

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

FACILITY INFORMATION	
1. FACILITY NAME Quarryville Presbyterian Retirement Community	
2. STREET ADDRESS 625 Robert Fulton Hwy	
3. CITY Quarryville	4. ZIP CODE 17566
5. NAME OF FACILITY CONTACT PERSON Mark Smeltzer	6. PHONE NUMBER OF CONTACT PERSON (717) 786-7321

DATE AND STEP OF REOPENING
7. DATE THE FACILITY WILL ENTER REOPENING 8/3/2020
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) The facility has not had a significant COVID-19 Outbreak.
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 N/A

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING
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 6/25/2020 to 6/26/2020

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

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

Any residents showing symptoms of COVID-19 will be tested immediately with the specimen being sent to the local hospital for expedited results. Results for this testing are anticipated between 12 to 36 hours.

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

QPRC is currently contracted with 2 different lab providers and have testing supplies on hand to test all staff and residents right away if there was to be an outbreak in the facility. Both Laboratories will continue to send supplies to complete repeat testing as necessary until outbreak has resolved.

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

Should QPRC be required or feel it necessary to test all staff, including asymptomatic staff for COVID-19, we have testing supplies on hand with the capability of getting more within 24 hours, that will allow us to test all staff and overnight specimens to one of two laboratories for results.

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

Non-essential staff and volunteers will only be tested if they are experiencing symptoms or are currently working in a resident area of the facility multiple days a week and have significant contact with staff and residents. Testing for these individuals will follow the same procedures as resident or staff testing.

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

Staff that decline to be tested will be unable to work in resident care areas and may be asked to submit their resignation. Residents that decline the test will be moved to our precautionary yellow zone for a minimum of 14 days.

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*.

QPRC has instituted the recommended Green, Yellow and Red Zones. Any residents experiencing symptoms of COVID-19 will immediately be relocated to the “Red Zone” until test results are received. All suspected and positive COVID-19 Residents will have designated caregivers dedicated to working that zone. Any new admission or residents needing a 14-day precautionary quarantine will be placed together in the yellow zone for close monitoring and assigned consistent staff as able to limit potential asymptomatic spread.

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)

QPRC currently has enough supplies on hand to supply staff with adequate PPE for a minimum of one month. QPRC’s Director of Supply Management diligently investigates vendor availability of supplies and potential new vendors to ensure the stock of PPE consistently remains at a minimum of one months’ worth. Should facility have a major outbreak and need additional PPE supplies, the facility will enlist additional help to source material, locate new suppliers, and reach out to surrounding organizations to ensure consistent and adequate PPE to safely care for each resident.

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

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

Staffing has not dropped below a 3.5 PPD which remains over the 2.7 minimum staffing PPD for Pennsylvania. QPRC has an emergency staffing policy and procedure in place to prevent staffing shortages with guidance on steps to take should there be a staffing shortage.

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

Should Lancaster County revert back to Red Phase, the facility will immediately go back to a "Quarantine Step" in reopening and put all aspects of reopening plan on hold. This will immediately be communicated to all residents, resident representatives, team members and volunteers.

SCREENING PROTOCOLS

21. RESIDENTS

All residents are continually monitored for any symptoms with respiratory assessments and temperatures checks being completed every shift. If a resident is found to be exhibiting symptoms, MD will be notified and the resident will be relocated to "Red Zone" and tested immediately. Any residents with possible exposure including new admissions, hospital visit, etc. will be placed in the yellow precautionary quarantine area for a minimum of 14 days while we continue to monitor for signs or symptoms.

22. STAFF

Staff are required to have their temperature taken and respond to a COVID-19 Questionnaire at the beginning of every shift. Any staff answering yes to a question about potential exposure will be asked further questions by facility administration or designee until a decision can be reached that ensures the safety of residents and team members. Any Staff member answering yes to any symptoms will be immediately kept out of work in accordance with QPRC COVID Policies.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF (HCP)

All HCP, who are not Staff, are required to have their temperature taken and respond to a COVID-19 Questionnaire upon entering the building. Any HCP answering yes to a question about potential exposure will be asked further questions by facility administration or designee until a decision can be reached that ensures the safety of residents and team members. Any HCP answering yes to any symptoms will be immediately asked to leave in accordance with QPRC COVID Policies.

24. NON-ESSENTIAL PERSONNEL

All Non-essential personnel are required to have their temperature taken and respond to a COVID-19 Questionnaire upon entering the facility. Any Non-essential personnel answering yes to a question about potential exposure will be asked further questions by facility administration or designee until a decision can be reached that ensures the safety of residents and team members. Any Non-Essential Personnel answering yes to any symptoms will be immediately asked to leave in accordance with QPRC COVID Policies.

SCREENING PROTOCOLS

25. VISITORS

All visitors are required to have their temperature taken and respond to a COVID-19 Questionnaire upon entering the facility. Any visitors answering yes to a question about potential exposure will be asked further questions by facility administration or designee until a decision can be reached that ensures the safety of residents and team members. Any visitors answering yes to any symptoms will be immediately asked to leave in accordance with QPRC COVID Policies.

26. VOLUNTEERS

All volunteers are required to have their temperature taken and respond to a COVID-19 Questionnaire upon entering the facility. Any volunteers answering yes to a question about potential exposure will be asked further questions by facility administration or designee until a decision can be reached that ensures the safety of residents and team members. Any volunteers answering yes to any symptoms will be immediately asked to leave in accordance with QPRC COVID Policies.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Garden West Dementia Unit due to small size of the unit will have one time for each meal with each individual being physically distanced as able. 1st floor will each have two seating times for breakfast, lunch and dinner. There will be an early seating and a late seating for each with residents who are able to still encouraged to eat in their room. 2nd Floor will begin with one seating while keeping an eye on census and a possible transition to two times in the future. All residents in the dining room will be physically distanced with the dining room being disinfected between each seating.

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

There will be no more than 2 chairs per large table, 1 chair per table that does not allow 6 feet of separation. Tables will only be placed so they are physically distanced from each other.

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

Staff will be wearing a mask at all times while assisting residents. Staff will use hand sanitizer or wash hands every time they switch to assisting a different resident. All areas will be disinfected after a being occupied by a resident prior to other residents beginning to occupy it.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Facility will try to seat residents in the two seatings based on both room location and resident preference. Every effort will be made to keep residents from each unit together as to limit potential asymptomatic spread from one unit to the other.

ACTIVITIES AND OUTINGS

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

Activities consisting of 5 residents or less will be held on each unit and limited to residents of that particular unit. Suggested activities during this time period include but are not limited to Exercise, Bible Time, Trivia, etc. Residents will be physically distanced during the activities and residents who are able to tolerate it will be encouraged to wear a mask. Team members and staff will have hand sanitizer readily accessible and all game pieces, chairs, items will be disinfected prior to being used by other residents. (For example, game pieces will be assigned to a resident and then sanitized following the activity.)

ACTIVITIES AND OUTINGS

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

Activities consisting of 10 residents or less will be held on each unit and limited to residents on that unit. Suggested activities during this time period include but are not limited to Crafts, cooking/baking, games, etc. Residents will be physically distanced during the activities and residents who are able to tolerate it will be encouraged to wear a mask. Team members and staff will have hand sanitizer readily accessible and all game pieces, chairs, items will be disinfected prior to being used by other residents. (For example, game pieces will be assigned to a resident and then sanitized following the activity.)

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities consisting of 10 or more residents will be held on each floor and limited to residents on that floor. Suggested activities during this time period include but are not limited to bingo, name that phrase, birthday parties, socials, etc. Residents will be physically distanced as much as possible during the activities and residents who are able to tolerate it will be encouraged to wear a mask. Team members and staff will have hand sanitizer readily accessible and all game pieces, chairs, items will be disinfected prior to being used by other residents. (For example, game pieces will be assigned to a resident and then sanitized following the activity.)

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Planned outings will consist of no more residents than we are able to safely physically distance during transport and then at the destination. Most likely outings consist of trips to local restaurants in which we will reserve a private banquet room or outdoor spaces that allow physical distance between residents. Facility will ensure banquet room or outdoor space has been disinfected properly and will disinfect the transportation vehicle before and after each time residents load the vehicle.

NON-ESSENTIAL PERSONNEL

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

Non-essential personnel are being considered by the facility anyone who's services are important to the health, safety, and well-being of the QPRC residents that are not employed by the facility. Non-Essential Personnel include but are not limited to repair contractors performing services that put the building and residents at risk if it is not completed and individuals performing inspections on essential facility equipment. Facility will make every attempt to delay any services needing to be performed until step 3 when possible. QPRC has defined Hair Stylists as Non-Essential employees deemed necessary to provide services for the physical and mental well being of residents during step 2.

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 will follow the same screening protocol as employees and visitors and will be given a mask to wear while in the facility if they do not already have one. Residents will be removed from anywhere requiring work to be done to ensure physical distance between non-essential personnel and residents. Non-Essential personnel will be encouraged and required to follow the same hygiene protocols as team members at the facility. Hair Stylists will wear a mask and face shield at all times and salon will be thoroughly disinfected between appointments.

NON-ESSENTIAL PERSONNEL

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

Only Non-Essential personnel responding to an emergency facility related issue will be allowed to enter the Red Zone which will contain any residents exposed to COVID-19. Facility employed personnel will handle these issues as able but may require an outside contractor at times. Non-essential personnel that do have to enter red zone will be given proper PPE and wear it as able and be educated on proper protocols and procedures while working in that area. Residents residing in Red or Yellow zones will not be permitted to use hair salon services until they graduate from those areas into the Green zone.

VISITATION PLAN

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

Visitation held in accordance with all guidelines and recommendations from regulatory bodies will be held 3 days a week on a rotating schedule as to best accommodate schedules of visiting loved ones. Visitation days and times will be clearly listed on our website and communicated clearly to all parties. All visits will be monitored by the facility and will be kept to a maximum of 30 minutes to ensure all residents are given the chance to visit with loved ones.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Scheduling of visitation will be done through an online scheduling software that will allow families and loved ones to have real time access to what visitation time slots are open and sign up without having to call the facility. If a family or loved one would prefer to call the facility, they will be put in touch with Activities department who will walk them through and find an appropriate time to schedule a visit.

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

All visitation areas, both indoor and outdoor will be scheduled 15 minutes apart to ensure visitation monitor has time to sanitize the visitation area prior to the next visit. Sanitizing products used will be CDC approved.

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

Up to 4 Visitors (including children) will be allowed for all outdoor visits. Up to 2 visitors (including children) will be permitted for indoor visitation. Any exception to this must be approved by the Administrator prior to visit occurring.

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

Visits will be scheduled primarily on a first come first serve basis. Visitation may be limited to 1 visit per week to ensure all residents receive the opportunity for visitation. Any resident that is identified by facility staff as needing a visit to promote their physical or mental well-being will be prioritized and facility will ensure they are able to visit with family as needed.

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)

Prior to visitation being scheduled for a resident, facility will identify residents that will be unable to travel to the indoor or outdoor visitation location. If resident is unable to use the designated visitation location, families will be notified, and steps will be taken to facilitate a safe visit in a location that is the safest possible for the resident and their loved ones.

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

VISITATION PLAN

	<p>Outdoor visitation will take place in the front of the “Long Building”. Visitors must be screened in the white visitor tent prior to walking to the visitation location and being directed where to go by the monitor. The location is covered and easily accessible when weather is acceptable. If the weather does not allow for outdoor visitation, visitation will be held in the Thompson meeting room in the basement of the Thompson building. Visitors should go around to the rear entrance which will be clearly marked by a map attached to this re-opening plan in addition to signage placed at the community.</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>Each visitation “station” will have tape on the floor designating three feet on each side of the plexiglass barrier separating the resident and the family. The assigned visitation monitor will keep an eye on all visitation to ensure everyone is staying behind the appropriate marked line and are wearing masks at all time.</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>QPRC will utilize the Thompson meeting room as the indoor visitation space in the event of severe weather. This is a large room that will be divided into four different “visitation cubicles” for each resident and family visit. The route and access to this space will be identified on the map attached to this re-opening plan and by signage outside the community.</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>Each visitation “station” will have tape on the floor designating three feet on each side of the plexiglass barrier separating the resident and the family. The assigned visitation monitor will keep an eye on all visitation to ensure everyone is staying behind the appropriate marked line and are wearing masks at all time.</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>Prior to visitation being scheduled for a resident, facility will identify residents that will be unable to travel to the indoor or outdoor visitation location. If resident is unable to use the designated visitation location, families will be notified, and steps will be taken to facilitate a safe visit in a location that is the safest possible for the resident and their loved ones.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Outdoor visitation will be encouraged during step 3 as it allows for more visitors and is a safer practice. All the same procedures will be followed during step 3 as step 2.</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 THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER “SAME”)</p>

VISITATION PLAN

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

If residents are unable to be transported to the designated visitation area, visitors may be permitted to visit in the resident's room. Any families visiting in the resident's room will be required to wear a facility provided medical grade face mask, gloves and a medical gown. Resident will wear a mask if medically able to. Visitation in this manner will be limited to two people for half an hour at a time. Without prior approval for special exception by the Administrator, visits in rooms for residents unable to use the designated visitation areas will be limited to once per week.

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

All volunteers will be required to utilize the same infection control precautions as employees. This involves being screened prior to entering the facility and wearing a mask at all times.

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

Volunteers will only be allowed to interact with residents that are in the "Green Zone" who have been unexposed to COVID-19. Volunteer duties may include but are not limited to serving as visitation monitor, assisting with small group activities, or performing other volunteer tasks that limit direct resident involvement.

ATTESTATION

57. NAME OF NURSING HOME ADMINISTRATOR

Mark Smeltzer

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.

Mark Smeltzer

SIGNATURE OF NURSING HOME ADMINISTRATOR

8/5/2020

DATE

