

**The Oaks at Pleasant Gap Reopening Implementation Plan
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	
Schreffler Manor at The Oaks at Pleasant Gap	
2. STREET ADDRESS	
200 Rachel Drive	
3. CITY	4. ZIP CODE
Pleasant Gap	16823
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Nichole Walker, Administrator	814-359-2782

DATE AND STEP OF REOPENING	
The facility will identify the date upon which all prerequisites will be met for reopening and the Step at which the facility will enter reopening. Those facilities that experienced a significant COVID-19 outbreak will identify the date the Department of Health survey was conducted (that is required prior to reopening).	
7. DATE THE FACILITY WILL ENTER REOPENING	
August 10 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 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)	
No	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19	
Last inspection by DHS was 04-28-2020 for annual licensing survey	

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](#)

July 8 2020 to July 10 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

Contractual agreement in place with Conemaugh Health Systems, that includes providing test kits to this community. A clinical staff member would perform the testing needed and the resident would self-isolate until results are received.

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

Contractual agreement in place with Conemaugh Health Systems, that includes providing test kits to this community. A clinical staff member would perform the testing needed and the resident would self-isolate until results are received. Staff tested would be removed from the schedule until test results are received. All specimens would be processed by Conemaugh Hospital lab and results sent to this community's administrator.

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

Contractual agreement in place with Conemaugh Health Systems, that includes providing test kits to this community and a clinical staff member would perform the testing needed.

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

Contractual agreement in place with Conemaugh Health Systems, that includes providing test kits to this community. A clinical staff member would perform the testing needed. All persons tested would not be given permission to enter the building until test results are received. All specimens would be processed by Conemaugh Hospital lab and results sent to this community's administrator.

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

All residents who meet this criteria would be required to self-isolate in their private room and all staff persons would treat those residents the same way they would treat a resident who is positive for Covid-19

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECITON 1 OF THIS GUIDANCE

Any resident testing positive for Covid-19 and demonstrating symptoms of such, would be transferred to the local hospital for more specialized treatment. For all residents not eligible for a hospitalization, they would be quarantined to their respective rooms alone and expected to remain there for 14 days. For residents who share a room with another person, the symptomatic resident would be placed in a separate room and quarantined for 14 days and not returned to their original room until they are without any signs & symptoms for at least 72 hours.

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)

The Oaks community maintains an adequate supply of PPE, which consists of the following: n95 masks, kn95 masks, surgical masks, gowns, gloves, shoe covers, face shields, hand sanitizer. These supplies are monitored and inventoried weekly, to ensure there is an 8 week supply of each of the above listed items for all staff persons who would be in contact with any resident who tests positive for covid-19

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

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

SHORTAGES

The Oaks has part-time and occasional staff members who would be expected to fill in if there are team members who would test positive for Covid-19. In addition to these ancillary staff, there are contracts in place with the following staff agencies: MSN/ Cross Country; PCMC staffing agency; Favorite healthcare staffing; Adara healthcare staffing, and capitol healthcare staffing. Additionally, department managers would also be utilized in the event of staffing shortages due to Covid-19

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

All residents would be instructed to self-isolate in their rooms, in the event any of the following situations would occur: (1) any staff or resident would test positive for Covid-19, or (2) the county would return to a phase other than 'green' as ordered by the governor of the commonwealth

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 temperatures, dry cough and shortness of breath, a minimum of three (3) times per day by staff on each of the three (3) shifts. All findings are recorded. If any screenings are outside of normal limits, the information is reported to the nurse manager and the appropriate action is taken, which may include staff calling 9-1-1 for resident to be transported & treated in a hospital setting. If resident does not require hospitalization upon identifying Covid-19 symptoms, resident will be required to remain in their private room and one staff person per shift would be assigned to these residents. Upon entering the resident's room, this staff would be required to wear all prescribed PPE and an isolation bin containing these supplies, would be placed outside of the resident's room for staff to access and utilize prior to entering room.

22. STAFF

All staff are screened prior to arriving to work and prior to leaving at the end of their shift. Screening includes taking temperature, checking for dry cough and shortness of breath. Staff are also questioned about recent visits to specific states and/or have been out of the country, or if they have been exposed to anyone who recently tested positive for Covid-19. If any signs and/or symptoms are found to be present, the staff person is asked to leave and to follow up with their doctor. They would not be permitted to return to work until they have been clear for the past 72 hours. Screening is completed in the front foyer area which remains locked and inaccessible for any outside persons to enter, at all times. An alternate staff member would be called to cover the symptomatic persons shift until further notice.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Any approved healthcare personnel who have been approved to access the building, are screened the same way all staff are screened. They are screened upon arrival and prior to exiting the building, which includes temperature, dry cough and shortness of breath. These persons are also questioned about recent visits to specific states and/or have been out of the country, or if they have been exposed to anyone who recently tested positive for Covid-19. If any signs and/or symptoms are found to be present, the person is asked to leave and to follow up with their doctor. The person would not be permitted to return until they have been clear for the past 72 hours. Screening is completed in the front foyer area which remains locked at all times and inaccessible to outside persons.

24. NON-ESSENTIAL PERSONNEL

Non-essential personnel remain in the front foyer area and are not granted access to the building. Staff persons who answer the door at times when these persons arrive, are to question the purpose of the visit and then communicate this information to the business office, for further assistance. If no assistance can be provided, the non-essential personnel will be asked to leave.

25. VISITORS

Visitors are restricted from visiting at present time. At any point a visitor attempts to enter the building, they would be questioned by the staff member responding to the doorbell and informed of the visiting restrictions in place. The person attempting to visit would also be informed of the window visiting protocols and to contact enrichment staff for further instructions on acceptable visiting protocols

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)

No communal dining at present. All three (3) meals are delivered & provided to individual resident rooms by staff members. Meals are as follows: breakfast 7a-9a, lunch at 12:30pm and evening meal is at 5:30pm. Upon reopening, the community will continue serving resident meals in their respective rooms for breakfast and the evening meal and begin communal dining for the lunchtime meal, only. Lunch meals will be offered in the community's dining room for half of the resident population at one time (approximately 19 people) and alternate days with the other half of the residents. This will be re-evaluated weekly, to ensure the process is successful for meeting all social distancing requirements and proper infection control standards. In the event this process successfully continues for two (2) weeks—community will move to next step to include this same practice for the evening meal, in addition to the lunchtime meal.

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

Community's dining room contains 16 tables, 3' x 3' in size. Two (2) tables will be pushed together to create eight (8) larger sized table units. These larger table units will accommodate two (2) residents to be seated at each end, for a total of 16 residents in the dining room, per meal. This will provide an exact distance of six (6) ft between residents during the meal.

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

Two (2) Hand sanitizer dispensers are mounted on the walls of the dining room with one on each side. All staff persons assisting residents to the dining room area, will prompt the resident to perform proper handwashing prior to arriving to the dining room and additional, will instruct residents to use the hand sanitizer dispensers prior to being seated in the dining room. Staff assisting residents after the meal will instruct residents to perform the same handsanitizing techniques prior to exiting the dining room, by using the dispensers and encourage handwashing upon resident entering their room. Staff will be donned in their PPE to include masks and gloves.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Upon reopening, the community will continue serving resident meals in their respective rooms for breakfast and the evening meal and begin communal dining for the lunchtime meal, only. During Step 2, lunch meals will be offered in the community's dining room for half of the resident population at one time (approximately 16 people) and alternate days with the other half of the residents. This will be re-evaluated weekly, to ensure the process is successful for meeting all social distancing requirements and proper infection control standards. In the event this process successfully continues for two (2) weeks—community will move to next step to include this same practice for the evening meal, in addition to the lunchtime meal.

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)

During step 1, activities are primarily conducted one-on-one with assistance from enrichment staff to connect residents electronically with families and friends, on a scheduled basis. Universal masking requirements must be in place at all times for any/ all of these events. Some activities, such as weekly worship and Bingo, are held while residents remain in the entranceway to their respective rooms while wearing a mask and staff utilize microphones and wireless speakers to conduct the programs. Occasionally an outside presentation is held, while residents are directed to seats inside the community, located six (6) ft apart and using speakers for enhanced hearing. Residents are able to view the speaker through a large window. Residents are prompted to sign up for such events, in advance, in order to keep the number of those in attendance to five (5) or less.

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

During step 2, activities continue to be conducted one-on-one (upon request) with assistance from enrichment staff to connect residents electronically with families and friends, on a scheduled basis. Some activities, such as weekly worship, hallway Bingo, and hallway chair exercises are done weekly and performed as outlined in step 1 process. Residents remaining in the entranceway to their respective rooms while wearing a mask and staff utilize microphones and wireless speakers to conduct the programs. One outside presentation is held weekly, in the community's courtyard area, while residents are directed to seats inside the community room, with chairs placed six (6) ft apart and using speakers for enhanced hearing. Residents are able to view the speaker through a large window. Residents are prompted to sign up for such events, in advance, in order to keep the number of those in attendance to ten (10) or less. Outside walks with a staff person, are done by appointment and as long as universal masking requirements are met.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

In step 3, all programs performed and held as done in step 2.

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.

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

Upon entering step 2, any non-essential personnel granted access to the community will be evaluated on a case-by-case basis and required to have all the same screenings performed in the same manner as staff and essential healthcare personnel must do in step 1.

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

In the event non-essential personnel would be granted permission to enter the community, they would only be permitted to do so after successful completion of being screened for (1) signs & symptoms of illness, (2) proper universal masking measures and (3) performing hand hygiene at the time of the screening. Hand sanitizer is provided by the community, in the screening area/ front entrance foyer, at all times. Informational sheets will be provided to all persons in this category who are permitted to proceed with entering the building. These sheets outline the community's expectations for non-essential persons and what criteria they are expected to follow while inside the community.

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

Informational sheets will be provided to any/ all persons in this category who are permitted to proceed with entering the building. These sheets outline the community's expectations for non-essential persons and what criteria they are expected to follow while inside the community, to include social distancing practices and all infection control measures for disinfecting and proper hand hygiene.

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.

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

During step 2, residents and visitors may schedule a visit by appointment only. The community's visitation requirements will be communicated in advance, to all residents and their responsible parties, prior to beginning step 2. These requirements include advanced scheduling by appointment, to the community's enrichment coordinator. Visits are set up in 30 minute increments and all persons must successfully meet the community screening expectations prior to moving forward with the scheduled visit. Visitation hours will be Monday through Friday 9a-4p. Saturday and Sunday visits may be scheduled upon availability of staff to successfully assist in coordinating visits on these days.

VISITATION PLAN

37. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits will be scheduled by appointment, with a minimum of 48 hours notice by contacting the community's enrichment coordinator. All scheduled appointments and times will be provided to direct care staff members daily, so they can plan to assist as well. Visits will be held outside of the community, on a covered porch area. At the time of the visit, residents will be assisted by a staff person to ensure they are following all proper masking and hand hygiene requirements, prior to arriving to the designated visit area. The visitor will be screened by a staff person and will be instructed to complete a visitor check-in form, before and after the visit.

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

The designated visitation area will be disinfected by a staff member of the community, prior to each newly scheduled visit.

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

Residents may receive two (2) visitors per resident, so long as both persons successfully meet the screening expectations, meet the requirements for universal masking and perform hand hygiene prior to visiting with the resident. Only children aged 2 or older are permitted to visit and are required to also wear a mask at all times during the visit.

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

All visits will be scheduled on a first come, first serve basis. In the event multiple requests are made simultaneously, priority consideration will be granted to the resident who is highest risk for cognitive and / or physical decline, at the time of the requested visit.

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)

Any resident who has not tested positive for Covid-19 or who is not under suspicion for Covid-19 and who are not demonstrating any signs or symptoms of illness, may accept visitors .

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 designated outdoor space for visitation is located directly off the living room area in Schreffler Manor. This area has two (2) doors for accessibility to go in and outside. Those visiting the community may access this space by using the sidewalk from the parking lot, to the handicap ramp that goes directly to this covered porch area.

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

Markers will be located on the ground area of the porch, indicating social distance compliance for visitors and residents.

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

In the event of severe inclement weather, inside visitation may be arranged on a case-by case basis which would depend on day and time of visit. Coordination of these inside visits, would be organized by the community's enrichment coordinator, or designee in said person's absence.

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

For any/all scheduled indoor visits, markers will be in place to alert both resident and visitor of the required social distance expectations. No indoor visits will be scheduled during resident meal times.

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)

Any resident who has not tested positive for Covid-19 or who is not under suspicion for Covid-19 and who are not demonstrating any signs or symptoms of illness, may accept visitors .

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

Yes, outdoor visits will continue upon request and by appointment, as outlined in step 2.

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

VISITATION PLAN

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")

Same

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

The person scheduled to visit the resident would be screened the same as all other persons entering the community and the visitor will be instructed to complete the visitor screening form upon arrival and prior to departure. The staff person conducting the screening prior to entrance, will be responsible to ensure the visitor performs hand washing before visiting in the resident's room and will be made to maintain a minimum of a six (6) foot distance at all times while present in resident's room. All parties in the room will adhere to the require universal masking guidelines at all times while in the room. A staff person of the community will assist the guest with departure, once the 30 minute visiting period has been completed.

The Personal Care Home Administrator (PCHA) is responsible for the accuracy of the Implementation Plan and the facility's adherence to it. Upon completion of blocks 1-5, the Implementation Plan should be printed and the signature and date affixed by the PCHA in block 54.

53. NAME OF PERSONAL CARE HOME ADMINISTRATOR

Nichole M. Walker

54. 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 PERSONAL CARE HOME ADMINISTRATOR

07/29/2020

DATE