

**Mennonite Home Implementation Plan
for Reopening Skilled Nursing and Personal Care Areas
In Accordance with the Pennsylvania Department of Health and Department of
Human Service’s Interim Guidance for Skilled Nursing Facilities and Personal
Care During COVID-19**

This plan will be posted on the Mennonite Home Communities website and made available to all residents, families, and advocates such as the Ombudsman and the Pennsylvania Department of Health, and Pennsylvania Department of Human Services upon request.

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	
Mennonite Home Communities	
2. STREET ADDRESS	
1520 Harrisburg Pike	
3. CITY	4. ZIP CODE
Lancaster	17601
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Jennifer Eslinger (NHA); Josh Bashore-Steury (Director of Personal Care)	717-391-3620 Jennifer Eslinger; 717-391-3661 Josh Bashore-Steury

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	
8/5/2020	
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 checked="" 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>	

DATE AND STEP OF REOPENING

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

Yes

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

7/15/2020

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](#)

6/18/2020 to 7/22/2020

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 Mennonite Home has adequate supplies to administer COVID-19 tests to symptomatic residents within 24 hours. The Mennonite Home has contracts with two laboratories to facilitate timely testing. The Mennonite Home has been successful in administering tests within 24 hours. Timing of test results vary depending on lab.

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

The Mennonite Home has adequate capability to administer COVID-19 diagnostic tests to all residents and staff if the facility experiences an outbreak.

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

The Mennonite Home has adequate testing supplies to administer COVID-19 tests to asymptomatic team members. Team members who exhibit symptoms of COVID-19 will be advised to contact their personal medical provider and/or the Pennsylvania Department of Health.

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

The Mennonite Home has adequate testing supplies to administer COVID-19 tests to volunteers and nonessential staff employed by the Mennonite Home. The Mennonite Home will coordinate with vendors to ensure COVID-19 testing is completed for non-essential staff, if needed.

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

The Mennonite Home will continue to follow PA HAN 509 or subsequent guidance regarding testing. Asymptomatic Residents who decline testing, will be cared for in a COVID - Yellow ZONE – potentially exposed category, for at least 14 days after known exposure.

Residents with COVID-19 symptoms without an alternative diagnosis who refuse testing, will be considered presumptively positive and cohorted in a COVID positive RED ZONE.

Universal (asymptomatic) COVID-19- testing is required for team members working the skilled care and personal care areas. Symptomatic team members are excluded from working in accordance with PA-HAN – 502 or subsequent guidance.

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*.

The Mennonite Home has adequate resources to implement the transmission-based prevention strategy outlined in PA-HAN-509 or subsequent guidance. The Mennonite Home has the capacity to designate three cohorting zones, based on test results and/or the residents' clinical status. The "RED ZONE" is for positive or presumptively positive residents who are still within the parameters for transmission-based precautions. The "YELLOW ZONE" is for potentially exposed residents or/are within 14 days of a possible COVID-19 exposure. And, a "GREEN ZONE", is for residents with no known COVID-19 exposure and are without symptoms.

The Mennonite Home will continue to adjust and evolve plan to support various methods for cohorting relative to exposure or outbreak level based on PA HAN 509 and additional guidance as issued.

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 Mennonite Home monitors supply and utilization rates of Personal Protective Equipment to maintain adequate supply for resident services and staff protection. Personal Protective equipment is designated per ZONE according to published recommendations.

PPE is currently in adequate supply due to continued purchasing capabilities, various modes of utilization according to published guidelines. The Mennonite Home has established contracts for supply needs, while also continuing to research and obtain additional capabilities as needed.

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

The Mennonite Home actively monitors staffing status and has developed plans to support staffing needs. As a component of Emergency Preparedness planning, The Mennonite Home, has an Emergency staffing plan established to support response relative to COVID or various emergency scenarios. As staffing levels fluctuate based on exposure, quarantine, and symptom precautions, additional staff support will be utilized including ancillary team members, agency staff contracts, and additional contracts 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

As a component of emergency preparedness, the Mennonite Home COVID-19 Task Force actively monitors the status of Lancaster County and additional updates that may impact the health and wellbeing of our residents, team, and community. The Mennonite Home will respond accordingly to reopening guidelines and updates as published. This may include the Mennonite Home reinstating protocols in place, prior to entering the reopening steps, as they related to visitors and dining.

The Mennonite Home will return to the closure plan in the event the county moves to the Red Phase.

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.

SCREENING PROTOCOLS

21. RESIDENTS

As a component of Emergency Preparedness and Infection Prevention Plan, the Mennonite Home utilized guidance issued by the Centers for Disease Control & Prevention to develop a protocol for resident surveillance and monitoring. This includes monitoring for various symptoms potentially related to COVID, and actively measuring temperatures and pulse oximetry levels. In addition, the Mennonite Home follows the guidelines published by Secretary Levine, Testing at Skilled Nursing Facilities Order, dated June 8, 2020. Potential residents are screened via a medical record chart review upon receipt of the referral. Residents admitted from the hospital are requested to be tested for COVID-19 prior to admission. Admissions or readmissions are cared for in a YELLOW ZONE (potentially exposed) for a minimum of 14 days. If symptom screening for any resident reveals possible infection, the provider is notified and, if indicated, a COVID-19 test is performed. All in house screening will occur in the resident's household/room.

22. STAFF

As a component of Emergency Preparedness and Infection Prevention Plan, the Mennonite Home utilized guidance issued by the Centers for Disease Control & Prevention to develop a protocol for Staff surveillance and monitoring. Screening occurs in the Mennonite Home main entrance – Susquehanna lobby. All staff must enter the facility through one entrance; all other entrances are closed. Staff are screened at beginning of shift using recommended screening questions to determine symptoms and possible exposure. Staff who fail the screening questions and/or a temperature check (100 degrees or more) are asked to return home and contact Human Resources. If baseline testing reveals asymptomatic positive staff, employee is sent home for 10 days.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

As a component of Emergency Preparedness and Infection Prevention Plan, the Mennonite Home utilized guidance issued by Centers for Disease Control & Prevention to develop a protocol for Healthcare Personnel who are not staff, surveillance, and monitoring. Screening occurs in the Mennonite Home main entrance – Susquehanna lobby. Healthcare Personnel who are not staff must enter the facility through one entrance; all other entrances are closed. Healthcare Personnel who are not staff are screened at beginning of shift using recommended screening questions to determine symptoms and possible exposure. Healthcare Personnel who are not staff, who fail the screening questions and/or a temperature check (100 degrees or more) are asked to return home and contact Administration/Human Resources. If baseline testing reveals asymptomatic positive, Healthcare Personnel who are not staff, should follow quarantine guidance, and not return to active service for the Mennonite Home for 10 days

24. NON-ESSENTIAL PERSONNEL

As a component of Emergency Preparedness and Infection Prevention Plan, the Mennonite Home utilized guidance issued by Centers for Disease Control & Prevention to develop a protocol for Non-Essential personnel surveillance and monitoring. Screening occurs in the Mennonite Home main entrance – Susquehanna lobby. Non-Essential Personnel must enter the facility through one entrance; all other entrances are closed. Non-Essential Personnel are screened at beginning of shift using recommended screening questions to determine symptoms and possible exposure. Non-Essential Personnel who fail the screening questions and/or a temperature check (100 degrees or more) are asked to return home and contact Human Resources. If baseline testing reveals asymptomatic positive Non-Essential Personnel, the Mennonite Home will recommend appropriate quarantine guidance, and will not permit return to active service for the Mennonite Home for 10 days

SCREENING PROTOCOLS

25. VISITORS

Visitors are educated on the risks of visiting the Mennonite Home, signs and symptoms of COVID-19, actions to take if they develop symptoms, and appropriate infection control measures to take prior, during and post visit. Visitors are screened for symptoms consistent with COVID-19, perform hand hygiene, and have their temperature taken, prior to entry to the Mennonite Home. Screening takes place in the main entrance, Susquehanna Lobby.

26. VOLUNTEERS

Upon return of volunteers to our team at the Mennonite Home according to reopening guidelines, volunteers will be educated on the risks of volunteering at the Mennonite Home. How to recognize signs and symptoms of COVID-19, actions to take if they develop symptoms, and appropriate infection control measures to take prior, during, and post visit. Volunteers will be screened for symptoms consistent with COVID-19, perform hand hygiene, and have their temperature taken, prior to entry to the Mennonite Home. Screening takes place in the main entrance, Susquehanna Lobby.

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)

The Mennonite Home will continue to utilize guidelines for dining as outlined in the PA DOH reopening guidelines and considerations. Physical distancing, priority for residents with safety and support needs, staggered meal service, hand hygiene for residents, are examples of considerations during meal service.

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

Mennonite Home has designated established dining rooms on each household to support recommendations for physical distancing. Tables have been arranged to support appropriate space, and chairs removed. Staggered meal times and resident placement is coordinated to support.

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

The Mennonite Home follows protocols developed by the emergency preparedness COVID 19 Task Force, and Infection prevention program team, by utilizing guidelines from the Centers for Disease Control & Prevention, Centers for Medicare and Medicaid Services, and PA Department of Health. Team members are assisting residents with hand hygiene pre and post meal. Residents are encouraged to wear face masks pre and post meal. Surfaces within the dining rooms will be cleaned using EPA registered disinfectant with appropriate dwell times between resident seating and between meals.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Communal dining is limited to residents unexposed to COVID-19 and residing in a "Green" zone. Any residents who receive in-room meal service will have support as indicated and providing assistance as needed.

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)

Physical distancing, televised activities, small groups, disinfecting supplies, and source control. Small group activities will occur in designated areas such as the living room and/or dining room to promote appropriate physical distancing. Five or less residents will be permitted to participate in an activity at one time and will wear an appropriate face covering. Residents will be seated with a minimum of 6 feet between residents with one resident per table. Team members will assist residents to perform hand hygiene before and after group activities. Supplies/equipment needed for group activities will be distributed to each resident and cleaned with an EPA registered disinfectant after use. When possible disposable items and/or single use items will be used. Before and after each group activity tables will be cleaned with an appropriate EPA registered disinfectant.

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

The Mennonite Home will utilize physical distancing, televised activities, small groups, disinfecting supplies, and source control. Small group activities will occur in designated areas such as the living room and/or dining room to promote appropriate physical distancing. Ten or less residents will be permitted to participate in an activity at one time and will wear an appropriate face covering. Residents will be seated with a minimum of 6 feet between residents with one resident per table. Team members will assist residents to perform hand hygiene before and after group activities. Supplies/equipment needed for group activities will be distributed to each resident and cleaned with an EPA registered disinfectant after use. When possible disposable items and/or single use items will be used. Before and after each group activity tables will be cleaned with an appropriate EPA registered disinfectant.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

The Mennonite Home will utilize physical distancing, televised activities, small groups, disinfecting supplies, and source control. Small group activities will occur in designated areas such as the living room and/or dining room to promote appropriate physical distancing. Ten or less residents will be permitted to participate in an activity at one time and will wear an appropriate face covering. Residents will be seated with a minimum of 6 feet between residents with one resident per table. Team members will assist residents to perform hand hygiene before and after group activities. Supplies/equipment needed for group activities will be distributed to each resident and cleaned with an EPA registered disinfectant after use. When possible disposable items and/or single use items will be used. Before and after each group activity tables will be cleaned with an appropriate EPA registered disinfectant.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

The Mennonite Home will coordinate and plan for outings utilizing the new framework according to CDC and PA DOH recommendations. Planning for capability on an outing to support physical distancing, source control, and exposure risk. Proper hand hygiene practices and universal masking will be maintained.

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

The Mennonite Home evaluates the capability and risk benefit analysis of non-essential personnel. Essential comfort needs, psychosocial needs, repair and routine maintenance for appropriate function of essential services for resident comfort. This access to Healthcare and Healthcare residents by non-essential personnel will be determined on individual scenario and benefit/risk review. The number of personnel and area of access will be determined using the information available at the time of request. Types of non-essential personnel include facilities improvement contractors performing maintenance or repair projects or beauty/barber personnel.

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

Non-essential personnel must pass screening, perform hand hygiene and will be educated on the risk associated with working in the Mennonite Home, the signs and symptoms of COVID-19, actions to take if they develop symptoms consistent with COVID-19, the requirement to wear a mask approved areas of access, and physical distancing. Education regarding post visit.

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

Clear markers are placed on each household or unit to indicate the color of the zone. Residents from Green Zones will be permitted to utilize the Beauty Shop.

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

The schedule for visitation will be indicated in the calendar used for signing up for outdoor visits and indoor visits once allowed. Visits will be 30 minutes in length.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits are scheduled with online calendar with Interdisciplinary Team (IDT) scheduling individual visits such as Compassionate Care Visits.

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

IDT staff will sanitize the area between each visit utilizing either a disinfecting spray or wipe.

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

One to two visitors per resident will be allowed at a time to maintain social distancing and infection control. Additional visitors are allowed for window visits.

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

End of life/compassionate care visits are prioritized; each household will track visitors and not permit repeat visitors until all residents who desire a visit have received one.

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>Residents in a “Green” zone are permitted to have visits scheduled. Residents must be able to tolerate transportation to the designated visitation area and be able to maintain a seated position in a chair or wheelchair for the duration of visit. Residents must be able to tolerate application of sunscreen as needed and be comfortable in outdoor temperatures. Residents must be able to follow infection control procedures. Determination of safe outdoor weather is made by the Interdisciplinary Team.</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>Outdoor visitation will occur in areas such as the entrance porches, Susquehanna courtyard and other neutral locations that are covered.</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>Tables and chairs will be arranged to provide six feet or more of space between the resident and visitor(s). Volunteers will be available to monitor and offer additional education as needed.</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>Conestoga entrance and vestibule/Juniata vestibule/Craft room; staff are cautioned to use source control, maintain physical distancing, etc.</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>Areas and spaces are marked to support designated 6-foot separation; staff supervision as needed</p>
STEP 3	<p>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)</p> <p>Green Zone residents and individual resident safety and support needs</p>
	<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 as Step 2.</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>Tables and chairs will be arranged to provide six feet or more of space between the Resident and visitor(s). Volunteers will be available to monitor and offer additional education as needed.</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> <p>The Conestoga Vestibule, Juniata Vestibule and the Timeless Treasures Craft Room will be utilized for visits. Visitors will be guided inside through the Juniata and Conestoga entrances. The Timeless Treasures Craft Room can be entered via the Susquehanna Courtyard.</p>
	<p>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”)</p>

VISITATION PLAN

Tables and chairs will be arranged to provide six feet or more of space between the Resident and visitor(s).

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

When a resident is unable to be transported to the designated visitation area, visitors will complete screening as described in #25 above and will wear the appropriate PPE as deemed appropriate by facility policy guided by CDC and DOH. Education will be provided on appropriate physical distancing and furniture placement will serve as a reminder.

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, who are permitted to enter the facility in Step 2 or Step 3, are screened at the Mennonite Home Welcome Center for symptoms consistent with COVID-19, potential exposure to a COVID-19 case, and have their temperature taken prior to entering facility. Volunteers who screen positive are not permitted to enter. Volunteers are educated to follow Infection Control procedures including hand hygiene, social distancing, donning/doffing PPE, and universal masking. Signage is placed in each area of the facility to indicate if an area is a designated "Green", "Yellow", or "Red" zone. Volunteers are not permitted to enter "Yellow" or "Red" designated zones.

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

In Step 2, Volunteers may assist with scheduling of visits, transporting Residents from their room to the designated visitation area, and supervising visits for visitor and Resident compliance with infection control procedures.

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

Jennifer Eslinger

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 31, 2020
DATE

59.

ATTESTATION

60. NAME OF DIRECTOR OF PERSONAL CARE

Josh Bashore-Steury

61. 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 Personal Care Homes and Assisted Living Residences and Private Intermediate Care 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 DIRECTOR OF PERSONAL CARE

July 31, 2020
DATE