

The Village at Morrisons Cove

Implementation Plan for Reopening In Accordance with the Pennsylvania Department of Health's Interim Guidance for Skilled Nursing Facilities During COVID-19

FACILITY INFORMATION	
1. FACILITY NAME The Village at Morrisons Cove	
2. STREET ADDRESS 429 South Market Street	
3. CITY Martinsburg	4. ZIP CODE 16662
5. NAME OF FACILITY CONTACT PERSON Corey Jones (until 3/15/21), Bonnie Robison (after 3/15/21)	6. PHONE NUMBER OF CONTACT PERSON 814-793-5209

DATE AND STEP OF REOPENING	
7. DATE THE FACILITY WILL ENTER REOPENING 3/19/2020	
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) YES (1/6/21 to 3/4/21)	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 1/13/2021	

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](#)

7/6/2020 to 7/13/2020

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 Village at Morrisons Cove has the capability to test any residents with signs or symptoms of COVID-19 immediately and can test additional residents and staff in the event of an outbreak. The laboratory has committed to providing testing results in 24 to 48 hours.

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

The Village at Morrisons Cove has the capability to test any residents with signs or symptoms of COVID-19 and can test additional residents and staff in the event of an outbreak.

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

The Village at Morrisons Cove has the capability to test any staff with signs or symptoms of COVID-19 immediately.

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

Any non-essential or volunteer staff that meet criteria for testing will be able to obtain testing at the facility.

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

If an employee is declining to participate in testing, the facility will follow the Human Resources policy for required SARS CoV-2 testing. Any resident that declines testing will be placed in a yellow zone for observation for at least 14 days.

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*.

The Village at Morrisons Cove has a documented plan for the event of positive or presumptive resident cases of COVID-19. The facility will designate a Red Zone for all residents meeting this criteria. A Yellow Zone will be a unit to accommodate residents exposed to COVID-19 and will be monitored for signs of developing symptoms. A Green Zone will be for residents not exposed to COVID-19. Residents will be moved into these zones as indicated in guidance published 5/29/2020.

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 Village at Morrisons Cove continues to track personal protective equipment supply and use. The facility's current supply is adequate if a positive resident is identified. The facility uses approved strategies to conserve supplies.

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

The facility has implemented an Emergency Staff Plan for the event of mass shortages. At no time since the onset of the COVID-19 related restriction has the facility worked below state staffing minimums.

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 it is determined by the Commonwealth that the process for reopening must revert back to previous restrictions and orders, The Village at Morrisons Cove will fully comply with all expectations and will proceed until the region has reached a Yellow or Green 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.

21. RESIDENTS

All residents continue with daily symptom and temperature surveillance in their room. Residents will be re-tested if they meet testing criteria.

22. STAFF

The facility continues to follow its protocol for symptom screening of all persons entering the facility at the main entrance. Any person with possible virus as indicated by symptoms or fever are given a mask and instructed to quarantine at home and consult their primary care physician, medical provider or PA Department of Health.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All non-employee healthcare personnel will follow the facility screening process. Any person with possible virus as indicated by symptoms or fever are given a mask and instructed to quarantine at home and consult their primary care physician, medical provider or PA Department of Health.

24. NON-ESSENTIAL PERSONNEL

The facility continues to follow its protocol for symptom screening of all persons entering the facility at the main entrance. Any person with possible virus as indicated by symptoms or fever are given a mask and instructed to quarantine at home and consult their primary care physician, medical provider or PA Department of Health.

25. VISITORS

The facility continues to follow its protocol for symptom screening and testing of all persons entering the facility at the main entrance. Any person with possible virus as indicated by symptoms or fever are given a mask and instructed to quarantine at home and consult their primary care physician, medical provider or PA Department of Health.

26. VOLUNTEERS

Volunteers are not permitted in the facility at this time.

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 Village at Morrisons Cove will allow communal dining and activities in a manner that includes staggered arrival times with appropriate social distancing. The facility will increase the number of meal services or offer meals in shifts to allow fewer residents in common areas at one time.

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

All table and charis will be placed to maintain at least six feet for social distancing.

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

Disinfection of dining areas will be completed with approved chemicals after each meal seating is complete. Staff will use personal protective equipment as indicated on a case by case basis.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

All residents will be encouraged to participate in communal dining if they are able and so desire.

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)

Residents will participate in groups of 5 or less residents unexposed while practicing social distancing, hand hygiene, and universal masking with one staff person.

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

Residents will participate in groups of 10 or less residents unexposed while practicing social distancing, hand hygiene, and universal masking with one staff person.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Resident activities may be conducted with unexposed residents while practicing social distancing, hand hygiene, and universal masking with one staff person.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings are allowed only for residents unexposed to COVID-19. Outings limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene, and universal masking are required during outings.

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.

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, but is not limited to the beautician, gift shop personnel, and guest entertainers. The facility will allow one of each type of non-essential personnel at a time into the facility.

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

All non-essential personnel will be screened at the main entrance and instructed to wear their mask at all times as well as maintain social distancing while in the facility. They will be required to complete hand hygiene upon entry and instructed to complete hand hygiene frequently throughout their time in the facility.

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 enter any yellow or red zones of the facility. All non-essential personnel will be informed of restricted areas upon their arrival to the facility.

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

Visitation will be offered Monday through Friday from 8:00 AM to 4:30 PM and limited to non-exposed residents and two guests for a total of 30 minutes per visit. Visiting areas include an outdoor area (weather permitting) and an indoor neutral zone. All visits must be scheduled in advance by calling 814-793-2104 ext 2212.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitation will be scheduled by calling the Activities Department.

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

Tables and chairs utilized during visitation will be disinfected with an approved cleaning agent after each visit.

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

Each resident may have no more than two visitors at a time.

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

Residents with cognitive deficits or emotional distress related to the visitor restrictions will be given priority for visitation.

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)**

Residents will be assessed by nursing staff prior to any scheduled visitation to determine which type of visitation is appropriate. Residents in yellow or red zones will not be approved for visitation.

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

VISITATION PLAN

	<p>The enclosed courtyard will be utilized for visitation. The courtyard offers fresh air and sunshine, as well as an area that is under roof and shaded. The area is accessed from a neutral zone through the main lounge.</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 will be utilized to maintain social distancing and staff will instruct the resident and visitor(s) where they are permitted to sit during 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 main lounge will be utilized for indoor visitation. The main lounge is accessed from a neutral zone.</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>Tables will be utilized to maintain social distancing and staff will instruct the resident and visitor(s) where they are permitted to sit during the visit.</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>Residents will be assessed by nursing staff prior to any scheduled visitation to determine which type of visitation is appropriate. Residents in yellow or red zones will not be approved for visitation.</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</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> <p>Same</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> <p>Same</p>
	<p>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</p> <p>The same screening process for the visitor(s) will occur. The visitor(s) will be escorted by staff to the resident room and instructed to stay in the resident room during the entire visit. The visitor(s) will be escorted back out of the facility. The resident room will be disinfected with an approved cleaning agent after the visit.</p>

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

All volunteers will be screened at the main entrance and instructed to wear their mask at all times as well as maintain social distancing while in the facility. They will be required to complete hand hygiene upon entry and instructed to complete hand hygiene frequently throughout their time in the facility. Volunteers will be notified of restricted areas upon arrival at the facility.

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

Volunteers will only be permitted to assist with outdoor visitation during 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

Corey Jones (until 3/15/21), Bonnie Robison (after 3/15/21)

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.

Corey Jones
SIGNATURE OF NURSING HOME ADMINISTRATOR

____ 03/11/2021 ____
DATE