

St. Anne Home Nursing Facility's Implementation Plan for Reopening In Accordance with the Pennsylvania Department of Health's Interim Guidance for Skilled Nursing Facilities During COVID-19

As of July 22, 2020

This Implementation plan is subject to change without notice and based on current conditions and resources available at St. Anne Home and current conditions in Westmoreland County which is in Governor Wolf's Green phase of Pennsylvania's Phased Reopening Plan. This reopening plan will halt if Westmoreland County is reverted to a Red Phase on the Governor's Reopening Plan.

| 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 | |
| St. Anne Home | |
| 2. STREET ADDRESS | |
| 685 Angela Drive | |
| 3. CITY | 4. ZIP CODE |
| Greensburg, Pa | 15601-8786 |
| 5. NAME OF FACILITY CONTACT PERSONS | 6. PHONE NUMBER OF CONTACT PERSONS |
| Jeff S. Long, Christy Kremer, Ann Donovan and Jennie Long | 724-837-6070 |

| 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 | |
| July 22, 2020 (completion of baseline COVID-19 testing occurred on June 26, 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> | |

DATE AND STEP OF REOPENING

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

No

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

June 29, 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](#)

June 9, 2020 to June 26, 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

St. Anne Home has at least 4 staff that have been trained to administer the COVID-19 diagnostic test. On demand tests are also available between specified time frames that may be different each day. Specimen collection can be performed by both St. Anne Home employees or by the Excelsior Health / Westmoreland Regional Hospital Laboratory employees (or by another properly designated third party) depending on the number of tests that need to be performed in one day. Given recent experience and dependent upon the number of residents showing symptoms and upon local, regional and national testing supplies, the test can be administered (specimen collected) within 24 hours of symptom onset. Given each testing Laboratory's capacity and recent experience of providing test results back to St. Anne Home, at this time, we estimate that test results should be returned within 7 days of the Laboratory's receipt of the specimen, given the Laboratory's current capacity.

St. Anne Home has agreements with three different approved COVID-19 testing Laboratories. These Laboratories are: Access Dx Laboratory, MED Health Services Laboratory, and Westmoreland Regional Hospital Laboratory. All three Laboratories reported that they are able to supply provide collection materials and process specimens. Shipping supplies are provided by these three laboratories and include a swab, specimen container and shipping containers if needed, otherwise specimens are picked up by a laboratory delivery person.

St. Anne Home designated testing staff will obtain patient agreement and it will be documented on Appendix B of the St. Anne Home Policy titled, Test-based Strategies for Preventing and/or Mitigating Transmission of the Virus that Causes COVID-19.

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

St. Anne Home in partnership with our laboratory partners has the capacity to test approximately all of our Nursing Facility and Personal Care Home residents and staff within five days. subject to staff availability and testing supplies.

St. Anne Home has at least 4 staff that have been trained to administer the COVID-19 diagnostic test. On demand tests are also available between specified time frames that may be different each day. Specimen collection can be performed by both St. Anne Home employees or by the Excelsior Health / Westmoreland Regional Hospital Laboratory employees (or by another properly designated third party) depending on the number of tests that need to be performed in one day.

St. Anne Home has agreements with three different approved COVID-19 testing Laboratories. These Laboratories are: Access Dx Laboratory, MED Health Services Laboratory, and Westmoreland Regional Hospital Laboratory. All three Laboratories are able to supply provide collection materials and process specimens. Shipping supplies are provided by these three laboratories and include a swab, specimen container and shipping containers if needed, otherwise specimens are picked up by a laboratory delivery person.

St. Anne Home designated testing staff will obtain patient agreement and it will be documented on Appendix B of the St. Anne Home Policy titled, Test-based Strategies for Preventing and/or Mitigating Transmission of the Virus that Causes COVID-19.

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

Same as answer to field 13 above

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

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

VOLUNTEERS

St. Anne Home procedure testing of non-essential staff and volunteers is to post a sign-up sheet to schedule an on-site test to occur either in a separate room or outside covered space designated for testing / specimen collection. On demand tests are also available between specified time frames that may be different each day. Specimen collection can be performed by both St. Anne Home employees or by the Excelsa Health / Westmoreland Regional Hospital Laboratory employees (or by another properly designated third party) depending on the number of tests that need to be performed in one day.

St. Anne Home has at least 4 staff that have been trained to administer the COVID-19 diagnostic test. St. Anne Home has agreements with three different approved COVID-19 testing Laboratories. These Laboratories are: Access Dx Laboratory, MED Health Services Laboratory, and Westmoreland Regional Hospital Laboratory. All three Laboratories are able to supply provide collection materials and process specimens. Shipping supplies are provided by these three laboratories and include a swab, specimen container and shipping containers if needed, otherwise specimens are picked up by a laboratory delivery person.

St. Anne Home designated testing staff will obtain patient agreement and it will be documented on Appendix B of the St. Anne Home Policy titled, Test-based Strategies for Preventing and/or Mitigating Transmission of the Virus that Causes COVID-19.

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

If an existing resident (in building longer than 14 days) or responsible party (deciding for resident) declines testing or if resident is unable to be tested and was potentially exposed to COVID-19 as determined through contact tracing, the resident will be cared for in a COVID-19 potentially exposed (Yellow) Zone (if one exists) or alternatively be cared for in their room with door closed and some negative air flow created which exhausts air to outside until at least 14 days (or longer, if necessary) after any known exposure. If these residents develop symptoms consistent with COVID-19 the testing request will be re-visited with the resident or responsible party.

If a newly admitted resident declines testing or if resident is unable to be tested and who has no confirmed situation of potentially being exposed to COVID-19 as determined through contact tracing has declined testing the resident will be quarantined to their room and placed under Transmission-Based Precautions for 14 days (or longer, if necessary) as per PA HAN 496, page 3. If these residents develop symptoms consistent with COVID-19 the testing request will be re-visited with the resident or responsible party and PA Department of Health guidance PA HAN 517 will be followed for Discontinuation of Transmission-Based Precautions for Patients with COVID-19.

If a healthcare personnel declines testing and is physically cleared by a physician to be able to be tested this employee will be removed from the schedule until such time as they are tested for COVID-19. If a healthcare personnel is determined to be physically unable to be tested by a physician then healthcare personnel will be referred to Human Resources to determine if reasonable accommodations are able to be made.

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

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*.

St. Anne Home's Post Testing Actions to Prevent Transmission, Zone Guidelines, and Potential Cohorting Modifications will follow Pennsylvania (PA) Department of Health's Health Alert Network (HAN) Guidance for COVID-19 in Long-Term Care Facilities PA HAN 509. St. Anne Home will use the described Red Zone, Yellow Zone and Green Zone as required and needed. These three Zones refer to a separate villa or unit or area where residents are cohorted based on their test results or the test results of a healthcare worker providing care to them.

A COVID positive test Red Zone is for residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions.

A COVID negative test potentially exposed Yellow Zone is for residents with a negative SARS-CoV-2 PCR test who remain asymptomatic but are within 14 days of possible exposure to COVID-19.

An Unexposed Green Zone is for any resident in the facility who had a negative SARS-CoV-2 PCR test and is thought to be unexposed to COVID-19.

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)

St. Anne Home currently has an adequate supply of Personal Protective Equipment (PPE) to care for residents needing isolation. During this pandemic the number of residents requiring Transmission-Based Precautions has ranged from approximately 12 to 15 residents out of a nursing facility census of 150. There are practices in place to monitor and collect (PPE) levels with a burn rate of 18 days and this level is located in a secured storage area if needed for an outbreak. There are contingency plans to attempt to obtain additional PPE from alternate sources in the event of a shortage. PPE levels are reported based on reporting requirements. PPE is maintained in a secured storage area if needed for an outbreak.

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

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

SHORTAGES

St. Anne Home’s plan to ensure adequate staffing includes when needed using agency staff, establishing agreements with staffing agencies, requiring mandatory overtime, prohibiting the approval of long periods of paid time off, reassignment of tasks to other personnel so licensed healthcare personnel can perform work more efficiently and effectively, and hiring additional staff that are willing on an as needed basis and casual basis to fill in when regular staff are on paid time off.

Open shifts are posted within the Department for employees to pick up shifts as they are able. If there is an unexpected call off, the Department Director or Supervisor contacts other staff members to ask if they are available to work the shift in need of coverage, see if anyone working would stay and cover at least part of the next shift, and ask if anyone working the next shift is able to come in early and cover a partial shift. If additional staffing is needed in an emergency situation, the President and CEO, or designee will initiate the emergency call-in relay and group texting to get assistance from all Departments. Each Department Director will contact their staff as needed. Mandatory overtime will be required during a state of emergency to cover needed positions in the facility and long periods of time of paid time off will be prohibited. Staff will be reassigned to complete other duties as needed. Additional details are contained in the St. Anne Home Ensuring an Adequate Staffing Policy and Procedure.

During the reopening St. Anne Home will meet or exceed the 2.7 direct nursing hours per patient day (PPD) as required in the Frequently Asked Questions about Reopening Interim Guidance for Skilled Nursing Facilities During COVID-19 provided by the Pennsylvania Department of Health on June 27, 2020.

At a census of 150 nursing facility residents a staffing plan would have to be equal to or exceed the following:

- for first shift one (1) RN Shift Supervisor, seven (7) Unit Supervisors and fifteen (15) nurse aides,
- for second shift one (1) RN Shift Supervisor, seven (7) Unit Supervisors and fourteen (14) nurse aides,
- for third shift one (1) RN Shift Supervisor, four (4) Unit Supervisors and six (6) nurse aides.

This “meet or exceed” staffing pattern results in at least 56 total nursing staff per day. By shift this “meet or exceed” staffing pattern may or may not be allocated over the three shifts as follows:

23 - eight (8) hour staffed shifts less a 20-minute break or 168.66 hours on **first shift**,
 22 - eight (8) hour staffed shifts less a 20-minute break or 161.33 hours on **second shift** and
 11 – eight (8) hour staffed shifts less a 20-minute break or 80.66 hours on **third shift** for a daily total of 410.66 hours of direct nursing care for 150 residents or 2.737 hours per resident per day.

Staff are actually scheduled for an 8.5-hour shift that includes a 30-minute non-paid lunch break that is not included in the above total hours per patient day. The chart below represents the narrative described above for the “meet or exceed” direct nursing care staffing levels to ensure there are no staffing shortages when caring for 150 nursing facility residents.

| | First Shift | Second Shift | Third Shift | Total per day |
|---|-------------|--------------|-------------|---------------|
| RN Shift Supervisors | 1 | 1 | 1 | 3 |
| Unit Supervisors | 7 | 7 | 4 | 18 |
| Nurse Aides | 15 | 14 | 6 | 35 |
| Total direct care nursing staff: | 23 | 22 | 11 | 56 |

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

DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES (cont.)

If total census (number of residents) decreases below 150 then total staff in the above “meet or exceed” direct nursing staffing pattern may decrease as well. Conversely if total census increases above 150 then total staff in the above “meet or exceed” direct nursing staffing pattern may increase as well.

Currently, St. Anne Home attempts to schedule direct care nursing staff as follows:

| | First Shift | Second Shift | Third Shift | Total per day |
|---|-------------|--------------|-------------|---------------|
| RN Shift Supervisors | 1.5 | 1.5 | 1 | 4 |
| Unit Supervisors | 8 | 8 | 5 | 21 |
| Nurse Aides | 19 | 18 | 13 | 50 |
| Total direct care nursing staff: | 28.5 | 27.5 | 19 | 75 |

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

Upon notification that Westmoreland County has reverted back to a Red Phase of the Governor’s reopening plan St. Anne Home will halt all reopening of the facility. Communal dining and activities will not take place. As per PA Department of Health Interim Guidance for Skilled Nursing Facilities (SNFs) During COVID-19 dated June 26, 2020 Visitor Policies for SNFs when not in the Reopening Process include:

- a. Limiting exposure to residents, restrict visitation as follows:
 - Restrict all visitors, except those listed in Section b below.
 - Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
 - Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the SNF. Ensure cross-over staff adhere to the facility’s Infection Control Plan.
- b. 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, physician assistants, and other clinicians;
 - Home health and dialysis services;
 - The Department of Aging/Area Agency on Aging including the Ombudsman and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*;
 - Visitors to include but not be limited to family, friends, clergy, and others during end of life situations;
 - 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 Long-term Care Ombudsman, or local public health officials.

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

All residents are screened daily by taking their temperature and are assessed for signs and symptoms of COVID-19. This resident screening occurs in the resident's room. The method of determining symptoms includes but is not limited to temperature, overall respiratory status and any reports of a change in condition as determined by resident reports or staff observation.

SCREENING PROTOCOLS

22. STAFF

All healthcare employees are screened upon entrance to the building at the beginning of their shift. This screening occurs in the new employee vestibule entrance and exit areas. The screening tool currently being used is as follows:



685 Angela Drive, Greensburg, PA 15601
(724) 837-6070 FAX (724) 837-6099
www.stannehome.org

Updated: 06/26/2020

How to Use This Form

All individuals entering the nursing home must be actively screened for COVID-19 symptoms prior to entry. Any individual showing fever or symptoms of COVID-19 must be restricted from entering the nursing home.

Individuals permitted to enter in compassionate care situations must additionally perform hand hygiene, wear a facemask, and restrict their visit to the resident's room or another location designated by the nursing home.

Health care workers such as hospice workers, EMS personnel, or dialysis technicians, and state and federal surveyors must be permitted to enter provided they do not show active symptoms such as fever.

Any protected health information (PHI) collected from individuals entering St. Anne Home, processes are in place to ensure compliance with HIPAA guidelines.

Name: _____ Date: _____

Screened by: _____

Due to the prevalence of COVID-19, all nursing homes are required to actively screen all individuals seeking entry to the nursing home for fever and respiratory symptoms.

For all individuals: Temperature: _____

If temperature is 100 or above entry to St. Anne Home is restricted

1. Has this individual washed their hands or used alcohol-based hand rub on entry? YES / NO - If no, please have them to do so

2. Ask the individual if they have any of the following respiratory symptoms?

Table with 4 columns: Symptom, YES / NO, Symptom, YES / NO. Rows include Fever, Sore Throat, New or Worsening Cough, Difficulty Breathing, Shortness of Breath, Chills, Muscle Pain, Repeated shaking with chills, Headache, New loss of taste or smell, Diarrhea, Vomiting.

If YES to any two of the above, restrict the individual from entering St. Anne Home. If NO to all of the above, proceed to question #3 for employees and step #4 for all others

3A. For employees, you may check the employee's temperature and document results Fever (defined as temperature greater than or equal to 100 degrees Fahrenheit with respiratory symptoms)

If YES, restrict the individual from entering St. Anne Home. If NO, proceed to step 3B

Dedicated to the healing mission of Jesus Christ.

SCREENING PROTOCOLS

3B. For employees, ask if they have:

Work at any other health care facility?

YES / NO

If YES, please provide the name(s) of the other facilities:

Worked in facilities with recognized COVID-19 cases?

YES / NO

If YES, ask if they worked with a person with confirmed COVID-19?

YES / NO

If YES, restrict them from entering St. Anne Home.

If NO, proceed to step 4.

4. Do you live with a person who is being tested for OR has confirmed COVID-19 OR have received a letter from PA DOH that you may have been exposed to COVID-19.

YES / NO

If YES, restrict the individual from entering St. Anne Home.

5. Have you traveled outside of Westmoreland County in the past 14 days and visited other people where universal masks were NOT worn by all or Social Distancing was NOT taking place?

YES / NO

If "YES" what Pennsylvania County did this occur in? _____

If visited outside Pennsylvania what other state did this occur in? _____

If visited outside the United States what other country did this occur? _____

Depending on the circumstances and location of you visit St. Anne Home reserves the right to inquire a 14 day self-isolation period before permitted to return to work. Please check with your supervisor if you are planning a trip to an area that has had a high number of COVID-19 cases and they will consult with appropriate staff to determine if a 14 isolation period will be required upon your return. St. Anne Home has the right to require COVID-19 testing of you prior to returning to work.

6. For visitors who are allowed to visit due to compassionate care situations *and are asymptomatic upon screening*, allow entry to the nursing home and remind the individual to:

- Wash their hands or use alcohol-based hand rub throughout their time in the nursing home;
- Not shake hands with, touch or hug individuals while in the nursing home;
- Wear a facemask while in the nursing home and
- Restrict their visit to the resident's room or other location designated by the facility.

7. For compassionate care visitors, health care workers, and surveyors: did the individual appropriately don the required PPE?

YES / NO

All individuals entering St. Anne Home must monitor for signs and symptoms of respiratory infection for at least 14 days after exiting the nursing home. If symptoms occur, they must immediately notify the nursing home of the date they were in the nursing home, the individuals they were in contact with, and the locations within the facility they visited. Nursing homes should immediately screen the individuals of reported contact, and take all necessary actions based on findings.

SCREENING PROTOCOLS

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All **healthcare personnel who are not staff** are screened upon entrance to the building at the beginning of their shift. This screening occurs in the new employee vestibule entrance / exit area and in the front main visitor entrance. The screening tool currently being used is the same tool presented in section 22 above.

24. NON-ESSENTIAL PERSONNEL

All **non-essential personnel** are screened upon entrance to the building at the beginning of their shift. This screening occurs in the new employee vestibule entrance / exit area and in the front main visitor entrance. The screening tool currently being used is the same tool presented in section 22 above.

25. VISITORS

All **visitors** are screened upon entrance to the building. This screening may occur in the new employee vestibule entrance / exit area, in the front main visitor entrance and outside depending on the reason and time of the visit. The screening tool currently being used is the same tool presented in section 22 above.

26. VOLUNTEERS

All **volunteers** are screened upon entrance to the building. This screening occurs in the new employee vestibule entrance / exit area and in the front main visitor entrance. The screening tool currently being used is the same tool presented in section 22 above.

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)

Meal schedule will remain the same. Communal dining is limited to unexposed (as defined in PA HAN 496 – those who are not known to have been exposed to COVID-19) residents or patients. Resident dining areas will be set up to accommodate safe social distancing (limited number of people at tables and spaced by at least six feet apart) during meals.

Dining room table and chair layouts have been reconfigured with designated seating location options established to ensure social distancing occurs during meals.

Residents will rotate taking meals in the dining area and in their room to enforce social distancing recommendations. Residents who need assistance and or supervision with feeding will be giving priority to eat in the dining areas.

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

Seating and tables on the Villa dining areas will be set up and spaced to ensure there is at least six feet distance between residents during meals.

Residents at-risk for choking or aspiration who may cough, creating droplets will be identified. Meals for these residents should be provided in their rooms with assistance. If meals cannot be provided in their rooms, the precautions outlined below must be taken for eating in a common area in addition to ensuring the residents remain at least six feet or more from each other.

- Stagger arrival times and maintain social distancing;
- Take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating; and
- Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents.

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

Staff will wear eye protection and gowns when feeding a resident at high-risk for choking, given the risk to cough while eating. 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. No common use salt and pepper shakers will be used. Residents hands will be washed before and after each meal.

Staff will take appropriate precautions with eye protection and gowns for staff feeding the resident population at high-risk for choking, given the risk to cough while eating.

Staff members who are assisting more than one resident at the same time must 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

Residents will be interviewed to determine their first and second preference as to which meal they prefer to eat in the dining area. Those residents who require assistance or supervision will be seated in the Villa dining area for all three meals. Due to the number of residents who either require assistance or supervision residents who are assessed to be capable of feeding themselves without supervision or assistance will be provided in-room meal service.

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)

During Step 1 of the incremental lifting of restrictions as provided in the Pennsylvania Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19 activities will be held in the common living areas of each nursing resident Villa or unit or outside one of the five courtyards weather permitting. Activity staff will ensure activities are limited to five or less residents without known exposure to COVID-19, that social distancing is maintained (a minimum of 6 feet between residents), that hand hygiene is completed by residents and staff prior to starting the activity and at the conclusion of each activity and that universal masking is required for staff and residents. Activities offered will include Rosary, music therapy, current events, movies, exercise, crafts and bingo. There will be no shared objects between residents. Disposable bingo cards will be used and bingo chips will be sanitized between uses. Craft kits will be prepackaged into individual kits by the activities staff.

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

During Step 2 of the incremental lifting of restrictions as provided in the Pennsylvania Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19 activities will be held in the common living areas of each nursing resident Villa or unit or outside one of the five courtyards weather permitting or in the All-Purpose room. Activity staff will ensure activities are limited to ten or less residents without known exposure to COVID-19, that social distancing is maintained (a minimum of 6 feet between residents), that hand hygiene is completed by residents and staff prior to starting the activity and at the conclusion of each activity and that universal masking is required for staff and residents. Activities offered will include Rosary, music therapy, current events, movies, exercise, crafts, bingo, hobo auction, resident council and cooking demonstrations. There will be no shared objects between residents. Disposable bingo cards will be used and bingo chips will be sanitized between uses. Craft kits will be prepackaged into individual kits by the activities staff.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

During Step 3 of the incremental lifting of restrictions as provided in the Pennsylvania Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19, dated June 26, 2020, activities will be held in the common living areas of each nursing resident Villa or unit or outside one of the five courtyards weather permitting or in the All-Purpose room or in the main dining room. Resident activities will not be limited to a specific number of residents without known exposure to COVID-19 so long as social distancing (maintaining a minimum of 6 feet between residents at all times) can occur, that hand hygiene is completed by residents and staff prior to starting the activity and at the conclusion of each activity and that universal masking is required for staff and residents. Activities offered will include Rosary, music therapy, current events, movies, exercise, crafts, bingo, hobo auction, resident council, cooking demonstrations, Mass, and outside performers and entertainers after they are screened for COVID-19 and provided masks to wear at all times while in the building or outdoors. There will be no shared objects between residents. Disposable bingo cards will be used and bingo chips will be sanitized between uses. Craft kits will be prepackaged into individual kits by the activities staff. Pastoral care staff and activities staff will ensure social distancing is maintained during Mass, that residents wear their masks and pews are properly sanitized after each Mass. The Priest will communicate these requirements to residents and support the implementation of these changes. The Director of Activities and Ministry Mission Leader / Director of Pastoral Care supervise staff and provide hands on assistance as needed to ensure social distancing is maintained during Mass, that residents wear their masks and pews are properly sanitized after each Mass. No outside visitors including Independent Residential Living residents are permitted to attend Mass during Step 3. Personal Care residents from Villa Angela may attend Mass only if there is enough room to maintain social distancing and there is no new facility onset of COVID-19 in Villa Angela at St. Anne Home. If there is not adequate room Mass may need to be offered in Villa Angela on alternate times or days.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

No outings are planned during the COVID-19 pandemic.

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

Nonessential personnel, including contractors will be permitted access when needed to complete work necessary to maintain a safe and comfortable environment for the residents and staff. If a Red Zone area exists in the building nonessential personnel and contractors will have limited access to this area.

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, including contractors will:

- Wear a face covering or facemask during the entire time while in the building;
- Use alcohol-based hand rub at entrance to the building and upon exit;
- Stay in designated facility locations as directed by Department Director or Department Supervisor;
- Sign in when entering building at the screening area;
- Sign out upon departure; and
- Adhere to screening protocols by accurately completing all questions on the above screening tool.

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

Nonessential personnel, including contractors will not be permitted within six feet of a resident who has tested positive for COVID-19, is known or suspected to have been exposed to COVID-19 and is under Transmission Based droplet precautions. Nonessential personnel, including contractors will be instructed which areas on the building they are permitted to have access to while they are in the building to ensure they do not enter the Red Zone, if one exists.

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

St. Anne Home schedule of visitation hours will be (subject to change based on staffing availability):

Sundays: 9:00 to 11:45 am, 1:00 to 3:45 pm and 6:30 to 7:45 pm

Mondays: 9:00 to 11:45 am and 1:00 to 3:45 pm

Tuesdays: 9:00 to 11:45 am, 1:00 to 3:45 pm and 6:30 to 7:45 pm

Wednesdays: 9:00 to 11:45 am and 1:00 to 3:45 pm

Thursdays: 9:00 to 11:45 am, 1:00 to 3:45 pm and 6:30 to 7:45 pm

Fridays: 9:00 to 11:45 am and 1:00 to 3:45 pm

Saturdays: 9:00 to 11:45 am, 1:00 to 3:45 pm and 6:30 to 7:45 pm

Each visit will be limited to 20 minutes to allow proper time to sanitize visiting area between visit sessions and to provide opportunity to maximize the number of scheduled visits per day.

As per PA Department of Health reopening guidance all scheduled visits will have to be canceled and rescheduled if one of our residents or staff test positive for COVID-19 and at least a 14-day waiting period will have to occur before these visits can begin again.

All visits must be scheduled in advance with confirmation made by visitors that visiting procedures will be followed.

VISITATION PLAN

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

A designated staff member will contact the resident's responsible person to set up a mutually convenient date and time that is available from the options above. Prior to the visit taking place instructions will be given to the visitors which will include:

- where they will be screened for COVID-19 signs and symptoms and possible exposures by using the screening tool above,
- that visitors will not be permitted to access the facility or facility grounds if they do not pass the screening
- where the specific visitation space in a neutral zone is located,
- the specified entrance to be used,
- the route they must take to the neutral zone,
- that all visits will be monitored,
- that a six-foot distance between the visitor and the resident must be maintained at all times during the visit,
- that no more than three visitors per resident will be permitted,
- that all visitors must supply and wear a face covering or face mask covering nose and mouth during the entire visit,
- that children are permitted to visit when accompanied by an adult visitor as long as the total number of visitors per resident and per visit does not exceed three total visitors,
- that adult visitors must be able to manage children, and children older than 2 years of age must wear a facemask during the entire visit,
- that children must also maintain strict social distancing during the entire visit,
- that each visitor will be provided alcohol-based hand rub and must demonstrate how to use it appropriately before and after visit,
- that visitors must stay in designated facility locations,
- that all visitors must sign in and provide a phone number they can be reached at,
- that all visitors must sign out upon departure,
- that for the safety of the residents the visitor must agree to all requirements above prior to the scheduling or visit taking place.
- Residents that are on Transmission Based precautions will not be permitted visitation in the common neutral indoor or outdoor areas and must stay in their room.

As difficult and disappointing as this may sound, physical contact with the resident is not allowed. The day for hugs, kisses, holding hands, and sitting side-by-side will return to us one day; but it is not yet that time. Our St. Anne Home team members will help to ensure that safe practices are being upheld at all times during these visits.

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

Surfaces touched by the resident and or the visitors will be sanitized using an EPA registered disinfectant after each visit and before the next visit can occur.

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

Three

VISITATION PLAN

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

Visitors wanting to visit residents who are expressing feelings of loneliness and residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) will be given first priority to schedule a visit.

Next visitors of residents who have not received a visit yet will be given the next priority.

Next visitors of residents who have received fewer visits than other residents will have priority over residents who have had more visits.

Next visitors who have not had any visit yet will have priority over those visitors who have already visited the resident.

St. Anne Home will attempt to maximize the number of different resident visits that can occur at one time given the limited staff and financial resources available.

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)

The Director of Nursing, Ann Donovan along with input from Interdisciplinary care plan team and the Infection Control Preventionist will determine those residents who can safely accept visitors at Step 2. If consensus cannot be reached the Assistant Administrator, Christy Kremer will make determination.

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

The outdoor visitation space for nursing facility residents during Step 2 of the incremental lifting of restrictions as provided in the Pennsylvania Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19 dated June 26, 2020 will be located in either

- the largest main courtyard which has a gazebo in it and is adjacent to the following interior spaces main kitchen, main dining room and chapel or
- the front circular driveway near the Porte-cochère at the front entrance.

Twelve by twelve-foot tents with open sides will be used at either location above to provide coverage from light rain and sun. If severe weather is forecasted then an interior neutral visit space will be used.

If the main courtyard is used for visits, visitors will enter the front entrance and be screened at the receptionist desk. If the visitor has:

- passed the COVID-19 screening,
- donned a face covering or face mask,
- applied and demonstrated proper application of alcohol-based hand rub,
- signed in and provide a phone number to contact them,

then they will be escorted to the left past the Beauty Shop and will enter the first door to the main dining room, pass through the main dining and exit out the back of the dining room doors to enter the main courtyard. The visitors will be directed to a specific tent where the 20-minute visit will take place. Once the visitor(s) are under the tent the resident will be brought outside by staff.

If the front circular driveway near the Porte-cochère at the front entrance is used for visits, visitors will first proceed along a roped off path along the sidewalk to a screening area under the Porte-cochère to be screened for COVID-19. If the visitor has:

STEP 2

VISITATION PLAN

| | |
|---------------|---|
| | <ul style="list-style-type: none"> • passed the COVID-19 screening, • donned a face covering or face mask, • applied and demonstrated proper application of alcohol-based hand rub, • signed in and provide a phone number to contact them, <p>then they will be escorted to a specific tent positioned on the circular driveway where the 20-minute visit will take place. Once the visitor(s) are under the tent the resident will be brought outside by staff.</p> |
| | <p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>Positioned diagonally under the 12 foot by 12-foot tent will be an eight-foot table which will be used to separate the visitors and the resident. In the center of this table there will be a clear sneeze / cough barrier positioned perpendicular to the top of the table. Visitor chairs will be at one end of the table and the resident will be positioned in their wheelchair or other type of chair at the other end of the table. At no time during the visit will the visitor or resident be less than six feet apart. Visits will be monitored to ensure compliance with visitor mask wearing and social distancing.</p> |
| | <p>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</p> <p>The main nursing facility dining room adjacent to the main kitchen will be used as a neutral visitation space. There will be a specific and dedicated visitor entrance door and another specific and dedicated resident entrance door to this neutral space.</p> |
| | <p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>There will be eight-foot tables used with seating areas on either end of the long rectangular folding tables to clearly define a minimum six-foot distance to be maintained between the resident and visitor(s) during indoor visits. In the center of this table there will be a clear sneeze / cough barrier positioned perpendicular to the top of the table.</p> |
| STEP 3 | <p>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)</p> <p>The Director of Nursing, Ann Donovan along with input from Interdisciplinary care plan team and the Infection Control Preventionist will determine those residents who can safely accept visitors at Step 3. If consensus cannot be reached the Assistant Administrator, Christy Kremer will make determination.</p> |
| | <p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes, as an option.</p> |
| | <p>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")</p> <p>Same</p> |
| | <p>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")</p> <p>Same</p> |
| | <p>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")</p> <p>Same</p> |
| | <p>53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND</p> |

VISITATION PLAN

THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

Same

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

It this time we believe that all current residents can be transported to the designated visitation area.

Visitors must wear a face covering or face mask and at all times during the visit and while in the building and outside as required. If a visitor must touch or adjust their cloth face covering, they should perform hand hygiene immediately before touching their mask and after. Facemasks and cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or anyone who is unconscious, incapacitated or otherwise unable to remove the mask without assistance. Patients or residents may remove their cloth face covering when in their rooms **but should put them back on when leaving their room or when others (healthcare staff and visitors) enter the room.** (as per PA HAN 497 dated April 16, 2020)

Social distancing must be maintained at all times including while in the resident's room. Resident will remain in their bed and a six-foot space around the bed will be marked as a "Do not enter buffer" so that social distancing is maintained during the entire visit. **Residents on Transmission precaution will not be permitted visitation at this time.**

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

Volunteers will:

- Wear a face covering or facemask during the entire time while in the building;
- Use alcohol-based hand rub at entrance to the building and upon exit;
- Stay in designated facility locations as directed by Department Director or Department Supervisor they are volunteering for;
- Sign in when entering building at the screening area;
- Sign out upon departure; and
- Adhere to screening protocols by accurately completing all questions on the above screening tool.

Volunteers will not be permitted within six feet of a resident who has tested positive for COVID-19, has been suspected to have been exposed to COVID-19 and is under Transmission Based droplet precautions.

Volunteers will be instructed which areas on the building they are permitted to have access to while they are in the building to ensure they do not enter the Red Zone, if one exists.

The Director of Resident and Community engagement will coordinate volunteer times and duties associated with the outdoor visitation protocol assistance which can include scheduling of visits, transporting (but not lifting) residents and monitoring visitation.

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

During Step 2 of the of the incremental lifting of restrictions as provided in the Pennsylvania Department of Health Interim Guidance for Skilled Nursing Facilities During COVID-19 dated June 26, 2020 volunteers are allowed only for the purpose of assisting with visitation protocols and may only conduct volunteer duties with residents unexposed to COVID-19. Outdoor visitation protocol assistance will include scheduling of visits, transporting (but not lifting) residents and monitoring visitation.

Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.

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

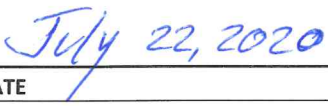
Jeffrey S. Long, NHA, MHA, MBA

58. ATTESTATION

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



SIGNATURE OF NURSING HOME ADMINISTRATOR



DATE