility will not permit volunteers during steps 1-3 of reopening.

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

Residents will be moved to the established Yellow Zone for 14 days for assessment. Staff who are asymptomatic will work in a Yellow or Red Zone. Symptomatic staff will be required to quarantine 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*.

Cedar Haven has a unit that is dedicated as a Red Zone if it is needed. Positive COVID-19 cases will be transferred to the Red Zone and remain there until meeting the criteria for recovery.

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)

Cedar Haven currently has an adequate supply of PPEs and is using conventional, recommended strategies as part of infection prevention and control. PPE supply is adequate to meet demand, should it be required. Central Supply continues to place orders to maintain par level.

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

Current staffing levels far exceed minimum requirements. Cedar Haven will utilize agency personnel if need arises to maintain safe staffing levels.

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

20. DESCRIBE THE PLAN TO HALT ALL REOPENING IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN

We will revert back to the red zone precautions, requirements, and interventions.

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 daily for the presence of signs and symptoms of COVID-19. If screening reveals possible virus, resident will be swabbed for COVID-19 and transferred to Red Zone if positive.

22. STAFF

Staff are screened at the entrance to the facility – prior to and after their shift. If signs and symptoms of COVID-19 are present, they are immediately excluded from work.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Anyone entering the facility will be screened for signs and symptoms of COVID-19. If symptoms are present they will not be allowed inside. Non-staff are required to wear PPE while in the facility.

24. NON-ESSENTIAL PERSONNEL

Anyone entering the facility will be screened for signs and symptoms of COVID-19. If symptoms are present, they will not be allowed inside.

25. VISITORS

Anyone entering the facility will be screened for signs and symptoms of COVID-19. If symptoms are present or they've had recent exposure, they will not be allowed inside.

26. VOLUNTEERS

Volunteers are not permitted in the facility during steps 1-3 of reopening.

COMMUNAL DINING

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)

Residents will be placed in the Dining Room in a way that maintains social distancing recommendations. All residents will be given an opportunity to dine in the Dining Room.

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

Residents will be seated 6 feet apart at round tables and 6 feet apart at banquet tables utilizing the Main Dining Room.

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

All staff will wear masks. Alcohol-based hand rub is easily accessible in the dining area and will be utilized by all staff when alternating feeding assistance to residents.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Single use condiments will be utilized during the reopening phase.

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)

For all steps of reopening:

Residents will wear a mask before leaving their room.

Activity staff will situate residents in the activity area 6 feet apart.

Before activity begins, staff will offer all residents participating hand sanitizer.

Supplies will not be shared between residents.

Staff will sanitize all supplies used by the residents.

Activities offered as appropriate: Bingo (using disposable cards), trivia, patio time, exercise (no equipment), zoom calls, broadcasted worship and music programs, reminiscing, 1:1 visits, movies, snack pass in resident rooms, offering of independent leisure materials.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT)

For all steps of reopening:

Residents will wear a mask before leaving their room.

Activity staff will situate residents in the activity area 6 feet apart.

Before activity begins, staff will offer all residents participating hand sanitizer.

Supplies will not be shared between residents.

Staff will sanitize all supplies used by the residents.

Activities offered as appropriate: Bingo (using disposable cards), trivia, patio time, exercise (no equipment), scheduled family/friend visits outside, zoom calls, broadcasted worship and music programs, reminiscing, 1:1 visits, movies, snack pass in resident rooms, offering of independent leisure materials.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

For all steps of reopening:

Residents will wear a mask before leaving their room.

Activity staff will situate residents in the activity area 6 feet apart.

Before activity begins, staff will offer all residents participating hand sanitizer.

Supplies will not be shared between residents.

Staff will sanitize all supplies used by the residents.

Activities offered as appropriate: Bingo (using disposable cards), trivia, patio time, exercise (no equipment), scheduled family/friend visits outside, zoom calls, broadcasted worship and music programs, reminiscing, 1:1 visits, movies, snack pass in resident rooms, offering of independent leisure materials.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will not be offered during the reopening phase.

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.

NON-ESSENTIAL PERSONNEL

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

N/A

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

These precautions are mandatory for all Cedar Haven personnel and will continue.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Visits will be scheduled, Monday through Friday from 9 a.m. to 3 p.m.

38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Information on scheduling visits will be posted on our website.

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

Visitation areas will be sanitized with an EPA Registered disinfectant between each visit.

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

In order to maintain social distancing, the number of visitors will be limited.

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

Residents with cognitive decline and residents who are demonstrating feelings of loneliness will be the priority. Visitors will also self schedule with consideration of others.

42. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)

Residents in Yellow and Red Zones cannot safely accept visitors. All other residents will receive accommodations to allow access to 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 will occur in the shade. Residents will exit the front entrance and go down the sidewalk to the visitation area. Visitation will be relocated indoors during inclement weather.

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

Vaccinated residents may receive close contact touch from visitors. Unvaccinated residents will not be able to receive close contact.

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 will be offered at a designated location. Visitors and residents will enter at different times and will be taken to the resident. Visitors will be screened at the entrance of the facility. The Lobby and Chapel are a neutral space.

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

STEP 2

VISITATION PLAN	
	The tables will be used to maintain the 6 foot distance between visitors and residents.
STEP 3	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) Indoor visitation will be offered at designated location. Visitors and residents will enter at different times and will be seated at opposite ends of a minimum 6 foot long table. Visitors will be screened at the entrance of the facility. The Lobby and Chapel are a neutral space.
	48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51 Yes.
	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") Same.
	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") Same.
	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") 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 All the same precautions as above, as well as, visitors will be required to wear PPE.

VOLUNTEERS	
In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols. In Step 3, all volunteer duties may be conducted. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.	
54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS	
Volunteers will not be used during the reopening phase.	
55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2	
Volunteers will not be used during the reopening phase.	

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 1-56, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 57.	
56. NAME OF NURSING HOME ADMINISTRATOR	
Steven J. Zablocki	

ATTESTATION

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.

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE