Reopening Implementation Plan for SpiriTrust Lutheran, The Village at Luther Ridge

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 Administrator but should be someone available to respond to questions regarding the Implementation Plan.

1. FACILITY NAME

SpiriTrust Lutheran, The Village at Luther Ridge, Personal Care Residence

2. STREET ADDRESS

2735 Luther Drive

3. CITY	4. ZIP CODE
Chambersburg	17202
5. NAME OF FACILITY CONTACT PERSON	**6. PHONE NUMBER OF CONTACT PERSON**
Angela K. Rock, PCHA	717-264-5700

DATE AND STEP OF REOPENING

The facility will identify the date upon which all prerequisites will be met to begin the reopening process 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 THE REOPENING PROCESS

8/24/2020

8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER THE REOPENING PROCESS – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)

☐ **Step 1**

The facility must meet all the Prerequisites included in the Interim Guidance for Personal Care Homes, Assisted Living Residences and private Intermediate Care Facilities During COVID-19

☒ **Step 2**

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 26, 2020, Order of the Secretary of Health)

AND

Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing

9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)

No

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 enter the reopening process).

10. DATE RANGE FOR THE BASELINE UNIVERSAL TEST ADMINISTERED TO STAFF AND RESIDENTS (BETWEEN JUNE 14, 2020 AND AUGUST 31, 2020) IN ACCORDANCE WITH THE JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH

6/22/2020 to 7/6/2020

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

11. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINISTERED TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITHIN 24 HOURS

SpiriTrust Lutheran has a signed contract with two labs approved by the Commonwealth to process tests. SpiriTrust Lutheran has been able to achieve test kits without issue. We maintain test kits on site so that we can immediately respond to a resident with symptoms.

12. DESCRIBE THE ABILITY TO HAVE COVID-19 DIAGNOSTIC TESTS ADMINSTERED TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK, INCLUDING ASYMPTOMATIC STAFF

SpiriTrust Lutheran has signed a contract with two labs approved by the Commonwealth to process tests. We have developed an internal process to establish necessary communications to residents and families informing them of the need for testing. We have outdoor areas established for testing and have identified nurses to collect the specimens. These nurses have demonstrated competency in two types of specimen collection—anterior nares swabs and nasopharyngeal swabs.There is a process in place to transport the specimens to the labs.

13. DESCRIBE THE PROCEDURE FOR TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

Non essential staff and volunteers will be tested according to the medical director guidance. This testing will be conducted according to our current processes.

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

Residents who decline testing will be maintained in a Yellow zone on isolation precautions and monitored for symptoms. If symptoms occur, resident and responsible party are reapproached to test.
Staff that decline are kept at home to isolate and can rejoin a testing cycle if they decide to test.
We maintain strict adherence to our standards around declinations.

15. 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 Personal Care Homes, Assisted Living Residences and Intermediate Care Facilitiess DURING COVID-19*.

We have determined areas within our SpiriTrust Lutheran communities to cohort residents who are diagnosed with COVID-19. This area is isolated with separate entrance/exit. The area has adequate PPE levels and dedicated staff trained in the care of those with COVID-19. The cohort team remains on call in the event of an immediate need to move a resident. In the event of a resident testing positive for COVID-19, the Administrator will determine with the Vice President of Senior Living where the resident will be cohorted.

16. 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)

Cohorts are stocked with adequate PPE to care for the residents moved to that area. The operational cache is maintained at adequate levels . A master inventory is maintained on a daily basis and regular efforts to source PPE are ongoing. There is a dedicated team within SpiriTrust Lutheran for PPE management and sourcing.

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

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

Dependent upon the current acuity of resident census, staffing may be adjusted accordingly. This is determined through inter-disciplinary conversation and nursing feedback regarding acuity levels. Currently staffing is above miminum regulatory standards. Mitigation of staffing shortage standard is available for reference if needed utilizing identified contingency staffing. Census, acuity levels, and nursing hours are monitored daily to ensure adequate staffing.

18. DESCRIBE THE PLAN TO HALT ALL REOPENING FACILITIES AND RETURN TO STEP 1 IF THE FACILITY HAS ANY NEW ONSET OF POSITIVE COVID-19 CASES

Immediately following any identification of a new positive COVID-19 case, the SpiriTrust Lutheran Command Team will issue notification to the center to begin to immediately halt reopening. Communication will be issued to the residents and their responsible parties. Other stakeholders will be immediately notified (volunteers, non essential staff, vendors) of the reversion. Processes developed during the initial pandemic response will be reinstituted.

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. Include how the data will be submitted to the Department.

19. RESIDENTS

Screening occurs each shift if center is in Yellow (possible exposure) which includes full vital signs, pulse ox monitoring as well as monitoring for any signs, symptoms and changes in condition. If center is Green (low exposure risk), vitals signs and monitoring occur every 12 hrs. Physician is consulted if symptoms or changes are noted. During reopening phases, residents will be monitored twice daily.

20. STAFF

Screening occurs at the beginning and end of each shift. Screening includes travel habits, exposures as well as current CDC symptoms and fever check. If fever > 99.9 or symptoms/travel/exposure concerns noted, team member is sent home to isolate and notify PCP for further guidance.

21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Same screening as in #20

22. NON-ESSENTIAL PERSONNEL

Same screening as in #20

23. VISITORS

Visitors will be screened for exposure, temp. >99.9 and CDC symptoms. If there are any concerns, visit will not occur.

24. VOLUNTEERS

We are currently not utilizing volunteers.

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.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Currently providing in room service for residents but facility will graduate to dining room service. The schedule will initially allow for two meals per day—lunch and dinner/supper. Hours will be adjusted based on the number of residents identified to be brought to the dining room.

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

Facility will practice social distancing with no more than initially 25% moving to 50% capacity. Tables and chairs will be spaced apart by six feet and 1 resident will be seated per table. All residents will be seated by team member. Two seatings will implemented for lunch and dinner. There will be separate entrance and exits with hand sanitzer dispensers at both entrance and exit.

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

Residents will be physicially distanced from other residents at all times. All staff will wear required PPE to include eye protection (goggles and glasses coverings) and masks. Residents will wear face masks, as able, when traveling back and forth to the dining room. Hand hygiene for residents will be supervised by staff. Staff will practice hand hygiene between residents and utlize gloves. Staff will wear gowns when assisting residents who are at high-risk for choking, given the risk to cough while eating. Cleaning of tables, chairs and touch surfaces will be conducted between resident seatings utilizing approved cleaning agent.

28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will maintain social distance at all times. Dining times will be staggered to ensure resident social distancing. There will be throwaway menus in the dining room for the residents to make their choices. All meals will be delivered to the table on a tray and immediately removed after the resident is finished with the meal. There will be no items on the tables and no linens. Residents will be escorted to and from the dining room by team members. Dining space will be cleaned thoroughly utilizing appropriate cleaner between seatings.

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.

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

Limited activities may be conducted with no more than five residents unexposed to COVID-19. Social distancing, hand hygiene and universal masking required. The type of activities will be IN2i, word games, trivia, exercise games, crafts, beauty salon visits. Residents will social distance and will be assisted with hand hygiene. Masks will be worn by residents. Activities will not utilize any equipment that will require multiple touching of items. Life Enrichment team will clean activity area after activity ends with appropriate cleaner.

ACTIVITIES AND OUTINGS

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

Limited activities may be conducted with no more than 10 residents unexposed to COVID-19. Social distancing, hand hygiene and universal masking required. Location of activities to be held in dining room, activity room, and courtyard weather permitting. The type of activities will be the same as step one but could also include bingo, music and church service. All activity areas and supplies will be thoroughly cleaned, utilizing appropriate cleaner, after each event.

31. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activties may be conducted with residents unexposed to COVID-19. Social distancing, hand hygiene and universal masking required. The type of activities will be the same as step 2, but could include celebrations. Ie, birthday and holiday. Staggered attendance times for programming. Cleaning of areas and supplies after each event utilizing appropriate cleaner will be conducted.

32. DESCRIBE OUTINGS PLANNED FOR STEP 3

In conjunction with changes in Life Enrichment programming, off campus recreational trips resume depending on the venue. Passengers limited to 1 to 4 at a time. Social distancing will be maintained, masks required. Various vehicles may be utilized determining the number of residents allowed. Vehicle cleaning will occur after each transport. Passengers will be provided with hand sanitizer before and after the trips.

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 Personal Care Homes, Assisted Living Residences and Intermediate Care Faciilties 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.

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

Buildings and Grounds to do routine and preventative maintenance. Dining services to return to neighborhoods and resident rooms. Beauticians to provide beauty/salon services. Volunteer Coordinator to assist with resident transportation and family visits. Chaplain to conduct church services, and administrative support for the screening station.

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

Education and monitoring by community's Infection Preventionist designee will occur with re-education if identified. Masking and goggle protocol will apply and be audited by the administrator or designee.

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

Non-essential team members will not have direct contact with any residents in isolation or under investigation for COVID 19 or with any positive cases located in a cohort.

VISITATION PLAN

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes, Assisted Living Facilities and Intermediate Care Facilites During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

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

Facility visitation hours will be scheduled for four hours per day, seven days per week. These hours will be established each week and posted on the website. Visitations will be 30 minutes.

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Facility designee will schedule visitors during the time frames above. Family members may call the facility to schedule a visit. The schedule will allow for adequate time between visits to allow for cleaning any touch surfaces.

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

Facility designee will assign team member to ensure all touch surfaces are cleaned between visits utilizing approved cleaners. All chairs and tables utilized will be cleaned.

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

Each resident will be able to accommodate two adults or one adult and one child. All visitors (except children under two years of age) must be masked and maintain social distancing at all times. Adults must be in charge of children and ensure they are controlled and not breaching social distance requirements.

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

Visits will be prioritized according to : 1. Those residents who are displaying behavioral health or mental health challenges due to the isolation imposed by COVID-19 and residents at end of life; 2. Spouses who have not been able to see their husband/wife for the duration of the pandemic to-date 3. Those residents who suffer from dementia and have been impacted by the loss of familiar family 4. Those celebrating special events: birthdays, anniversaries, birth of great-grand and grandchildren, etc

STEP 2

41. 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)

The care team will develop a list of residents who can safely accept visitors given their health status, ability to access the visitation site with escort and/or assistance by escort, and ability to maintain safe social distance. This list will be reviewed by the Administrator.

42. 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 Village at Luther Ridge will utilize the patio area off of the personal care main dining room. This area is covered for shade and severe weather. The residents will access the area from the main dining room, and the visitors will enter the area from the front of the building. The gazebo/courtyard area will also be utilized as it is covered for shade and severe heat. The residents will access the area from the courtyard entrance door on their appropriate neighborhood. The visitors will enter the area from the main entrance of the residents' neighborhood they are visiting. All visitors, whether visiting on the patio or in the courtyard will be screened in the main lobby of the Personal Care Residence.

VISITATION PLAN

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

Visits will be monitored at all times to ensure space is protected. Families and residents will be educated in advance of the visit. Areas for seating will clearly indicate permanent placement that is 6 feet or greater apart. Visits will be monitored.

44. 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 Village at Luther Ridge will utilize the Personal Care conference room for indoor visitations. Visitors will enter through the main lobby area for screening and be directed down the Admin hallway to the conference room. Residents will access the conference room through the main dining room. Severe weather will not impact the inside visitation space.

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

Visits will be monitored at all times to ensure space is protected. Families and residents will be educated in advance of the visit. Areas for seating will clearly indicate permanent placement that is 6 feet or greater apart. Visits will be monitored.

STEP 3

46. 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)

The same as step 2.

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

Yes

48. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

Same

49. 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")

Visits will be monitored at all times to ensure space is protected. Families and residents will be educated in advance of the visit. Areas for seating will clearly indicate permanent placement that is 6 feet or greater apart. Visits will be monitored.

50. 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

51. 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

52. 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

Visits will be restricted to 15 minutes and limited to two adults. These visits will continue to be maintained for end of life or compassionate care situations only. Visitors will be required to perform hand hygiene, wear PPE including eye protection, masks gloves and gowns. Social distance will be maintained and visitors will be instructed not to hug, touch or kiss resident. At the end of the visit, the visitors will be escorted to the exit. Touch surfaces will be cleaned by housekeeping staff utilizing approved cleaning product.

VISITATION PLAN	

VOLUNTEERS
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.
53. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19 We will not be utilizing volunteers at this time.
54. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2 N/A

Angela Y Pool — 8/27/20

SIGNATURE OF ADMINISTRATOR **DATE**