

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

This template is provided as a suggested tool for skilled nursing facilities to use in developing their Implementation Plan for reopening. This (or another version of an Implementation Plan) is to be posted on the facility's website (if the facility has a website) or available to all residents, families, advocates such as the Ombudsman and the Department upon request. This is NOT to be submitted to the Department.

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	
Sanatoga Court	
2. STREET ADDRESS	
227 Evergreen Road	
3. CITY	4. ZIP CODE
Pottstown	19464
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Leslie Rivera	610-718-0900

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
7/22/20 we will begin outdoor family visitation and 7/28/20 we will begin communal dining and recreation.
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 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)
	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
	5/21/20 to 5/22/20
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
	We currently contract with two labs that give us the capacity to complete testing (AccessDX and AccuLabs)
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK
	Same as above. Center has the ability to test everyone in the facility with current labs.
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF
	Same as above
15.	DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS
	We do not plan on utilizing volunteers at this time. Non-essential staff will be required to test bi-weekly
16.	DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED
	Staff that refuse testing on a case by case basis. Testing is a condition of employment. Resident's have the right to refuse the test and will be educated on the importance of testing. If resident continues to refuse it will be documented in resident's medical record.
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 <i>INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19</i> .
	We have in place a plan to use rooms 201, 203, 205, 207, 209, 211 if needed for positive COVID-19 cases since our rooms are all private these set of rooms are on the right hand corner on the second floor and it would be isolated from the other residents.
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)
	Center currently has adequate PPE and continuously works all avenues to procure additional supplies to maintain par levels. Center also has corporate support for procurement of PPE and stockpile of supplies in cse center runs low.

STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING

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

SHORTAGES

Staffing has consistently been well above the state minimum within the facility. Facility has an emergency staffing plan that it can implement if necessary (attachment 2). Center continues our recruitment efforts to increase house staff.

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 at any point the county reverts back to the red phase facility we immediately revert back to current restrictions. Center will notify all residents and families of the reinstatement of restrictions.

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 BID for signs and symptoms of COVID-19. Anyone who triggers for COVID-19 indicators will have a change in condition completed and physician will be notified to see if testing is required. Facility will put in place droplet precautions for the resident and they would be quarantined to their private room. Additionally, anyone going out of frequent necessary appointments (ie. Dialysis, Chemo, etc.) will be put on patient specific precautions.

22. STAFF

Staff are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of COVID-19. Any staffmember that develops signs and symptoms during their shift immediately stops patient care and leaves the facility. In addition, center is universally testing the staff weekly until they receive two weeks of house wide negative tests. Once two house wide negative testing weeks, center will move to testing frequency of 1-4 weeks based of prevalence in the community. All staff are asked not work if they are sick. See Attachment 3 for complete guide on testing intervals.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare Personnel are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of Covid-19. Any healthcare personnel that develops signs or symptoms during their shift immediately stops patient care and leaves the facility. See Attachment 3 for complete guide on testing interval.

24. NON-ESSENTIAL PERSONNEL

Non-essential are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of COVID-19. Any non-essential personnel that develops signs and symptoms during their shift immediately stops patient care and leaves the facility. See attachment 3

25. VISITORS

Visitation will occur on the outside front patio and scheduled in advance. Any visitor who is scheduled for a visit will be screened for signs and symptoms, including having their temperature taken, of COVID-19 prior to the resident being brought to the lobby. Visitors will sign in and out of scheduled visits and leave their contact information on the log. The screening will take place outside and the visitor will not be permitted in the building. If they screen positive for signs and symptoms the visitor will be asked to leave and follow up with their medical provider. They will be asked to reschedule for a different time. In order to reschedule they will to be symptom free for 72 hours without the use of fever reducing medication and be 14 days post symptoms onset.

SCREENING PROTOCOLS

26. VOLUNTEERS

Center does not use volunteers at this time.

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)

Communal dining will be permitted for asymptomatic residents. There will be three dining rooms to accommodate each unit on both floors. Each dining room can support up to 15 residents safely per meal properly social distanced.

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

Seating arrangement will be set up so that only one resident is seated per table allowing 6 feet of social distancing between each of the residents. Residents will be brought in and out of the room in a manner to maintain social distancing.

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

Staff will continue to universally wear masks and goggles through out the meal and assist resident, if necessary, with placing their mask in a brown bag while they eat.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will be required to wear face mask during the transport to and from dining room. See Attachment 4 for more details on communal dining.

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)

Recreation programs would be held in the first floor social room, first floor outdoor dining room patio, and second floor activity room. Up to 5 residents may attend maintaining 6 feet or more between them. Hand sanitizer will be used prior to transporting resident from their rooms and a dispenser is located in the dining room as well. Cloth masks will be donned prior to exiting room and worn for the entirety of most programs with the exception of food related programming where masks will be stored in a paper bag on tabletop where resident is seated. Bingo: Bingo chips are washed after each use and paper bingo cards are used for game. Cooking: individual cooking projects that could be implemented without the sharing of utensils or equipment. Arts/Crafts: individual projects would be completed and if reusable utensils utilized they would be sanitized after use with an approved EPA List N disinfectant afterwards. Other programs such as discussion based programming, trivia, adult education, travelogue, etc would not depend on the use of handheld materials. When needed, handouts will be printed or reading when appropriate (i.e: bible study) and either disposed of after or given to the resident as a personal belonging. (see attachment 4)

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

Same as above for up to 10 residents.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above for up to 12 residents.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings would only be permitted if COVID-19 is eliminated from community to limit risk of resident exposure. Outings would be limited to number of residents who can be transported while being socially distanced.

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

Hospice Nurse and aides
Ophthalmology
Radiology
Audiology
Wound Specialists
Physiatrist
Ultrasound tech
Cardiac tech
Clergy
Podiatry
Dentist
Optometrist
Pain Management
Psychology
Barber/Hair Dresser

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

Anyone entering the building is educated on social distancing, hand hygiene and universal masking upon entry. A handout with this information is also available at the front.

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 into rooms of residents exposed to COVID-19.

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.

VISITATION PLAN

38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitation would occur from 9:00-10:00 am and 1:30-2:30pm Monday through Friday. One visit would be allowable per time slot. Visits would be 15 minutes each to allow time for proper cleaning and disinfecting.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

The receptionist will have the schedule at the front desk. Families can call in and make an appointment with her. In order to allow everyone to visit we would only allow each family to only come once a week.

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

Staff will sanitize all furniture and other areas that may have been touched during visit. If elevators used to transport, they will be cleaned after use.

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

Center would be able to effectively manage up to 2 visitors at a time.

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

Scheduled visits will be prioritized for residents who may benefit the most from a visit from family and friends. Then visits will be scheduled based on family availability to come in.

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)**

Outside area is a covered patio which keeps residents out of the elements. In order to transport resident safely, at minimum the resident must be able to sit in an upright position.

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

Area is a patio outside front entrance which is covered. Residents would come down to the main lobby and exit the front doors and will be on the patio where the visits take place.

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

Visit will be monitored to assure that proper social distancing takes place. Center will also place a table between visitors and resident to ensure 6ft of separation.

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

Family to be screened outside before visit and sign in/out log. If they pass screening, they will be permitted to visit in the main dining room following the same protocols for social distancing. Visit will remain 15 minutes and up to 2 visitors.

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

7ft of table between visitors and residents to assure social distanced.

STEP 3 **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)**

Same guidelines as above, however residents who cannot safely transport will be permitted in room visits.

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

Outdoor visitation will be the preferred method of visitation.

50. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 3 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER,

VISITATION PLAN

THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE (IF THE SAME AS STEP 2, ENTER "SAME")

same

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")

same

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 will be screened upon entry to facility, receive education on infection control via a handout review, and wear PPE during visit. Rooms will be completely disinfected by housekeeping after visit.

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 are not planned to be utilized at this time.

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

Same as above.

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

Leslie Rivera

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