

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 Lakeside at Willow Valley Communities.	
2. STREET ADDRESS 300 Willow Valley Lakes Drive	
3. CITY Willow Street	4. ZIP CODE 17584
5. NAME OF FACILITY CONTACT PERSON Kristen Loose NHA	6. PHONE NUMBER OF CONTACT PERSON 717-464-9542

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 September 1, 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 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

8/11/2020 – No deficiencies identified.

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 23, 2020 to June 25, 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

Willow Valley Communities has a contract with Clarity lab for asymptomatic (universal) testing and Penn/LGH for symptomatic residents. Pa DOH lab has also been available and used for symptomatic testing.

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

Lakeside has available supplies through Clarity Lab to immediately begin testing all residents and staff in the event of an outbreak. We also have established connections with DOH and Penn/LGH for additional symptomatic testing if needed.

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

Lakeside has the ability to test Volunteers and Non-essential staff via our contract with Clarity Labs and also at regular intervals through universal testing.

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

Residents who decline testing will be placed on Yellow Observation for increased prevention mitigation. Staff will be unable to work in a Green zone if testing is refused or not possible. We will follow guidance as outlined in PA-HAN-509. Staff who do not comply with assignments within a yellow or red zone will be placed on a 10 day leave without pay to have time to reconsider. If the staff continues to not comply after 10 day leave, it will be considered a voluntary termination.

16. 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*.

Residents with a positive COVID test are immediately transferred to a red zone. All new admissions are tested for COVID-19 prior to admission to the facility. If they test positive, they will be placed in a Red Zone. If they test negative, they are placed into a Yellow/Observation zone for 14 days while being monitored for signs and/or symptoms of COVID -19. After 14 days with no signs fo COVID -19, they are moved to a room in the Green Zone. Should a wing or floor be placed on a Yellow zone, residents who share a room will remain together. Should a resident become symptomatic, the roommate will be transferred to a private room in a Yellow Zone.

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

17. DESCRIBE THE CURRENT CACHE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND THE PLAN TO ENSURE AN ADEQUATE SUPPLY OF PPE FOR STAFF (BASED ON THE TYPE OF CARE EXPECTED TO BE PROVIDED)

PPE Inventory is monitored to ensure we maintain an adequate supply taking into account our current burn rate. Contracts with supply companies are maintained, which provides resources need to maintain our PPE supply. Additionally, required reporting is completed daily which includes reporting of PPE availability and anticipated needs should they arise.

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

An Emergency Staffing plan has been developed and can be implemented should a staffing emergency occur.. At this time, Lakeside has no staffing shortages. Recruiting and hiring of staff is continuing, as needed.

19. 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

Lakeside will return to the Department of Health (DOH) guidance on visitations and communal dining should Lancaster County return to a Red phase.

SCREENING PROTOCOLS

In each block below, describe the screening protocol to be used including where screening occurs, method of determining symptoms and possible exposure, and action taken if screening reveals possible virus.

20. RESIDENTS

Residents are screened for signs of COVID-19 twice daily. Results of screening are documented in the Resident's medical record. If the Resident exhibits symptoms of COVID-19, the Resident is placed into isolation and tested for COVID-19. Residents diagnosed with COVID -19 will be moved to a Red Zone. A contact tracing is completed to identify areas or people of potential exposure and transmission risk. The area where the resident is moved from will become a Yellow Zone for 14 days and all staff and Residents will be monitored for symptoms of COVID-19. The DOH will be notified of the positive test results through appropriate venues of reporting.

21. STAFF

All staff are screened for COVID upon entrance to the campus by a screener. Any person entering the campus will be screened in a securely monitored screening station. Staff who do not pass screening are sent home and receive follow up guidance from a Clinical Screener, throughout their illness. Team members are isolated according to Centers for Medicare and Medicaid (CMS) and the Department of Health (DOH) guidance. Contact Tracing is completed for all positive cases to track movement and exposure risk throughout the Willow Valley Communities. The resident care area in which the staff member worked is placed on a Yellow Zone precaution for 14 days and all staff and residents are monitored for symptoms.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID by a screener. If they don't pass the screening questions, they are asked to leave the campus. . . The area where the person worked becomes a yellow zone for 14 days and Residents and Team members are monitored for signs of covid.

23. NON-ESSENTIAL PERSONNEL

Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID by a screener. . . The area where the Team Member worked becomes a yellow zone for 14 days and Residents and Team members are monitored for signs of covid.

SCREENING PROTOCOLS

24. VISITORS

Note: We are not accepting visitors at this time, other than “end of life” visits: Connection Cottage visits; or visits to drop off or pick up something belonging to a resident.

Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID. Visitors who do not pass the screening are not permitted onto the campus. Should a visitor report they are positive for COVID, a tracing would be done to evaluate possible transmission.

25. VOLUNTEERS

At this time, volunteers are not permitted to enter Lakeside.

Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID. Volunteers who test positive isolate until considered recovered. A tracing is completed to identify areas of risk and possible transmission within Willow Valley Communities. The area where the Volunteer worked becomes a yellow zone for 14 days and Residents and Team members are monitored for signs of covid.

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

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

Communal Dining will include residents eating in the same dining room with social distancing of at least 6 feet – one person per table. Once plexiglass dividers are available, 2 people may dine at a table. Precautions as outlined by the Department of Health (DOH) will be followed to prevent risk of transmission. Limited number of residents will be served at each seating. Multiple seatings will be available to meet with needs of the residents.

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

Tables will be spaced to ensure no resident dines within 6 foot of another. Extra seating will be removed to prevent risk. Plexiglass dividers will be used to allow residents to eat safely.

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

Hand Hygiene will be offered to residents prior to and after meals with staff assistance as needed. Staff will perform hand hygiene appropriately. Approved disinfection of all surfaces will be completed by staff between all service to residents. Staff serving residents will wear appropriate face covering and eye wear at all times. Residents will wear a mask when entering and exiting the dining areas.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

The Culinary Team will receive additional training on infection control and handwashing. Residents will be offered the opportunity for communal dining in order to promote physical activity, socialization and emotional support. All residents will have the option to receive tray service and in room dining.

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

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS)

Resident programs will be limited to five and will be held in the living room (accommodates 10 Residents with social distancing) and the Country Kitchens (accommodates 15 Residents with social distancing). Activities would include exercise, movies, crafts, reminiscing groups, bible study, and book club. Items would not be shared and would be cleaned after use. All Residents will wear a mask and use of hand sanitizer will be supervised before and after programming. Rooms will be sanitized after each program.

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

Resident programs will be limited to ten or less and will be held in the living room (accommodates 10 Residents with social distancing) and the Country Kitchens (accommodates 15 Residents with social distancing). Activities would include exercise, movies, crafts, reminiscing groups, bible study, and book club. Items would not be shared and would be cleaned after use. All Residents will wear a mask and use of hand sanitizer will be supervised before and after programming. Rooms will be sanitized after each program.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Resident programs will be limited to ten or less and will be held in the living room (accommodates 10 Residents with social distancing) and the Country Kitchens (accommodates 15 Residents with social distancing). Activities would include exercise, movies, crafts, reminiscing groups, bible study, and book club. Items would not be shared and would be cleaned after use. All Residents will wear a mask and use of hand sanitizer will be supervised before and after programming. Rooms will be sanitized after each program.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be planned with limited Residents to allow for social distancing. Residents will wear a face mask and hands will be sanitized before entering and exiting the vehicle. Vehicles will be sanitized after each use. Several size vehicles are available.

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

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

The need for non-essential personnel will be determined based on individual Resident need. Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID. Visitors who do not pass the screening are not permitted onto the campus. Hand hygiene is required upon entering and exiting the building. Proper PPE is required and provided if needed. Should a visitor report they are positive for COVID, a tracing would be done to evaluate possible transmission.

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

Non-essential personnel are required to sign documentation stating they have performed hand hygiene, are wearing a mask, and will practice social distancing. Weekly audits are completed to ensure compliance.

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.

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

Visitation is available via the Connection Cottage (window visits) for 45 minutes each visit. These occur between 9am and 4pm.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits can be scheduled by calling Lakeside and scheduling each visit.

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

Visits are scheduled on the hour and last 45 min allowing for Team Members to clean both the Connection Cottage (visitor) and the visitation room (Resident).

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

Willow Valley Communities has created a stand alone visitation cottage that allows the Resident and visitor to visit through glass windows and an intercom system. The Connection Cottage can accommodate six visitors.

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

Visits are scheduled on a first come, first served basis. Residents with urgent needs can be accommodated with a zoom visit. Special accommodations can be made for those with out of town travel needs.

41. 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)

Not accepting visitors at this time, other than Connection Cottage and end of life visits. To be able to go the Connection Cottage, a resident must have not signs/symptoms of COVID and must not be in isolation. (yellow zone)

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

N/A through the Connection Cottage (see question #39)

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

N/A through the Connection Cottage (see question #39)

44. 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

N/A through the Connection Cottage (see question #39)

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

N/A

46. 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)

N/A

47. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51

N/A

48. 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")

STEP 2

STEP 3

VISITATION PLAN

N/A
49. 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")
N/A
50. 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")
N/A
51. 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")
N/A
52. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM
N/A

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.
53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS
Entrances to the campus are monitored by security. All persons entering the campus are screened for COVID. Volunteers who do not pass the screening are not permitted onto the campus. Education on hand hygiene and use of PPE will be required. Volunteers are not permitted in yellow or red zones, except end of life visits.
54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2
Volunteers will not be permitted during step 2

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.
55. NAME OF NURSING HOME ADMINISTRATOR
Kristen M Loose, MSN, RN, NHA

56. ATTESTATION

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (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