

# *Saint Mary's at Asbury Ridge*

*August 3, 2020*

*Updated: August 17, 2020*

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

<b>FACILITY INFORMATION</b>	
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>Saint Mary's at Asbury Ridge</i>	
2. STREET ADDRESS <i>4855 West Ridge Road</i>	
3. CITY <i>Erie</i>	4. ZIP CODE <i>16506</i>
5. NAME OF FACILITY CONTACT PERSON <i>Bob Orton</i>	6. PHONE NUMBER OF CONTACT PERSON <i>814-459-0621</i>

<b>DATE AND STEP OF REOPENING</b>	
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 <i>8/10/2020</i>	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE) <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>	
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) <i>No</i>	

## DATE AND STEP OF REOPENING

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

**7/16/2020**

## 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](#)

**7/16/2020** to **7/17/2020**

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

*Saint Mary's has partnered with ACL/Quest diagnostics and has the ability to test all residents showing symptoms of Covid-19 utilizing in house supplies and staff. ACL/Quest will pick up the test samples for processing and provide supplies as needed.*

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

*Saint Mary's has partnered with ACL/Quest diagnostics and has the ability to test all residents and staff in the event of an outbreak of Covid-19 utilizing in house supplies and staff. ACL/Quest will pick up the test samples for processing and provide supplies as needed.*

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

*Saint Mary's has partnered with ACL/Quest diagnostics and has the ability to test all staff including asymptomatic staff for Covid-19 utilizing in house supplies and staff. ACL/Quest will pick up the test samples for processing and provide supplies as needed.*

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

*Saint Mary's has partnered with ACL/Quest diagnostics and has the ability to test all volunteers and staff for Covid-19 utilizing in house supplies and staff. ACL/Quest will pick up the test samples for processing and provide supplies as needed.*

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

*Staff members that exhibit symptoms will be sent home, told to isolate and call their PCP. Staff unable or unwilling to be tested will be asked to quarantine at home for 14 days, provide a doctors clearance and provide 2 negative test results, 24 hours apart from an FDA approved molecular virial assay to detect SARS-CoV-2 RNA.*

*Residents that show symptoms of Covid-19 or are unable/unwilling to be tested will be treated as probable and isolated in accordance with PA HAN- 496 & 509*

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

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*.

*Saint Mary's will follow PA HAN 496 & 509 and the staged isolating of Covid-19 positive residents in an area designated specifically for positive cases of Covid-19. Any positive case would be relocated to the appropriate isolated area.*

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)

*Saint Mary's has an adequate supply of PPE for testing and treatment of our residents in the event of an outbreak of Covid-19. Our supplies are maintained in a secure area and the use tracked to ensure an acceptable level is maintained on hand at all times. If needed plans are in place to move to conservation use of the PPE.*

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

*Saint Mary's staffs above state minimum levels for the comfort of our residents. However should we realize a staffing shortage we do maintain relationships with several staffing agencies who can supply additional 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

*Saint Mary's will in the event of a Covid-19 positive staff member or facility acquired resident positive or if the county revert to red status, immediately revert to the restrictions described in the current state guidance.*

### **4. Visitor Policies When Not in the Reopening Process**

SNFs or residents not part of reopening as defined in Section 6 must follow the guidance in this section for visitors. If facilities encounter regression criteria outlined in Section 6c, they must resume the visitation policies described in this section.

- a. To limit exposure to residents, restrict visitation as follows:
  - Restrict all visitors, except those listed in Section 4b below.
  - Restrict all volunteers, non-essential health care personnel and other non-essential personnel and contractors (e.g., barbers).
  - Restrict cross-over visitation from personal care home (PCH), Assisted Living Facility, and Continuing Care Community residents to the SNF. Ensure cross-over staff adhere to the facility's Infection Control Plan.
  
- b. The following personnel are permitted to access SNFs and must adhere to universal masking protocols in accordance with [HAN 492](#) and [HAN 497](#):
  - Physicians, nurse practitioners, physician assistants, and other clinicians;
  - Home health and dialysis services;
  - The Department of Aging/Area Agency on Aging including the Ombudsman and the Department of Human Services *where there is concern for serious bodily injury, sexual abuse, or serious physical injury*;
  - Visitors to include but not be limited to family, friends, clergy, and others during end of life situations;
  - Hospice services, clergy and bereavement counselors, who are offered by licensed providers within the SNF; and
  - Department of Health or agents working on behalf of the Department, such as Long-Term Care Ombudsman, or local public health officials.

## 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

*Residents are screened for symptoms in their room, each shift. If conditions suggest the possibility of Covid-19 residents will be isolated and tested. Contact tracing will be conducted to determine possible contacts. If the test result is positive the resident would be quarantined in the Covid-19 wing*

### 22. STAFF

*All staff are screened at the facility entrance and temp taken. If conditions suggest a possible positive the staff member will be sent home, told to isolate and contact the DOH and/or PCP for testing. If the staff tests positive they will be required to follow PA HAN 516*

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

*All HCP are screened at the facility entrance and temp taken. If conditions suggest a possible positive the HCP member will be sent home told to isolate and contact the DOH and/or PCP for testing. If the HCP tests positive they will be required to follow PA HAN 516*

### 24. NON-ESSENTIAL PERSONNEL

*At such time that Non-essential personnel are allowed in the facility they will be screened at the facility entrance and temp taken. If conditions suggest a possible positive the personnel will be sent home, told to isolate and contact the DOH and/or PCP for testing. If the non-essential personnel tests positive they will be required to follow PA HAN 516*

### 25. VISITORS

*All Visitors are screened at the facility entrance and temp taken. If conditions suggest a possible positive the visitor will be sent home, told to isolate and contact the DOH and/or PCP for testing. If the visitor tests positive they will not be able to return until fully recovered*

### 26. VOLUNTEERS

*At such time as volunteers are permitted in the facility they will be screened at the facility entrance and temp taken. If conditions suggest a possible positive the volunteer will be sent home, told to isolate and contact the DOH and/or PCP for testing. If the volunteer tests positive they will be required to follow PA HAN 516*

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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)

*Saint Mary's will allow communal dining in a manner that allows for social distancing of unexposed residents. This may include staggered dining times and/or extended hours of operation. The residents will be required to wear a face covering when not actively eating including travel to and from the dining rooms and be encouraged to practice good hand hygiene.*

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

*Tables and chairs will be spaced to allow social distancing of at least 6 feet at all times.*

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

*Staff are required to wear a surgical mask. Residents are required to wear a cloth mask whenever away from their room. The resident can remove the mask while they are eating. Good hand hygiene is expected by all and ABHR is available in the corridors. Additional PPE may be required on a case-by-case basis and will be directed by the dietary director. The dining room will be cleaned and sanitized between each seating by the dietary staff.*

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

*Saint Mary's will encourage all appropriate residents to participate in communal dining when they are able and willing to do so.*

## ACTIVITIES AND OUTINGS

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)

*Unexposed residents in groups of 5 or less may participate in group activities such as bingo, trivia and exercise on their units provided they can maintain social distancing, hand hygiene and universal masking at all times.*

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

*Unexposed residents in groups of 10 or less may participate in group activities such as bingo, trivia and exercise on their units provided they can maintain social distancing, hand hygiene and universal masking at all times*

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

*Unexposed residents may participate in group activities such as bingo, trivia and exercise on their units provided they can maintain social distancing, hand hygiene and universal masking at all times*

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

*For the safety of our residents, at this time we are not planning any outings*

## NON-ESSENTIAL PERSONNEL

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.

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

*Non-essential personnel such as Hair dressers, volunteers, and entertainers will be permitted limited entrance based on conditions at the time*



### NON-ESSENTIAL PERSONNEL

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 be required to follow all screening processes, practice universal masking and hand hygiene upon entry and frequently throughout the visit.*

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

*Residents exposed to Covid-19 will be isolated in designated rooms with posted signage and not available in public areas. Non-essential personnel will not be permitted access to the isolation areas.*

### 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.

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

*Visitation hours will be 09:00 am – 11:30 am 1:00 pm – 4:00 pm and 6:00 pm – 7:30 pm daily. Length of visit will be 20 minutes in duration to allow for disinfection of spaces between visitors.*

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

*Saint Mary's will contact the families to set up the initial visits the week before visitation begins. After the initial visits are completed subsequent visits may be set up by calling the Social Services Department to schedule a convenient time for the visitor and the resident.*

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

*The visitation area will be cleaned and sanitized between visits using EPA registered products and following manufacturers direction, by staff assigned to the visitation areas.*

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

*Two per visit*

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

*Residents with cognitive deficits and/or emotional distress related to the current visitor restrictions as identified by the nursing staff will be given first 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)

*Nursing staff will evaluate residents to determine which residents can safely accept visitors, considering weather conditions and current physical condition. Residents will need to be able to universally mask at all times and be able to sit upright*

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

*The visitation areas will be the neighborhood patio areas nearest the parking lots. Shade structures would be made available but in the event of severe weather visitations would be canceled.*

STEP 2

VISITATION PLAN	
	<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><i>The visitation will be supervised to ensure social distancing is maintained, 8 foot tables will be used and markers placed to identify 6 feet.</i></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><i>In the event of severe weather visitations will be canceled</i></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><i>Indoor visitation will not be permitted in step 2</i></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><i>Nursing staff will evaluate residents to determine which residents can safely accept visitors, considering weather conditions and current physical condition. Residents will need to be able to universally mask at all times and be able to sit upright</i></p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p><i>Yes as an option</i></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><i>Same</i></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><i>Same</i></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><i>The Main lobbies will be utilized for indoor visitation</i></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><i>8 foot tables will be used with a sneeze guard set between visitor and resident. The tables will be marked with 6 foot distance.</i></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><i>At this time we do not believe it is safe to allow visitation in the resident areas. All efforts will be made to allow visitation in the neutral areas. Visitors will need to follow all screening, hand hygiene and universal masking procedures.</i></p>

VOLUNTEERS
<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>

**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 undergo the same screening process as employees upon entrance to the facility. They must follow social distancing, universal masking and hand hygiene as set by PA DOH and CDC/CMS. Volunteers will not be permitted access to the Covid-19 wing.*

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

*Transportation to and monitoring of residents visitation*

**ATTESTATION**

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

*Mary Venezia*

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