

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	
LECOM at Village Square	
2. STREET ADDRESS	
149 West 22nd St.	
3. CITY	4. ZIP CODE
Erie, Pennsylvania	16502
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Adam Baker, MHSA, NHA	814-452-3271

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
7/6/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the 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 new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
No

DATE AND STEP OF REOPENING

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

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](#)

6/28/2020 to 6/29/2020

12. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS

All residents showing symptoms of COVID-19 will be tested immediately at onset or within 24 hours by use of a private lab.

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

Testing for all residents will be completed using a private lab following normal procedure per facility and testing for staff will be completed using an employee account through a private lab. Testing will be completed for all residents and staff within 72 hours if the facility does experience an outbreak.

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

If needed, staff showing symptoms of COVID-19 or asymptomatic staff can be tested through a private lab on an employee account.

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

Non-essential staff and volunteers will not be in the building during the period of time that is a prerequisite to reopening.

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

Residents must be quarantined for 14 days in a yellow zone from date of refusal. Staff refusal will follow internal policy and procedures (relocate staff member to work within yellow or red zone and or terminate if staff member refusal for any of the insitiutions provided options).

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

If a resident is positive the individual will be transferred to our sister facility that is equpped with a COVID-19 Unit and negative pressure rooms.

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)

We have an adequate supply of PPE and have engaged in local and international vendors to continue to have an adequate supply for both our staff and residents.

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

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

Although we do have staff off at times due to travel, contact, and symptoms, we have no current staff shortages. If staffing shortages occur we have signed a contract with a staffing agency, if needed. We have the ability to ask assistance from our sister facilities as well.

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

If Erie County reverts to red phase we will discontinue any reopening protocols and follow internal policies and procedures from the red phase and reopening guidance.

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

Temperatures completed daily, daily respiratory surveillance forms, two COVID-19 tests with negative results prior to admission from acute facility.

22. STAFF

Daily screening questionnaire (symptoms, travel, household contacts), temperature via thermal imaging, universal masking. Staff must only use one exit and entrance where screening occurs.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Daily screening questionnaire (symptoms, travel, household contacts), temperature via thermal imaging, universal masking. Individuals must only use one exit and entrance where screening occurs.

24. NON-ESSENTIAL PERSONNEL

Daily screening questionnaire (symptoms, travel, household contacts), temperature via thermal imaging, universal masking, and wearing full PPE in resident areas. Individuals must only use one exit and entrance where screening occurs.

25. VISITORS

The visitor must pass daily screening questionnaire (symptoms, travel, household contacts) and temperature check via thermal imaging. The individual must universal mask and wear full PPE throughout the duration of their visit. All visitors will use one exit and entrance where screening occurs.

26. VOLUNTEERS

N/A

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Communal dining may begin to be provided for individuals who need help with feeding and or individuals who are at risk for choking. All other residents will be served meals within their rooms. Staff are available to check on residents while meals occur to be sure there are no needs for assistance, choking, etc.

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

Each table will only have 1 chair/resident per table to allow residents who must eat in the dining room to do so.

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

Staff will be wearing full PPE in any yellow or red zone, in the green zones staff will be wearing a KN95 facemask with disposable mask overtop and face shield or goggles. Each table and chair will be wiped down with an EPA registered disinfectant after use.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

N/A

ACTIVITIES AND OUTINGS

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

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

All residents will be masked, will be social distancing, and practicing hand hygiene. If items are being used that will be touched by multiple residents the item will be wiped down between use of each resident using an EPA registered disinfectant. Only residents who have the ability to social distance, wear a mask, and use proper hand hygiene will be allowed to participate in group activities up to a maximum of 5 residents per activity. These types of activities may include bingo, music, entertainment, reading, art, and other small group activities.

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

All residents will be masked, will be social distancing, and practicing hand hygiene. If items are being used that will be touched by multiple residents the item will be wiped down between use of each resident using an EPA registered disinfectant. Only residents who have the ability to social distance, wear a mask, and use proper hand hygiene will be allowed to participate in group activities up to a maximum of 10 residents per activity. These types of activities may include bingo, music, entertainment, reading, art, and other small group activities.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

All residents will be masked, will be social distancing, and practicing hand hygiene. If items are being used that will be touched by multiple residents the item will be wiped down between use of each resident using an EPA registered disinfectant. Only residents who have the ability to social distance, wear a mask, and use proper hand hygiene will be allowed to participate in group activities. Even during step 3 groups will be limited to 25 residents or less (depending on the size of the space used so that social distancing may occur) that are unexposed to COVID-19 and able to comply with all directions. Residents who are unable to leave a mask on and aware of social distancing will continue with activities in their normal space and one-on-one types of activities.

ACTIVITIES AND OUTINGS

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Only residents who have the ability to social distance, wear a mask, and use proper hand hygiene will be allowed to participate in outings. Outings will be limited to no more than the number of people where social distancing can be maintained, this includes transportation and destination of the outing i.e. restaurant, shopping, etc. Types of outings will depend on the local area and availability of indoor/outdoor options and weather. Residents who are unable to leave a mask on and aware of social distancing will continue with activities in their normal space and one-on-one types of activities.

NON-ESSENTIAL PERSONNEL

In Step 2, non-essential personnel deemed necessary by the facility are allowed (in addition to those already permitted in Section 4 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*). In Step 3, all non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.

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

Contractors and Vendors, Volunteers

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

Contractors and Vendors, and Volunteers must go through daily screening questionnaire (symptoms, travel, household contacts), temperature via thermal imaging, universal masking, wearing full PPE in resident areas. Individuals must only use one exit and entrance where screening occurs. Depending on the type of service provided they will be required to provide safety policies complying with infection control measures in their specific area to begin returning to the facility.

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

Non-essential personnel are not to be in exposed COVID-19 zones.

VISITATION PLAN

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

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

Visits will be an hour apart on the hour and the length of each visit will be 30 minutes, time between visits will be used for cleaning and sanitizing visitation area. Visits will be M-F by appointment only and appointments will be made at 9am, 10am, 11am, 1pm, 2pm, and 3pm. Visits will be prioritized so that all residents have the opportunity to have their loved ones visit in the initial phase. If visit is to be inside in a neutral zone then visitors must pass the screening questionnaire, temperature check, and don in full PPE.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Scheduling by appointment only during specified hours, manual/phone or electric means will be used to track appointments. Families who would like to schedule a visit can visit our website at LECOMisaging.com and click the "Schedule a Resident Visit" link at the top of the main page.

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

We will use EPA registered disinfectant between each visit.

VISITATION PLAN	
41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?	
Two visitors only, per resident visit.	
42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED	
Monitoring those who have had visits and prioritizing those who have not had visits.	
STEP 2	43. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 2 (CONSIDERING SUCH SAFETY FACTORS AS EXPOSURE TO OUTDOOR WEATHER AND TRANSPORTING RESIDENT TO VISITOR LOCATION)
	Residents housed in the green zones or residents that are in the yellow zone who have two negative COVID-19 swabs are allowed to have visitors. If resident is unable to leave their room due to medical restrictions (bed bound, elopement risk, etc.) they will be permitted to have one visitor at a time, this visitor must be in full PPE and is only allowed to visit for a maximum of 15 minute increments, while maintaining social distancing.
	44. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE
	Outdoor visitation will be to the right side of the facility near the entrance. Visitation will be under a 10x10 tent with partitioned plexiglass underneath to create separation between residents and their visitors. If severe weather, visitation will still be held underneath tent unless deemed unsafe in which visitation will be moved inside in a "neutral zone" picked by facility administration.
	45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS
We will utilize previously purchased floor notations to designate spaces that are 6 ft apart as well as separated by a partition. If floor notations are not able to be used stands will designate areas spaced appropriately apart. Outdoor visits will always take place in the same outdoor space and neutral zones, indoor visits will always take place in the same indoor space to be sure this is followed.	
46. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED IN THE EVENT OF EXCESSIVELY SEVERE WEATHER TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE	
Visitation indoors will be located in a neutral zones per facility that is open and unoccupied by others.	
47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS	
Flooring or wall markings that will indicate six-foot distancing.	
STEP 3	48. DESCRIBE HOW THE FACILITY WILL DETERMINE THOSE RESIDENTS WHO CAN SAFELY ACCEPT VISITORS AT STEP 3 (CONSIDERING SUCH SAFETY FACTORS AS TRANSPORTING RESIDENT TO VISITOR LOCATION)
	Residents housed in the green zones or residents that are in the yellow zone who have two negative COVID-19 swabs are allowed to have visitors. If resident is unable to leave their room due to medical restrictions they will be permitted to have one visitor at a time, this visitor must be in full PPE and is only allowed to visit for a maximum of 15 minute increments, while maintaining social distancing.
	49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52
Yes, outdoor visitaton will be utilized in step 3 and is the preferred method. Outdoor visitation will continue until weather does not allow the facility to do so. As weather changes visitation will be moved indoors to neutral zones.	
50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")	

VISITATION PLAN

Outdoor visitation will be to the right side of the facility near the entrance. Visitation will be under a 10x10 tent with partitioned plexiglass underneath to create separation between residents and their visitors. If severe weather, visitation will still be held underneath tent unless deemed unsafe in which visitation will be moved inside in a "neutral zone" picked by facility administration.

51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

Flooring or wall markings that will indicate six-foot distancing.

52. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

Entrance would be employee entrance where individual will need to pass questionnaire and temperature check to proceed with visitation. All visitors will need to don in full PPE and maintain social distancing throughout the visit. Within Step 3 of reopening visitors of a resident who is an elopement risk are permitted within the building.

53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

Flooring or wall markings that will indicate six-foot distancing.

54. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM

Visitors will complete and pass questionnaire and temperature check to proceed with visitation and will don in full PPE. Visitation will only be 15 minutes long with one visitor at a time, greater than six feet.

VOLUNTEERS

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. In Step 3, all volunteer duties may be conducted, but only with residents unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

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

N/A

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

N/A

ATTESTATION

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

57. NAME OF NURSING HOME ADMINISTRATOR

Adam C. Baker, MHSA, NHA

ATTESTATION

58. ATTESTATION

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria is met as described in the *Interim Guidance for Skilled Nursing Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.

Adam C. Brown, NHA
SIGNATURE OF NURSING HOME ADMINISTRATOR

8/24/2020
DATE