

**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	
MISERICORDIA NURSING & REHABILITATION CENTER	
2. STREET ADDRESS	
998 S RUSSELL ST	
3. CITY	4. ZIP CODE
YORK PA	17402
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
MARION BITTNER, NHA - ADMINISTRATOR	717-755-1964

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
7/20/2020
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
N/A

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](#)

6/25/2020 to **7/6/2020**

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

Any symptomatic residents will use WellSpan Health Translab Services, who are able to perform test within 24 hours.

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

Misericordia is contracted with Molecular Testing Labs, who will overnight supplies as needed. Specimens are then shipped priority overnight to the lab.

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

Misericordia is contracted with Molecular Testing Labs. Although we have some supplies on site for our healthcare professionals to perform mid-turbinate nasal swab, Molecular Testing Labs will overnight supplies as needed. Specimens are then shipped priority overnight to the lab.

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

As non-essential staff and volunteers return to Misericordia under Step 2, testing will be completed prior to their return.

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

Residents or staff who decline or are unable to be tested will be quarantined for a 14-day period. Misericordia's directive is that all direct care staff must comply with testing.

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECTION 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

In the event of positive COVID-19 cases, Misericordia has outlined areas to cohort and separate those residents from the general population. Residents already in a private room will remain in their room with the door closed and precautions posted outside the room.

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)

Prior to and during the current pandemic, Misericordia has consistently maintained a 60+ day supply of face masks, gloves, goggles and face shields. We are following CDC guidance on contingent and crisis use of masks, gowns, goggles and face shields; conventional use of gloves.

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

Staffing remains constant at Misericordia. Recruitment for any vacancies continues. To ensure no staffing shortages, we maintain contracts with staffing agencies, as well as adjust staff schedules and utilize staff who are not on-site to come to the facility as needed.

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

Misericordia continues to monitor all guidelines from the Governor's office. If York County reverts to a red phase and reopening must cease, families will be notified via Red Flag, our electronic notification system. Visitation would stop until further instructions from the Governor.

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, once per shift, for symptoms as identified by CDC. Any resident identified with fever or suspected virus are referred to physician.

22. STAFF

Employees are screened upon entry and exit for symptoms as identified by CDC. Anyone who presents as symptomatic, upon entrance or during his or her shift, are immediately sent home.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All persons entering Misericordia follow the same protocol as #22.

24. NON-ESSENTIAL PERSONNEL

As non-essential personnel return to work, they will follow the same protocol as #22.

25. VISITORS

At present time, the only visitors permitted entrance are for end of life compassionate visits and they follow the same protocol as #22. It is anticipated that as we enter Steps 2-3 for visitors, Misericordia will follow the same protocol as #22.

26. VOLUNTEERS

As volunteers return to Misericordia, they will follow the same protocol as #22.

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)

At the present time, Misericordia has identified residents who require the assistance of staff for safe eating, and staggered hours are unnecessary at this time.

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

Tables are arranged in the main dining area to maintain a social distance between residents. Only 1 resident is seated at each table.

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

PPE use in the dining room includes use of masks and eye protection. Hand hygiene for residents and staff is completed before and after each meal. Staff members who are assisting more than one resident, at the same time, must perform hand hygiene when switching assistance between residents.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Misericordia is exploring other options to increase the opportunity for safe, communal dining during reopening.

ACTIVITIES AND OUTINGS

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)

Activities may include but not be limited to Spiritual Readings, Chair Exercises, Movies, Trivia Games, Current Events, Bingo, Painting, Coloring, Music Appreciation, Hand/Nail Care for five or less unexposed residents in the Activity Center, or Patio Time. Social Distancing will be maintained through table distance. Activities staff will insure resident and staff hand hygiene, before and after the activity, and universal masking. Activities staff will insure hand hygiene between residents, if assisting two residents.

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

Activities may include but not be limited to Spiritual Readings, Chair Exercises, Movies, Trivia Games, Current Events, Bingo, Painting, Coloring, Music Appreciation, Hand/Nail Care for ten or less unexposed residents in the Activity Center, or Patio Time. Social Distancing will be maintained through table distance. Activities staff will insure resident and staff hand hygiene, before and after the activity, and universal masking. Activities staff will insure hand hygiene between residents, if assisting two residents.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities may include but not be limited to Spiritual Readings, Chair Exercises, Movies, Trivia Games, Current Events, Bingo, Painting, Coloring, Music Appreciation, Hand/Nail Care for unexposed residents in the Activity Center, or Patio Time. Social Distancing will be maintained through table distance. Activities staff will insure resident and staff hand hygiene, before and after the activity, and universal masking. Activities staff will insure hand hygiene between residents, if assisting two residents.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

None

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

Types of non-essential personnel who have been determined necessary at Step 2 are personnel related to Life Safety issues and personnel related to resident care needs (i.e. Dentist, Podiatrist, etc). The number of personnel will be limited to the minimum number required to meet these needs.

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

As non-essential personnel return to work, they will be required to meet with Infection Preventionist or designee, to review requirements for social distancing, hand hygiene and universal masking.

NON-ESSENTIAL PERSONNEL

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

If during Step 2-3, Misericordia experiences a new facility onset of COVID-19 cases, we will cease reopening and non-essential personnel will be restricted. After 14 days of no new facility onset of COVID-19 cases, we will reinitiate Step 1.

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

Regarding visiting, we ask that you call to schedule your visits at least 1 day in advance. This will help staff to organize their time and have your loved one ready for your visit. Visits may be scheduled for up to 30 minutes. When you are scheduling a time, so as not to conflict with mealtimes, please note the following timelines. For ambulance door visits, please schedule visits with the nursing department, which can take place daily between 10 am and 11:30 am (last visit to begin at 11 am), between 1 pm and 4 pm (last visit to begin at 3:30 pm), and starting at 6 pm. Activities room visits through the glass door and outdoor visits on the patio can be scheduled for Monday through Saturday with the activities department to take place between 10 am and 11:30 am (last visit to begin at 11 am), and also between 1 pm and 4 pm (last visit to begin at 3:30 pm).

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors, who schedule visits at our secure Ambulance Visitation Area, will continue to call the Nursing Care Base to schedule. Our Ambulance Visitation Area is a non-contact visit, separated by locked glass doors. Visits at the Activity Area, both non-contact through the window and Outdoor visits, are to be scheduled by calling the Activity Department.

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

The secure Ambulance Visitation Area has a supply of disinfectant spray, paper towels and alcohol-based hand sanitizer for cleaning between visits, and a trash receptacle. The Activity Patio Visitation Area will be sanitized between visits, using CDC approved products.

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

Due to the need to maintain social distancing of 6 ft, universal masking and hand hygiene throughout visits, the allowable number of visitors will remain at 2 adults, 18 years and older, in the initial reopening steps. Additional visitors would be considered on a case by case basis.

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

Misericordia has provided non-contact visitation since 5/1/2020 using the secure Ambulance Entrance. These visits have been scheduled at family request. Prioritizing visits would be considered on a case by case basis (i.e. end of life and compassionate visits).

STEP 2

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)

Through daily screening of residents for COVID-19, Misericordia would identify residents who are free of symptoms, and therefore permitted visitation. There are no issues identified with transportation to any of the visitor locations. See #46 for reference to outdoor weather conditions.

VISITATION PLAN

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 outdoor visitation space for Step 2 visits includes the covered patio, outside the Activity Center. Visitors will arrive at the Main Entrance for Screening prior to the scheduled visit time. After successful completion of Screening, visitors will be directed to S. Russell St to park and follow signs to the outdoor visiting area. See #46 for reference to outdoor weather conditions.

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

At the Activity Patio Visitation Area, the patio offers 7 ft square concrete blocks on the ground, which clearly define social distance. In addition, black stanchions with yellow chain will be placed at either end of the 7 ft block. Assigned staff will monitor social distance during visits.

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

In the event of severe weather, Misericordia will continue to offer visits at the Ambulance Entrance, which provides an indoor vestibule for visitors.

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

Our Ambulance Visitation Area is a non-contact visit, separated by locked glass doors. While not technically an indoor area, the enclosed vestibule offers shelter from inclement weather for the visitor.

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)

Through daily screening of residents for COVID-19, Misericordia would identify residents who are free of symptoms, and therefore permitted visitation. There are no issues identified with transportation to any of the visitor locations. See #46 for reference to outdoor weather conditions.

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

Yes

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")

"SAME AS STEP 2": In the event of severe weather, Misericordia will continue to offer visits at the Ambulance Entrance, which provides an indoor vestibule for visitors.

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")

"SAME AS STEP 2": At the Activity Patio Visitation Area, the patio offers 7 ft square concrete blocks on the ground, which clearly define social distance. In addition, black stanchions with yellow chain will be placed at either end of the 7 ft block. Assigned staff will monitor social distance during visits.

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")

"SAME AS STEP 2": Our Ambulance Visitation Area is a non-contact visit, separated by locked glass doors. Visitors enter vestibule from front parking lot. Resident remains in the facility during visit. Misericordia is exploring other options for neutral areas to allow for additional indoor visitation.

53. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND

STEP 3

VISITATION PLAN

THE VISITOR(S) DURING INDOOR VISITS (IF THE SAME AS STEP 2, ENTER "SAME")

SAME as for Step 2, #47: Our Ambulance Visitation Area is a non-contact visit, separated by locked glass doors.

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

Visitors will enter through the Main Lobby for screening. Following successful completion of screening, hand hygiene and donning a mask, they will be escorted by staff to the room.

Visitors will be provided with an instruction sheet of Visitation Protocol.

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

As volunteers return, they will be required to meet with Infection Preventionist or designee, to review requirements for social distancing, hand hygiene and universal masking. In the event of a resident exposed to COVID-19, Misericordia would restrict access to the facility for volunteers.

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

During Step 2, volunteers may assist with visitation protocol. (i.e. scheduling visit, transporting but not lifting residents, and monitoring visits.)

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.

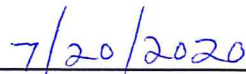
57. NAME OF NURSING HOME ADMINISTRATOR

MARION BITTNER, NHA

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