

**Implementation Plan for Reopening
In Accordance with the Pennsylvania Department of Health's
Interim Guidance for Skilled Nursing Facilities During COVID-19**

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	
Forest City Nursing & Rehab Center	
2. STREET ADDRESS	
915 Delaware St.	
3. CITY	4. ZIP CODE
Forest City	18421
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kindra Christina	570-785-3005

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	
August 3, 2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i>	
<input checked="" type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)	
Yes	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
6/10/2020	

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 3, 2020 to July 9, 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

We have access to adequate supply of tests. We have a contract with our local hospital lab as well as a contract with another private lab. Administrative nurses, supervisors and assigned nurses are available to obtain tests. The facility may reach out to CVS and or DOH for additional supplies and resources for testing if needed.

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

We have access to adequate supply of tests. We have a contract with our local hospital lab as well as a contract with another private lab. Administrative nurses, supervisors and assigned nurses are available to obtain tests. The facility may reach out to CVS and or DOH for additional supplies and resources for testing if needed.

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

We have access to adequate supply of tests. We have a contract with our local hospital lab as well as a contract with another private lab. Administrative nurses, supervisors and assigned nurses are available to obtain tests. The facility may reach out to CVS and or DOH for additional supplies and resources for testing if needed.

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

All employees (essential and nonessential) have had baseline covid testing. Volunteers will have a baseline covid test on a case by case basis.

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

Employees who refuse testing will not be permitted to work until such test has been obtained. Residents who decline testing will be placed on a 14 day quarantine in a yellow zone area for monitoring of signs and symptoms. They will be prohibited from any communal activities.

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*.

Facility has designated red, yellow and green zones for cohorting residents who are presenting at the same level of Covid 19 testing/quarantine. These zones can be altered as needed.

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)

Currently our facility has adequate supply of masks, washable gowns, gloves and eye protection. Our purchasing department has assured us of no disruption and an allocation of supplies. Should a shortage occur our facility will reach out to local EMA and DOH.

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

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

In case of facility staffing shortage we have contracts with multiple staffing agencies. We also have staff who can be allocated to other departments who hold certifications and licenses. In emergencies we will reach out to our sister facilities for assistance with staffing.

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 the county should revert back to a red phase the facility will immediately upon discovery of the red designation revert back to being closed to all visitors and nonessential workers in an effort to mitigate.

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

Covid 19 screening for signs and symptoms will be done on all residents on all units in their rooms by licensed nursing staff. Should a resident be identified as having symptoms the physician will be made aware and a covid -19 test will be performed.

22. STAFF

Prior to entering the facility all employees will be actively screened for signs and symptoms of Covid including having a temperature taken. If any employee screening is positive for signs or symptoms the employee will be immediately sent home and be required to have a Covid-19 test done. The employee will be restricted from work until results of test are obtained/ Should the employee test positive for Covid. The employee will be required to be off at least ten days from the onset of symptoms in following the CDC return to work guidelines. Masks are required upon entry into the facility and for the duration of the work shift as well as any other designated PPE. Upon exiting the end of their shift the employee will have their temperature taken.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All health care personnel who are not staff will be required to have their temperature taken and complete the screening log prior to entering the facility. If they have any positive signs or symptoms of Covid they will not be permitted to enter the facility and will be asked to receive a Covid test. Masks will be mandatory for entering the facility. Temperatures will be taken prior to leaving the facility.

24. NON-ESSENTIAL PERSONNEL

Non essential personnel follow same screening protocol as staff.

25. VISITORS

All visitors will be required to have their temperature taken and complete the screening log prior to entering the facility. If they have any positive signs or symptoms of Covid they will not be permitted to enter the facility and will be asked to receive a Covid test. Masks will be mandatory for entering the facility. Temperatures will be taken prior to leaving the facility.

SCREENING PROTOCOLS

26. VOLUNTEERS

All volunteers will be required to have their temperature taken and complete the screening log prior to entering the facility. If they have any positive signs or symptoms of Covid they will not be permitted to enter the facility and will be asked to receive a Covid test. Masks will be mandatory for entering the facility. Temperatures will be taken prior to evening facility.

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)

Preference of meal locations will be identified. Those choosing to eat in dining room will do so maintaining 6 foot social distancing by placement of tables. If it should be required based on census a staggered meal time will be initiated to accommodate all residents who want to dine in the dining room to allow time in between for sanitizing. Additional meal times may be offered based on census to accommodate.

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

tables will be arranged in the dining areas to allow 6 foot social distancing among residents

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

Universal masking will be required by staff. Residents will have to wear a mask until seated. Hand hygiene will be performed for both staff and resident prior to meal. Staff feeding residents at risk for choking will be required to wear mask, gown and eye protection. Staff will perform hand hygiene each time when switching assistance between residents.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

None at this time.

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)

Five or less residents unexposed will participate wearing a mask and sitting six feet apart. Residents will be assisted with hand hygiene prior to and after the activity. Activity will be held 30-45 minutes to allow for more groups of less than five. The activities will be games in which the residents do not share game pieces or that they can have an individual item that can be sanitized afterward eg. Bingo, card shark, deal or no deal, trivia, exercise, small church groups etc. Many games will require verbal participation. Prior to and after the activity any tables, chairs, activity items will be disinfected by activity staff

<p>32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)</p> <p>Ten or less residents unexposed will participate wearing a mask and sitting six feet apart. Residents will be assisted with hand hygiene prior to and after the activity. Activity will be held 30-45 minutes to allow for more groups of less than five. The activities will be games in which the residents do not share game pieces or that they can have an individual item that can be sanitized afterward eg. Bingo, card shark, deal or no deal, small church groups, exercise, sing along etc. Many games will require verbal participation. Prior to and after the activity any tables, chairs, activity items will be disinfected by activity staff</p>
<p>33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3</p> <p>Ten or more resident unexposed will participate wearing a mask and sitting six feet apart. Residents will be assisted with hand hygiene prior to and after the activity. The activities will be games in which the residents do not share game pieces or that they can have an individual item that can be sanitized afterward eg. Bingo, card shark, deal or no deal, small church groups, exercise, sing along etc. Many games will require verbal participation. Prior to and after the activity any tables, chairs, activity items will be disinfected by activity staff</p>
<p>34. DESCRIBE OUTINGS PLANNED FOR STEP 3</p> <p>Outings with residents will include to use mask at all times, hand hygiene during the trip or outing when contact with items or objects such as door knobs, merchandise, animals etc. Outings will be preplanned and approved with resident, resident representative and nursing. Six foot social distancing will be maintained for all outings.</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>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</p> <p>One non essential personnel will be allowed at a time who provide dental, vision, and wound care services, hairdressing as well as in house psychiatry services.</p>
<p>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</p> <p>Each non essential personnel will be required to provide services to one resident at a time. Hand washing stations or hand sanitizers will be available to both the resident and nonessential personnel. Universal masking for both the nonessential personnel and the resident is required. Appropriate PPE will be made available to the nonessential personnel depending on the type of service being provided.</p>
<p>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p> <p>Nonessential personnel will only see those residents in a designated green zone and not exhibiting any signs or symptoms of covid.</p>

<p>VISITATION PLAN</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.</p>

VISITATION PLAN

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

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

Visiting hours will be scheduled Monday through Friday during the hours of 1pm-4 pm and one evening a week between 6pm-8pm and must be made by appointment. The length of each visit will be ½ hour. Visitation plan may be subject to change based on need.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Scheduling an appointment for visiting will be done by call the business office Monday through Friday 8:00 am -4:30 pm. To schedule an appointment. A log of appointments will be kept.

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

High touch surface areas, table and chairs will be disinfected using an approved disinfectant by housekeeping.

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

No more than 2 visitors will be allowed at a time in order to maintain social distancing and infection control.

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

Scheduled visits will be prioritized based on resident needs. Those exhibiting psychosocial issues which visits may help and those at end of life will have top priority.

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)

Only residents residing in a green zone and are free from covid symptoms based on screening may accept visitations. Visits outside will be weather permitting. Resident will be transported by staff or volunteers to a visitor location area by applying a mask to the resident and performing hand hygiene.

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

Outdoor visitation will be held under a fenced in covered pavilion which can be accessed from the parking area for visitors and through the first floor lobby for residents.

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

6 foot social distance will be maintained by seating the resident and visitor at opposite ends at a large round table which accommodates the 6 foot distance.

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

2nd floor has two lounge areas which can be utilized which can be accessed without entering a resident living area from the second floor lobby. Both areas can accommodate a 6 foot social distance by placement of chairs and tables. First floor has a lobby area which can be accessed immediately through first floor entrance without having to access any resident living areas.

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

6 foot social distance will be maintained by seating the resident and visitor at opposite ends at a table which accommodates the 6 foot distance or by spacing seating 6 foot apart.

STEP 2

VISITATION PLAN

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>Only those residents in a green zone without signs or symptoms of covid will be allowed visitation. Visitors who are afebrile without signs and symptoms based on the screening will be allowed to visit. Residents will be assisted with transport to visitation areas by staff or volunteers.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes weather permitting.</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>Outdoor visitation will be held under a fenced in covered pavilion which can be accessed from the parking area for visitors.</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>6 foot social distance will be maintained by seating the resident and visitor at opposite ends at a large round table which accommodates the 6 foot distance.</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 THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")</p> <p>same</p>
	<p>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</p> <p>Visitor will be screened prior to entry. Face mask and any other required PPE will be provided as well as hand hygiene prior to going to resident room. Visitor will be escorted to room by a staff member who will ensure 6 foot social distancing.</p>

<p>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.</p>
<p>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</p> <p>Volunteers will only interact with resident in green zone who are symptom free of signs or symptoms of covid.. They will be inserviced on covid, PPE, hand hygiene. Volunteers will not be allowed to access red or yellow zones.</p>
<p>56. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>Escort resident to visitation area, monitor visitation, ensure area is disinfected after visitation.</p>

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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

Lisa Hedden 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