

## 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.	
<b>1. FACILITY NAME</b>	
Ellen Memorial, LLC	
<b>2. STREET ADDRESS</b>	
23 Ellen Memorial Lane	
<b>3. CITY</b>	<b>4. ZIP CODE</b>
Honesdale	18431
<b>5. NAME OF FACILITY CONTACT PERSON</b>	<b>6. PHONE NUMBER OF CONTACT PERSON</b>
Shira Ramirez	570-253-5690

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).	
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b>	
6/29/2020	
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>	
<input type="checkbox"/> <b>Step 1</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>	
<input checked="" type="checkbox"/> <b>Step 2</b> <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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i> <b>AND</b> <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

[Click or tap to enter a date.](#)

## 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](#)

6/11/2020 to 6/19/2020

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

The facility has the ability to administer COVID-19 Diagnostic tests to all residents showing symptoms of COVID-19 within 24 hours. COVID-19 testing supplies are readily available through WMH lab. EM nursing staff are able to obtain the COVID-19 swab on-site. The swab is sent to WMH lab for processing.

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

If Ellen Memorial experiences a COVID-19 outbreak the facility has the ability to administer COVID-19 Diagnostic tests to all residents and staff. COVID-19 testing supplies are readily available through WMH lab. EM nursing staff are able to obtain the COVID-19 swab on-site. The swab is sent to WMH lab for processing.

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

Ellen Memorial has the ability to administer COVID-19 diagnostic tests to all staff, including asymptomatic staff as described above.

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

Ellen Memorial has the ability to administer COVID-19 diagnostic tests to non-essential staff and volunteers prior to them returning to work.

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

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

Baseline testing of all staff/residents was conducted as per guidelines with no staff/residents declining testing. If a resident or staff member were to decline or were unable to be tested facility leaders would meet with employees/residents on an individual basis to discuss any concerns and answer any questions they may have. Residents who decline testing after meeting with a facility leader will be offered the opportunity to speak with his/her medical provider to discuss any questions or concerns. If employees do not raise religious or medical objections they will be removed from the schedule and offered the opportunity to take an unpaid day off to evaluate their options. If an employee refuses based on religious objections the employee will be asked to provide documentation from their religious leader to establish that the employee has a sincerely held religious belief and that the religion objects to medical testing. The employee will likely need to be removed from the schedule and placed on an unpaid leave. If an employee refuses based on a medical condition EM would follow the ADA process and ask the employee to provide medical documentation to support that they cannot take the test. The employee would likely be removed and placed on an FMLA or ADA LOA. If an employee has no basis for refusal EM would accept this refusal as a resignation of their employment. The employee would be eligible to rehire when the employee is tested and provides proof of the test results or when testing is no longer required.

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 diagnosed with COVID-19, Ellen Memorial will follow PA-HAN 509 to cohort residents into red, yellow and green zones and outlined.

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)

Ellen Memorial currently has an adequate supply of PPE. Ellen Memorial has contracts with multiple vendors and relationships with multiple agencies to ensure an adequate supply of PPE continues.

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

Ellen Memorial currently has been able to meet the 2.7 minimum staffing requirement. Ellen Memorial department heads are willing to assist in picking up staff who do not have a ride to work, scheduling has been adjusting shifts to accommodate the school closings, staff have been offering their older children to watch other staff members children, EM has hired additional unit aides to assist CNAs with ancillary resident tasks and to assist with employee screenings, EM would consider incentives and increased reimbursement if needed. EM also has contracts with several agency staffing companies to reach out to if needed.

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 Wayne County is reverted to a red phase of the governor's reopening plan, the facility would notify the residents and their responsible parties of the changes that would need to be made.

## 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.

**SCREENING PROTOCOLS**

**21. RESIDENTS**

Residents are screened individually twice a day for temperature and COVID-19 symptoms. If any resident screening reveals possible virus the physician will be contacted to determine appropriate transmission based precautions and testing options.

**22. STAFF**

Staff are screened prior to entering patient care areas. Staff attestation form is completed and temperature is taken by screener/designee. Universal masking has already been implemented in the building. If a staff member becomes symptomatic during their shift they are immediately to notify their supervisor and will be sent home and advised to contact their primary care physician.

**23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

Same as above

**24. NON-ESSENTIAL PERSONNEL**

Same as above

**25. VISITORS**

Visitors are to ring the front doorbell and a staff member will take their temperature and complete the visitor screening log. Visitors are instructed to perform hand hygiene with ABHS and are provided instructions regarding self monitoring for development of COVID-19 symptoms and what to do if they develop symptoms.

**26. VOLUNTEERS**

Same as 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)**

Communal dining will be served at the times identified prior to the pandemic.

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

Tables and chairs will be spaced at least 6 feet apart to allow for social distancing.

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

Communal dining is limited to residents unexposed to COVID-19. Staff is using universal masking. Staff in the dining room will wear eye protection. Residents at a high risk for choking will not be in the communal dining area.

**30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**

N/A

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.

<p><b>31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)</b></p> <p>Activities will be conducted with 5 or less residents who are unexposed to COVID-19. Social distancing, hand hygiene and universal masking will be required. Activities on the blue unit will held in the blue dinette. Activities on the memory care unit will be held in the gold dinette (short hall). Activities will utilize disposable materials to prevent multiple touching of items such as game pieces.</p>
<p><b>32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)</b></p> <p>Activities will be conducted with 10 or less residents who are unexposed to COVID-19. Social distancing, hand hygiene and universal masking will be required. Activities on the blue unit will held in the blue dinette. Activities on the memory care unit will be held in the gold dinette (short hall). Activities will utilize disposable materials to prevent multiple touching of items such as game pieces.</p>
<p><b>33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3</b></p> <p>Activities will be conducted with residents who are unexposed to COVID-19. Social distancing, hand hygiene and universal masking will be required. Activities on the blue unit will held in the blue dinette. Activities on the memory care unit will be held in the gold dinette (short hall). Activities will utilize disposable materials to prevent multiple touching of items such as game pieces.</p>
<p><b>34. DESCRIBE OUTINGS PLANNED FOR STEP 3</b></p> <p>Outings will be for residents unexposed to COVID-19. Outing will be limited to no more than the number of residents where social distancing between residents can be maintained. Appropriate hand hygiene and universal masking are required.</p>

<p>In Step 2, non-essential personnel <u>deemed necessary</u> by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>). In Step 3, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.</p>
<p><b>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</b></p> <p>At this time Ellen Memorial has determined that the employees identified as non-essential personnel are not necessary.</p>
<p><b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b></p> <p>Ellen Memorial will have non-essential personnel follow the protocols currently in place for essential staff for social distancing, hand hygiene and universal masking. Compliance will be monitored.</p>
<p><b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b></p> <p>Non-essential personnel will be in-serviced to not come in contact with residents exposed to COVID-19.</p>

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

**VISITATION PLAN**

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

Visitation will be offered 7 days per week between 10am and 7pm. Visits will be scheduled in 30 minute increments to include transportation to/from the visit.

**39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Visitors will be instructed to call the activities department to schedule a visit.

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

An EPA registered disinfectant will be used to wipe down visitation areas between visits.

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

**2 visitors will be allowed per resident to allow for proper social distancing and infection control.**

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

Visitation will be prioritized for residents with diseases that cause progressive cognitive decline (e.g. Alzheimer’s disease) and residents expressing feelings of loneliness.

**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)**

Ellen Memorial will ensure adequate staff to schedule and screen visitors, assist with transportation and transition of residents, monitor visitation and wipe down visitation areas after each visit.

**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**

Ellen Memorial has 2 separate areas (1 for the blue unit residents and 1 for the memory care residents) that have coverage from inclement weather and excessive sun.

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

Each visiting area will have clearly marked 6 foot spaces to be followed for visitation. Also a 6 foot plastic table can be used to maintain social distancing.

**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**

**For the blue unit the second blue dinette will be utilized. There is an locked entrance close to the dinette. For the memory care unit the dinette in the short hall will be utilized. There is a locked entrance close to the dinette. Visitors do not have to pass near the quarantine unit to access either of these locations.**

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

**The floor and/or surfaces in the area will be labeled to ensure a six-foot distance will be maintained between the resident and the visitor(s) during the visit.**

**STEP 2**

**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)**

**Only residents who have not been exposed to COVID-19 can accept visitors. Visiting in a resident’s room is permitted only if the resident is unable to be transported to the designated visitation areas. Ellen Memorial staff will provide transportation to/from the visitor location.**

**STEP 3**

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

Yes

### VISITATION PLAN

**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")**

Same

**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")**

Same

**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")**

Same

**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")**

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**

Visitors will be screened, hand hygiene will be performed and masks and eyewear will be provided prior to visitors entering the building.

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 may only assist with residents with no known exposure to COVID-19. Volunteers will not be permitted access to the quarantine unit.

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

**Volunteers may assist with the transportation of residents to/from the visitation space and may perform screening protocols for visitors as needed.**

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**

Shira Ramirez, NHA

**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