



# Mennonite Home Communities

May 15, 2020

Dear Resident, Family Member or Responsible Party of Resident:

As our nation, commonwealth and local community continue to weather the coronavirus pandemic, we believe it is important that accurate communication occur. Since March 26, 2020, when we experienced our first positive COVID-19 case, we have provided regular reports informing residents, staff and the public of the number of cases of COVID-19 in our facilities. These reports continue to be distributed via our website, the Coronavirus Information Line (717-984-2900), and a daily staff newsletter. In addition, numerous letters and memorandums have been sent.

From day one, we committed ourselves to transparency even though there was no regulatory requirement to do so. We have remained transparent and applaud the recent action of the Centers for Medicare and Medicaid Services, (CMS) to require a new reporting structure for all nursing homes. The new reporting structure goes into effect May 17, 2020. We expect by the end of May that CMS and the Centers for Disease Control & Prevention (CDC) will begin publicly reporting nursing home data for the entire nation.

The new reporting structure directs facilities to implement a notification system in which information can be readily provided to residents, responsible parties and family members. The system will provide a weekly update regarding COVID-19 including the number of active cases among residents and staff. Any new confirmed resident cases will be reported within the next calendar day. In addition, we will report any instance in which three or more residents present with respiratory symptoms over a 72-hour period. The same criteria will be used to report new confirmed cases or symptomatic cases in staff.

If you have been reviewing our communications, you will notice some changes as we update our website and the Coronavirus Information Line using the required format. A weekly update will be provided, most likely on Wednesdays. Per the guidelines above, if any newly confirmed cases or clusters of respiratory symptoms occur within 72 hours, the website and information line will be updated by 5 pm the next calendar day.

Due to government privacy requirements, we cannot divulge specific information about the individuals who have tested positive or have symptoms of COVID-19. The new reporting requirements will not replace our normal communication with you regarding changes in resident condition. Facility staff will continue to contact you directly with any resident changes in condition, including symptoms of COVID-19.

We continue to actively work at mitigation and containment of COVID-19 within the facility by following guidance from the Centers for Disease Control and Prevention (CDC), the Center for Medicare and Medicaid Services (CMS), the PA Department of Health and Emergency Management Agencies to reduce the spread and impact of COVID-19, such as;

- Enhanced infection control precautions
- Screening residents, staff, and essential visitors for respiratory symptoms
- The use of Personal Protective Equipment
- Restricting visitation and entry of people to the building
- Testing staff and residents for COVID-19 based on current protocols and availability of tests
- Postponing communal activities

Should you have any questions regarding your family member, please contact Josh Bashore-Steury, Director of Personal Care (717-391-3661) or Jennifer Eslinger, Nursing Home Administrator (717-391-3620). Continue to reach out to facility staff to assist you in communicating with your loved ones. We can assist with Zoom meetings, Facetime, Skype, phone calls and other options to keep in touch.

Please review the enclosed FAQ insert for additional information.

Our residents and staff appreciate the support from the community during this unprecedented time.

Sincerely,

John Sauder, President

## COVID-19 FAQs

Adapted from the Pennsylvania Department of Health document: *“INFORMATION FOR FAMILIES OF NURSING CARE FACILITIES STAFF AND RESIDENTS; FREQUENTLY ASKED QUESTIONS”*

### 1. What precautions is Mennonite Home Communities (MHC) taking to protect residents against COVID-19?

The Centers for Disease Control and Prevention (CDC) recommends nursing care facilities implement aggressive action to prevent the introduction and spread of COVID-19. MHC is restricting visitors, implementing sick leave policies for ill staff, restricting movement of residents and group activities, and actively checking every person entering a facility for fever and symptoms of illness. All staff and others (e.g., contractors) entering MH (Mennonite Home) and WCV (Woodcrest Villa) are required to wear masks, which helps prevent the spread of illness should one of them carry the virus and not have symptoms yet.

### 2. What is MHC doing about outside visitation? Who can visit and when?

MHC has followed CDC guidance on visitation policies since the beginning of our response to COVID-19 and will continue to do so until we can be sure visitation will not put residents and staff at risk. We understand that limiting visitation is hard for residents and families; however, contact with visitors is the primary way that residents could become exposed to and contract COVID-19. In order to protect residents and staff, we need to continue limiting visitation, despite how challenging that is. The following limits are in place until CMS changes guidance:

- Family and friends of residents living outside the facility are not able to visit residents, including visits from residents from personal care homes, assisted living residences, or continuing care communities to nursing care facilities;
- All non-essential workers and volunteers (i.e., barbers, beauticians) are not allowed to enter the facility;
- The following persons are allowed access to residents if wearing appropriate personal protective equipment (PPE):
  - Health care workers who provide services such as hospice and home health care;
  - Physicians, nurse practitioners, physician assistants and other clinicians may treat residents under their care;
  - The Department of Aging, the Area Agency on Aging and the Department of Human Services may have access *when there has been a report of serious bodily injury, sexual abuse, or serious physical injury.*

### 3. What is the appropriate screening protocol for residents?

MHC actively monitors residents per current CDC guidelines. If any two of the signs and symptoms of COVID-19 are detected in any resident, staff in the facility:

- Initiate precautions per CDC guidelines;
- Check room air pulse oximetry; and
- Increase frequency of vital sign screening, including pulse oximetry, to every 8 hours;
- Screen for COVID-19.

If any one of the signs and symptoms is detected in any resident:

- Initiate precautions per CDC guidelines;
- Check a room air pulse oximetry; and
- Increase frequency of vital sign screening, including pulse oximetry to every 8 hours

#### **4. What is the screening protocol for staff who are suspected of having COVID-19?**

Staff are screened upon entering the building using a checklist which follows The Centers for Medicare and Medicaid Services (CMS) guidance to actively take employees' temperature and document absence of shortness of breath, new or change in cough, and sore throat prior to starting a shift. Employees are also screened and have their temperature checked at the end of their shift. Sick employees are required to stay home. If an employee becomes ill during their shift, they must leave the building immediately while wearing a facemask and self-isolate at home.

#### **5. What can MHC offer to keep families involved?**

There are several options we can offer to residents and their families:

- Providing alternative means of communication for people who would otherwise visit, such as virtual communications (phone calls, video or other means of communication);
- Posting regular updates on the MHC website;
- Sending written communications to provide general updates for families to stay in touch with what's happening at the facility;
- Providing a Coronavirus Information Line (717-984-2900) with a voice recording that is routinely updated with a general update about what's happening at the facility.

#### **6. Why are residents being confined to their rooms?**

According to CDC guidance, residents should stay in their rooms to avoid spreading the virus. Until CMS lifts this restriction, residents should stay in their rooms (to the extent possible), except for medically necessary purposes. If residents must leave their rooms, they are provided a face mask or face covering, practice hand hygiene, limit their movement in the facility, and engage in social distancing (staying at least 6 feet away from others). Remember, this is for the health and safety of the residents.

#### **7. What activities are permitted?**

Residents are able to continue activities in their rooms that they normally would. When CMS lifts restrictions, group activities and communal dining will resume.

#### **8. When there is a COVID-19 confirmed case in the facility, should others with symptoms be tested?**

Once COVID-19 is confirmed in a facility, it is likely that other residents have been exposed. The Department of Health recommends testing all nursing care facility residents who have symptoms of COVID-19.

**9. Is MHC required to notify staff and family of who has tested positive?**

MHC follows CMS regulations by notifying a resident or resident's responsible party if there is a change in the resident's condition.

**10. What is PPE and who needs it?**

PPE is personal protective equipment such as N95 and surgical masks, gloves and gowns worn to protect against infection from COVID-19. Everyone who enters MH and WCV are required to wear a face mask or face covering. More recommendations about PPE are available from the CDC website.

Cloth face masks are a useful tool to control the spread of the virus that causes COVID-19 from people who may carry the virus, even if they do not know it. Cloth face masks are not considered PPE and do not protect the wearer.

**11. Is MHC permitted to admit and discharge residents during the pandemic?**

MHC may continue to accept new admissions and receive readmissions for current residents who have been discharged from the hospital and who are stable. This includes stable patients who have had COVID-19. MHC will discharge residents who no longer need that level of care, ensuring a safe and orderly discharge.

**12. Is an Ombudsman still available to residents at MHC?**

Residents can still access the Ombudsman as needed, through non-contact communication (including phone calls or video communication arranged by MHC). Facilities may permit the Ombudsman to enter the facility on a case-by-case basis and in compassionate care situations. Per the Pennsylvania Department of Aging, the ombudsman network is prepared to assist consumers with concerns in facilities throughout the current COVID-19 pandemic, advocating for the rights of residents in long-term care facilities, such as nursing homes, personal care homes, and assisted living facilities. Contact the Ombudsman state office at (717) 783-8975 or email [LTC-ombudsman@pa.gov](mailto:LTC-ombudsman@pa.gov).