

**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	
The Long Community at Highland	
2. STREET ADDRESS	
600 E. Roseville Rd.	
3. CITY	4. ZIP CODE
Lancaster	17601
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Susan Saxinger, Campus Administrator	717-381-4901

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
7/27/2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
<input checked="" 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
7/11/2020

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](#)

6/1/2020 to 7/10/2020

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents showing signs and symptoms of Covid-19 within 24 hours. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all residents and staff if the facility experiences and outbreak of Covid-19. Community staff will obtain naso-pharyngeal samples and send to a CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests to all staff, including asymptomatic staff. This is accomplished via universal testing of all staff in accordance with state Department of Health guidelines. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results.

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

The Facility has contracted with a CLIA certified laboratory and has the capacity to administer Covid-19 diagnostic tests if needed for non-essential staff and volunteers. Non-Essential staff such as salon or beauty shop personnel and any other such non-essential staff that work routinely at the community including volunteers will be required to test in accordance with the state Department of Health requirement for universal testing. Community staff obtain naso-pharyngeal samples and send to the CLIA certified laboratory to obtain results. Non-essential staff such as contractors and who fail to pass screening procedures will be referred to their personal physician for appropriate treatment.

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

Those residents who refuse or are unable to be tested will be considered to be a Person Under Investigation (PUI) and be required to isolate in the facility's 'Yellow' zone for 14 days. The resident and resident's responsible party will be educated on the benefits of testing if they have refused. For staff who refuse or are unable to be tested, they will be removed from the work area and referred to human resources for follow-up.

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*.

Residents will be cohorted to separate units, or isolated based on test results. Those residents with a positive SARS-CoV-2 PCR test and still within the parameters for transmission-based precautions will be cohorted in the Covid-19 positive (RED) zone. Those residents who have been potentially exposed will be will be cohorted for 14 days post exposure in a COVID-19 potentially exposed (YELLOW) zone. Any resident in the facility with a negative SARS-CoV-2 PCR test or who was not tested and is thought to be unexposed to COVID-19 will be cohorted in the COVID-19 unexposed (GREEN) zone.

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 facility has a minimum 7 day stock pile of PPE on hand at all times. PPE consumption is monitored daily by electronic tracking sheet. The facility has a 4 hour access to a corporate 90 day stock pile of PPE. Presbyterian Senior Living purchasing teams continue to purchase, stockpile and monitor PPE supplies.

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

The Long Community at Highland is currently operating with normal staffing levels which are adequate to serve the number of residents present in Assisted Living and exceeding DHS minimum staffing requirements.

The Long Community at Highland endeavors to maintain established schedules in every department at all times. The Long Community at Highland requires staff to report for duty during emergency situations as determined by the organization and regulatory/governmental agencies. Understanding that this may pose a hardship on certain individuals depending on the circumstance, additional measures will be taken to recognize staff for their commitment to the people we serve. Emergency situations will be declared with a beginning time and if known, an ending time. Emergency situations may require adjusted staffing patterns and cooperation between departments at communities and in extreme circumstances operations support staff and administrative office staff to provide services to customers. The following responses will be used in conjunction with the community's Emergency Staffing Plan as situations warrant, up to and including our most significant crisis:

- Staff will be asked to stay at community to be available for additional shifts.
- Community will provide food and shelter.
- Transportation may be offered.
- Overnight accommodations will be provided.
- Requests for time off will not be granted.
- Salaried staff schedules will be flexed to meet resident and community needs.
- Operations support staff will report to assigned communities.
- Administrative Office staff members will be solicited to report to communities to provide non-clinical services.
- Staff incentives/wage adjustments will be determined by the COO and the SVP of Human Resources
- The facility maintains an agreement with a staffing agency in the case of severe shortages and as a last result.
- Regional Vice President of Operations will routinely contact the facility to monitor staffing situation.

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND 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

If a facility is in a county or area of the state that the governor has declared as 'Red' the facility will halt any and all activities related to reopening and revert back to full restrictions in accordance with DOH and CMS guidelines. The facility will do the following: 1) Notify all residents and responsible parties via telephone and written notification of the requirement and explain the restrictions that will be in place. 2) Post the information on the facility's web-site.

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 subject to universal testing in accordance with Department of Health Guidelines. Residents exhibiting signs and symptoms of COVID-19 based upon assessment by qualified nursing or medical staff will be cohorted and tested in accordance with Department of Health guidelines and as noted in sections 12, 13, and 17 above.

22. STAFF

Staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift. Staff also have temperature checks at the end of their shift. If staff fail any part of the screening or develop signs and symptoms of COVID-19 during their shift, staff will be tested and referred to their physician for follow-up medical care.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are subject to screening of signs and symptoms and have temperature checks prior to entering resident care areas and have temperature checks prior to leaving the building. If they fail any part of the screening or develop signs and symptoms of COVID-19 while at the community, they will be referred to their physician for follow-up medical care.

24. NON-ESSENTIAL PERSONNEL

Any non-essential staff are subject to screening of signs and symptoms and have temperature checks at the beginning of each shift and have temperature checks at the end of their shift. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their shift, they will be tested and referred to their physician for follow-up medical care.

25. VISITORS

Visitors will be subject to screening of signs and symptoms and have temperature checks prior to entering the facility. If they fail any part of the screening or develop signs and symptoms of COVID-19 during their visit, they will be asked to leave and contact their physician for follow-up medical care.

26. VOLUNTEERS

Routine volunteers will be subject to the same requirements for staff as noted in section 22 above. Other volunteers will be subject to the same screening requirements for visitors as noted in section 25 above.

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)

Two staggered dining hours will be offered for each meal and will accommodate 8-10 people at a time. Breakfast will be offered at 8 and 9 am. Lunch will be offered at 12 and 1pm and dinner will be offered at 5 and 6pm. In-room meal service will continue to be offered to residents not wanting to participate in communal dining if their individual plan of care indicates it is safe to do so.

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

Tables and chairs will be spaced in the great room accordingly to allow six feet between each resident. Only the number of chairs needed for each seating will be placed at the tables. Tables will also be positioned to allow for conversations to occur through social distancing.

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

Tables and chairs will be disinfected in between each seating. One staff person will be designated for serving and plating food and another staff person will be assigned to complete clean up when scheduling permits. Tables will not be pre-set for service. Utensils and single serving condiments will be provided by DCS at each meal. No shared condiments or décor will be on the tables. Gloves and masks will be worn and hand hygiene practices in place. Residents will be encouraged to wash their hands before and after meals. Hand sanitizer will be offered to each resident as they are seated at each meal.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

The dining experience will replicate restaurant style service with their orders being taken while the resident is seated at the table.

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)

Five or less residents will be offered socialization activities that do not involve shared materials such as reminiscing, show and tell, arm chair travel, seated exercise, etc. Group activities will be held in the household living room or other common spaces which meet social distancing requirements.

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

Same as Step 1 accommodating up to ten residents.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as the previous two steps including art and games, such as bingo, with separate materials for each resident that are either disposable or cleanable.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

A maximum of 6 residents can safely social distance while riding on the bus. Extra masks will be kept on the bus and hand sanitizer will be provided for all riders prior to bus entry. High touch areas of the bus will be cleaned after each use by the driver.

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 include sprinkler and fire inspections, elevator repairs, kitchen equipment repair, pest control, flooring, HVAC, plumbing and utility repair. No more than one trade will be scheduled per day with only two tradesmen/women permitted at a time. Salon services will be offered as permitted in Step 3 with only one beautician scheduled per day.

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

DES will explain all required precautions when scheduling a repair service. Upon entry the tradesmen/women will be required to be wearing a mask and perform hand hygiene before proceeding to complete their work. Building entry is controlled at the screening checkpoint to ensure compliance. The contracted salon provider has developed a safety and sanitization plan in preparation for reopening.

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

Non-essential personnel will not be permitted to work in designated red zones. Signage will be used to post zone identification clearly.

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

Visiting hours will be 9:30-11:30a, 2:30-4:30p, scheduled for one hour in duration, special requests will be considered based upon staff available. Hours may be adjusted based on volume of requests.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Call 717-381-4900 and request to schedule an in person visit. Reception will forward to Community Life staff to schedule. Reception could aid in scheduling as volume increases. Future changes to the scheduling procedure will be communicated via pre-recorded telephone message to families. Virtual visits can still be scheduled online as directed on the facility's website.

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

Visitors will be asked to bring their own chairs for outdoor visitation. Staff assisting in transporting/supervising the visit will complete high touch cleaning after each visit.

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

2 visitors

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

Each resident will have an opportunity to host in person visitors once weekly. Consideration will be provided to those with special circumstances. Virtual visits will continue to be offered to supplement in person visitation.

VISITATION PLAN

STEP 2	<p>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)</p> <p>The AL Administrator and AL Resident Services Manager will determine if resident(s) are able to accept visitors safely. The resident must pass the daily respiratory screen prior to the visit. A determination will be made as to whether the resident(s) will walk to the outdoor space vs. using a wheelchair considering the distance and the individual resident’s endurance. Sunscreen will be offered for residents going outdoors for a visit.</p>
	<p>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</p> <p>The outdoor visitation space is a sidewalk near the main entrance of the building. Access to the area is a sidewalk so that residents will not need to ambulate in a grassy area or a parking lot area. If there is the threat or there is actual severe weather, the visit will be scheduled for the indoor visitation space.</p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>A bench will be placed for the resident to use for the duration of the visit. Family members will be asked to bring their own chairs. There will be markers as to the exact location where the family members are permitted to place their chairs. Education of all parties will be provided at the beginning of the visit to encourage social distancing throughout the visit.</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>The indoor visitation space is a sunroom that is adjacent to the living room and main entrance lobby on first floor. The entrance to the space is an open archway between the living room and the sunroom. Visitors will enter the building at the main entrance where the screening station is located immediately to their left. After screening and instructions, visitors will be directed to the sunroom which is adjacent to the lobby area.</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>Chairs will be spaced accordingly with limited seating and signage will be present indicating social distancing must be maintained and furniture should not be moved.</p>
	STEP 3
<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</p>	
<p>50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER “SAME”)</p> <p>Same</p>	
<p>51. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS (IF THE SAME AS STEP 2, ENTER “SAME”)</p> <p>Same</p>	
<p>52. DESCRIBE THE INDOOR VISITATION SPACE THAT WILL BE USED TO INCLUDE THE ENTRANCE AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER “SAME”)</p>	

VISITATION PLAN

Same

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")

Same

54. FOR THOSE RESIDENTS UNABLE TO BE TRANSPORTED TO THE DESIGNATED VISITATION AREA, DESCRIBE THE INFECTION CONTROL PRECAUTIONS THAT WILL BE PUT IN PLACE TO ALLOW VISITATION IN THE RESIDENT'S ROOM

Consideration will be given to those residents who are unable to be moved to a designated visitation area. The AL Administrator and the AL Resident Services Manager will determine if a resident is unable to go to the visitation area. Up to two visitors will be permitted to visit with the following steps: 1. Up to two visitor(s) pass the screen upon arrival, 2. Visitor(s) are shown the most direct path to/from the resident apartment, 3. Visitors are asked to avoid touching anything along the path to/from the resident apartment, 4. Visitors are discouraged from visiting any other residents while on the household, 5. Visitors will be asked to maintain social distancing for the duration of the visit, 6. Visitors will be asked to maintain their facial covering for the duration of the visit, 7. High touch cleaning will be completed following the visit including the full pathway from the screening station to the apartment.

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.

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

Volunteers will not perform duties on the households in Step 2. Volunteers will only conduct activities indoors in designated Green Zones with no know resident exposure to COVID-19.

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

Volunteers will assist with monitoring outdoor visitation in Step 2.

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.

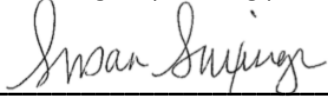
57. NAME OF NURSING HOME ADMINISTRATOR

Susan Saxinger, Campus Administrator

ATTESTATION

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

July 13, 2020

DATE