

**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 <i>Loyalhanna Care Center</i>	
2. STREET ADDRESS <i>535 McFarland Road</i>	
City <i>Latrobe, PA</i>	3. ZIP CODE <i>15650</i>
4. NAME OF FACILITY CONTACT PERSON <i>Bobbi Koffman, RN</i>	5. PHONE NUMBER OF CONTACT PERSON <i>724-537-5500</i>

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).	
6. DATE THE FACILITY WILL ENTER REOPENING <i>8/10/2020</i>	
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input checked="" 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 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>	
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) <i>Yes – from March 24, 2020 through May 31, 2020</i>	
9. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 <i>6/24/2020 and 6/25/2020</i>	

## 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).

**10. 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](#)**

*6/30/2020 and 7/1/2020*

**11. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS**

*Quest Diagnostics will process all symptomatic residents COVID-19 tests within 24 hours (rapid COVID)*

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

*Quest Diagnostics has agreed to and has the capacity to test all residents and staff in the event of an outbreak.*

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

*Quest Diagnostics has agreed to and has the capacity to test all staff in the event of an outbreak.*

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

*Quest Diagnostics has agreed to and has the capacity to test all non-essential staff in the event of an outbreak.*

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

*Resident(s) will be placed on the North Unit in Yellow Zone. If resident develops signs and symptoms of COVID-19, resident will be reapproached for consent to test. If resident refuses and is symptomatic, resident will be presumed positive and placed in a Red Zone/Unit. If staff member declines testing, they will be assigned to a yellow or red unit. If staff member declines testing and becomes symptomatic, they will be put off work until return to work criterion has been met.*

**16. 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*.**

*COVID-19 positive residents will be cohorted on a red zone/unit. All exposed residents will be cohorted on a yellow unit pending bed availability.*

**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)**

*Facility will maintain a week or greater supply of PPE. Supply is inventoried weekly. Facility continues to purchase PPE from multiple vendors. Facility will request supplies from FEMA/PEMA as needed, if the facility encounters a shortage of less than 1 week supply.*

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

*The facility has an established emergency staffing plan. Although the facility cannot ensure that no staffing crisis will occur, the facility continues to utilize agency staff and recruit new staff to meet the facility's needs. We have and will continue to train emergency nurse aides as needed. The facility will reach out to Department of Health for direction and assistance as needed if staffing shortage occurs.*

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

### 19. 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

*Staff will be informed of halting of reopening via Paycom messaging and in-person notification, as able. Families will be notified via mail, telephone calls, or facebook page updates. Residents will be informed in person by staff and via informational handouts.*

## 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 by nursing staff every shift for temperature and any signs or symptoms of COVID-19 and documentation on Medication Administration Record. If screening reveals any signs or symptoms, resident will be assessed by RN (and CRNP or MD if present in facility) and placed on droplet precautions if COVID-19 testing is indicated. Contact tracing will be completed if resident tests positive for COVID-19. Resident will be moved to a Red Zone/unit.*

### 21. STAFF

*Staff are screened for temperature and signs and symptoms upon entering and exiting the facility. If signs and symptoms present during their shift or at time of exit, staff are instructed to cease patient care/contact, exit the facility, and alert the RN supervisor immediately. Staff with known travel to high risk areas must meet return to work eligibility criteria. Staff are followed and approved to return by Director of Nursing/Infection Preventionist for return to work eligibility criteria. Contact tracing will be completed if personnel tests positive for COVID-19.*

### 22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

*Contracted staff are screened for temperature and signs and symptoms upon entering and exiting the facility. If signs and symptoms present during their shift or at time of exit, staff are instructed to cease patient care/contact, exit the facility, and alert the RN supervisor immediately. Healthcare Personnel with known travel to high risk areas must meet return to work eligibility criteria. Healthcare Personnel are followed and approved to return by Director of Nursing/Infection Preventionist for return to work eligibility criteria. Contact tracing will be completed if personnel tests positive for COVID-19.*

### 23. NON-ESSENTIAL PERSONNEL

*Non-essential personnel are screened for temperature and signs and symptoms upon entering and exiting the facility. If signs and symptoms present during their shift or at time of exit, non essential personnel are instructed to cease patient care/contact, exit the facility, and alert the RN supervisor immediately. Non essential personnel with known travel to high risk areas must meet return to work eligibility criteria. Non essential personnel are followed and approved to return by the Director of Nursing/Infection Preventionist for return to work eligibility criteria. Contact tracing will be completed if personnel tests positive for COVID-19.*

### 24. VISITORS

*Visitors will be screened for travel to high risk areas, temperature and signs and symptoms upon entering and exiting the facility. If visitor has traveled to a high risk area, they may visit only after the recommended period of self quarantine has been completed. If signs and symptoms present during their visit or at time of exit, visitors will be instructed to cease patient contact, exit the facility, and alert the RN supervisor immediately. Symptomatic visitors will be monitored by Loyalhanna staff and contact traced.*

## SCREENING PROTOCOLS

### 25. VOLUNTEERS

*Volunteers will be screened for temperature and signs and symptoms upon entering and exiting the facility. If signs and symptoms present during their shift or at time of exit, volunteers are instructed to cease patient care/contact, exit the facility, and alert the RN supervisor immediately. Volunteers are followed and approved to return by the Director of Nursing/Infection Preventionist for return to work eligibility criteria. Contact tracing will be completed if personnel tests positive for COVID-19.*

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)

*Dining Room eating has been reconfigured to allow for social distancing of six (6) feet. Up to thirty (30) residents will attend the dining room for meals. Resident must be afebrile and asymptomatic prior to entering the Dining Room. Resident residing in the a yellow or red unit are not eligible for communal dining.*

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

*Resident will be seated at least six (6) feet apart in the Dining Room.*

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

*Residents will have a negative COVID-19 screen for the previous shift and be able to wear a surgical mask covering during the transport to and from the Dining Room. Residents will use hand sanitizer upon entering the Dining Room. Staff will be required to wear surgical mask coverings and gloves, as appropriate.*

### 29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

*Residents will be transferred to and from Dining Room by Loyalhanna Staff following social distancing.*

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 UNEXPOSED TO COVID-19)

*In room or on individual units with five (5) or less residents with social distancing markings on the floor and appropriate spacing of residents. All residents outside of their rooms will be required to wear surgical mask coverings with education provided and hand hygiene encouraged/ provided.*

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

*In room or on individual units with ten (10) or less residents with social distancing markings on the floor and appropriate spacing of residents. All residents outside of their rooms will be required to wear surgical mask coverings with education provided.*

### 32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

*Individual units may participate in group activities with unlimited number of residents with social distancing markings on the floor and appropriate spacing of residents. All residents outside of their rooms will be required to surgical mask coverings with education provided.*

**33. DESCRIBE OUTINGS PLANNED FOR STEP 3**

*None at this time, as social distancing cannot be maintained for transportation.*

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**

*Non-essential personnel such as hair stylist will be allowed with screening and additional precautions including social distancing, hand hygiene and universal masking. May service/interact with only un-exposed residents.*

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

*Education and competencies will be provided. Beauty shop will be limited to one (1) resident at a time. Resident and beautician will be masked during the entire interaction, and proper cleaning of surfaces will be completed before another resident may be brought to beauty shop.*

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

*Residents exposed to COVID-19 or positive for COVID-19 are to remain on their unit with barrier doors closed and unit clearly marked with yellow or red zone identifiers. These residents are not to leave their unit for non-essential services.*

**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.

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

*Visitation hours will be 9 am-11:30 am and 1:30 pm-4 pm Monday through Friday and Saturday 9 am-11:30am. Visits will be scheduled with the Activity Department and last no longer than twenty (20) minutes each. Outdoor visits in neutral zones (outside on rear Patio) are preferred as weather permits. If weather does not permit, indoor visitation can occur in the neutral zone (TV Room). Visitation is limited to residents unexposed to COVID-19 (residents on a green zone). Residents will be transported one at a time to visitation location and visit will be monitored by Loyalhanna staff or volunteer to ensure the safety and compliance of residents and visitors to current restrictions. Visitors will be screened, hand hygiene performed and will be required to bring and wear their own face covering during the entire visit with six (6) feet social distance at all times. A maximum of four (4) visitors per scheduled visit and one (1) visit per week, per resident as the schedule allows. Additional visits may only be scheduled if the schedule can accommodate and if other residents/families that have expressed a desire to have visits have been completed.*

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

*Visitors can schedule their visit times with Activity Department at 724-537-5500.*

**VISITATION PLAN**

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

*All surfaces that have been touched by staff, visitor, or resident will be cleansed with approved sanitation solution and allowed appropriate dry time before the next visit may begin. Staff will alternate visiting stations to allow for cleaning and appropriate dry time before the next visit is seated.*

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

*Four (4) visitors per resident*

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

*Any resident with a disease(s) that cause progressive cognitive decline and any resident expressing feelings of loneliness will take precedence for visitation schedule as long as resident resides on a green zone/unit.*

**42. 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)**

*MD or CRNP will determine any resident that is medically stable to receive outdoor visitation. Residents will have a negative COVID 19 screen for the previous shift and be able to wear surgical mask coverings for the duration of the visit. Residents residing on a yellow or red unit are not eligible for face to face visitation except in compassionate circumstances/end of life care.*

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

*Visitors will enter facility through main entrance. They will be accompanied by Loyalhanna staff/volunteer to either outdoor visitation area on rear patio or indoor visitation area in the TV Room.*

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

*Areas will be visually marked for where resident is to be seated and where visitors are to be seated with physical barrier between them spaced at least six (6) feet apart.*

**45. 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**

*The TV Room will be utilized for indoor visitation with a visiting station. Area will be visually marked for where resident is to be seated and where visitors are to be seated with physical barrier between them spaced at least six (6) feet apart.*

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

*Areas will be visually marked for where resident is to be seated and where visitors are to be seated with physical barrier between them spaced at least six (6) feet apart.*

**47. 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)**

*MD or CRNP will determine any resident that is medically stable to receive outdoor visitation. Residents will have a negative COVID-19 screen for the previous shift and be able to surgical mask coverings for the duration of the visit. Residents residing on a yellow or red unit are not eligible for face to face visitation except in compassionate circumstances.*

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

*Yes. Visitors will enter facility through main entrance. They will be accompanied Loyalhanna staff to the outdoor visitation area on the patio.*

**49. 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

Same

**50. 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*

**51. 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*

**52. 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*

**53. 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 at the main entrance to the building and escorted to the residents room. If possible the roommate will be removed from the room for the time of visit and cleaning of surfaces after the visit. Visit will be supervised by Loyalhanna staff to observe that resident and visitor are maintaining masking and social distancing. Limit to two (2) visitors when in resident room to accomodate social distancing requirements. Visitor will be accompanied to exit and screened upon exiting the facility.*

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.

**54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**

*Residents exposed to COVID-19 or positive for COVID-19 are to remain on their unit with barrier doors closed and unit clearly marked with yellow or red zone identifiers. These residents are not to leave their unit for non-essential services and not to have interactions with volunteers.*

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

*Volunteers may assist with screening visitors, accompanying visitors to assigned visiting station, observing and maintaining masking and social distancing requirements for visitation and assisting visitors with exiting the building with exit screening, provided education and competencies are adequate.*

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.

**56. NAME OF NURSING HOME ADMINISTRATOR**

*Matthew Soohy, NHA*

**57. 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