

**Implementation Plan for Reopening
In Accordance with the Pennsylvania Department of Human Services
Interim Guidance for Personal Care and Assisted Living Communities 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 Personal Care/Assisted Living Administrator but should be someone available to respond to questions regarding the Implementation Plan.	
1. FACILITY NAME	
Moravian Manor Communities, Inc.	
2. STREET ADDRESS	
300 West lemon Street	
3. CITY Lititz	4. ZIP CODE
	17543
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Susan Brennan LPN, PCHA, ALA	717-625-6126

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
	3/13/2021
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 26, 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 26, 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	

DATE AND STEP OF REOPENING

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

NA

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 (to be completed no later than August 31, 2020)

7/13/20 to 7/15/20

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

Licensed staff will complete the COVID testing. Clarity lab contract allows for testing upon request.

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

Licensed staff will perform the testing. Clarity labs will provide the supplies and run the tests.

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

Clarity labs provides the testing supplies; facility provides the licensed staff to perform the testing.

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

There is no plan to have volunteers return during the pandemic. Non essential staff are directed to see their PCP if symptomatic for testing.

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

Staff who decline are placed on an unpaid leave of absence for 10 days and must self quarantine during this time. Residents who decline during the testing period are placed in yellow observation for 14 days. PCHA/ALA will re-educate resident and POA on the importance of COVID testing.

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*.

Medical Director will determine appropriate placement ie: skilled designated Red Zone, remain in current PC/AL setting or acute care setting depending on resident's condition.

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)

PPE is ordered on a rotating basis. Currently have a 3 month/6 month PPE plan(see attached). For emergency shortages, we will collaborate with our Regional Alliance.

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

Currently operating with a full staff in AL and PC. If multiple staff test positive for COVID, will follow a 12 hour staffing model to ensure adequate staffing. If necessary, will utilize staffing agencies.

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

Moravian Manor will immediately close the Founder's Campus to all resident visitors, non-essential HCP, non-essential personnel and contractors.

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

Temperature check daily. Residents are assessed daily by the Charge Nurse for symptoms of COVID 19. Residents are immediately placed in droplet/contact precautions if symptomatic or possible exposure and COVID swab obtained.

22. STAFF

Staff check in daily on each shift at a screening kiosk. Hand sanitize. Questions are completed and temperature taken. If staff fails their check in, they must remain at the kiosk until a licensed staff person assesses them.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Temperature check and screening questionnaire when entering building; hand sanitize. Personnel are asked to leave if displaying symptoms and advised to seek a COVID 19 test.

24. NON-ESSENTIAL PERSONNEL

Temperature check and screening questionnaire when entering building; hand sanitize. Asked to leave and advised to seek COVID 19 testing.

25. VISITORS

Temperature check, completion of questionnaire, hand sanitize. Asked to leave if displaying symptoms and advised to seek COVID 19 testing.

26. VOLUNTEERS

Temperature check, completion of questionnaire, hand sanitize. Asked to leave if displaying symptoms and advised to seek COVID 19 testing.

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 meal times for lunch and dinner in AL. Lunch: 11:30/12:15. Dinner: 4:30/5:15. Breakfast is served from 7:00-9:00. Resident arrival times are staggered, always maintaining one resident per table. Tables are 6 feet apart. PC meal times: Breakfast- 8:00-9:30, Lunch: 12:00-1:00, Dinner: 4:20-5:30.

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

AL- tables are spaced 6 feet or more apart, one resident per table for all meals. PC- due to memory support environment, social distancing is difficult to maintain. Staff attempt 6 feet or more distancing at tables for all meals.

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

All staff wear a surgical mask and eye protection. Gloves are worn when appropriate. Gowns and N95 masks are utilized in Yellow and Red Zones according to our policy.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

NA

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)

A variety of activities will be offered based on individual and group interests. Social, physical, intellectual and recreational activities will be provided. Five or less residents will be invited to participate at a time in a large enough area to accommodate social distancing. Residents must wear a mask and will be asked to hand sanitize prior to beginning the activity. If a resident declines to wear a mask, they may not attend. Activities involving multiple touching of objects will not be planned. One on one room visits with specialty food carts, books, word searches etc. are delivered weekly at designated times. Virtual BINGO and church service are offered on our in house channel weekly.

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

Same as # 31 above. Group activities will be increased to 10 residents or less.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as # 31 above. Group activity size will be unlimited as long as social distancing and compliance with mask wearing can be maintained.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will be limited to the number of residents that can safely fit on the bus while maintaining social distancing. All residents will be required to wear a mask. Outings will not be planned for crowded venues or indoor dining.

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 the following: Podiatrist, Dentist, Optometrist, Audiologist, Pain Management clinician, Fire Safety personnel and contractors

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 are assigned to a designated area within PC and AL. They see one resident at a time. Upon entering the building, non-essential personnel will have their temperature taken, complete a questionnaire and perform hand hygiene. They may not enter without a mask. Mask must be worn at all times. Contractors must wear a mask and socially distance from residents when performing work in the PC/AL areas.

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

Non-essential personnel are not permitted in Red Zones.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Personal Care Homes and Assisted Living Residences 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

Effective 3/16/21, visitors are permitted in the residents rooms Monday-Friday 7:30 am-7:30 pm and Saturday-Sunday 8:30 am-4:30 pm. Strongly encourage 2 visitors per resident and strongly encourage a 2 hour time limit.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

See hours above. Do not need to schedule a time.

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

Resident rooms are cleaned weekly.

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

Strongly encourage two visitors at a time.

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

NA

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 Charge Nurse will determine the residents health status prior to 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>Courtyards are accessible in AL and PC for outside visits weather permitting.</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>Areas will be marked, clearly defining 6 feet.</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>Visitors may visit in the resident rooms.</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>Families are encouraged to maintain 6 foot distance while visiting in the resident room. Staff will monitor for compliance while understanding touch is important.</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>The Charge Nurse will assess residents to safely receive visitors.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes with the same parameters in place as Step 2.</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>

VISITATION PLAN

Same as Step 2. No outside visitation during severe weather.

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

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")

NA

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

Visitor and resident will be required to wear a mask and socially distance while visitng in the room.

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

No volunteers will be in contact with a COVID positive resident. Volunteers are not permitted in yellow designated resident rooms.

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

Volunteers are assisting with monitoring compliance during a family visit to ensure the resident and the visitor are wearing a mask correctly.

The Personal Care and Assisted Living Administrator 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 PCHA/ALA in block 58.

57. NAME OF PERSONAL CARE/ASSISTED LIVING ADMINISTRATOR

Susan Brennan LPN, PCHA, ALA

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 Personal Care Homes and Assisted Living Residences 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.

Susan Brennan LPN, PCHA, ALA

3/16/2021

SIGNATURE OF PERSONAL CARE AND ASSISTED LIVING ADMINISTRATOR

DATE