

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 Laurel Center PCA	
2. STREET ADDRESS 125 Holly Road	
3. CITY New Tripoli	4. ZIP CODE 19526
5. NAME OF FACILITY CONTACT PERSON Kevin Page	6. PHONE NUMBER OF CONTACT PERSON 610-562-2284

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 Click or tap to enter a date.
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>
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

Off-site interview done with DHS

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](#)

7/13 to 7/14/2020

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

We currently contract with two labs that give us the capacity to complete testing (AccessDx and Mako Medical)

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 a minimum bi-weekly.

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

Staff testing is a requirement employment and refusal of testing can be taken as staff member's resignation. Resident's have the right to refuse the test and will be educated on the importance of testing. If a resident continues to refuse it will be documented in the 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 SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

Residents will remain quarantined in a private room for 14 days or until negative results are received. Staff will follow isolation precautions when a resident is diagnosed with COVID.

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 case the center needs additional supplies.

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

Staffing has consistently been above the required minimum within the facility. Facility has an emergency staffing plan that can be implemented if necessary. 1) . 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 COVID19. Anyone who triggers for COVID19 indicators will have a change in condition completed and the physician will be notified to see if further testing is required.

22. STAFF

Staff are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of COVID19. Any staff member that develops signs or symptoms during their shift immediately stops patient care and leaves the facility. In addition, the center is universally testing the staff a minimum of bi-weekly. All staff are asked not to work if they are sick .

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 COVID19. Any Healthcare personnel that develops signs or symptoms during their shift immediately stops patient care and leaves the facility.

24. NON-ESSENTIAL PERSONNEL

Non-Essential are screened at the beginning of their shift for signs and symptoms, including having their temperature taken, of COVID19. Any Non-Essential personnel that develops signs or symptoms during their shift immediately stops patient care and leaves the facility.

25. VISITORS

Visitation will occur on the front porch and the rear patio and scheduled in advance. Any Visitor who is scheduled for a visit will be screened outside for signs and symptoms, including having their temperature taken, prior to the resident being brought to the patio area. 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 have to be symptom free for 72 hours without the use of fever reducing medication and be 14 days post symptoms onset.

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 to asymptomatic residents only. We will be dividing the residents into 3 groups and they will rotate to the dining room by meal. For a week the groups A,B,C will alternate by breakfast, lunch and evening meal. The next week they will rotate. It is a 3 week rotation.

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

Seating arrangements will be set up so all residents will be 6 feet apart. Markers will be on the floor to indicate 6 ft to assure the furniture does not shift over time. 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 throughout the meal and assist residents, 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 masks during transport to and from the dining room. See Attachment 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)

Activities will be held in small groups not to exceed 4 residents at a time due to the size of areas to have activities.

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

Due to the center floor plans, space for more than 10 residents is not possible.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings would only be permitted if COVID19 is completely eliminated from the community to limit risk of resident exposure. Outings would be limited to the 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

Clergy, Podiatry, Dentist, Optometrist, Pain Management, Psychology, Barber/Hairdresser, Hospice

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 follow all isolation precautions should they need to assist residents. These areas are clearly marked stating essential personnel only.

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

30 minute blocks of time are set aside and a schedule has been constructed. Time slots are available throughout the day until early evening except during scheduled meal times.

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Family members can call the center to reserve a slot of time. Families will be offered the first available slot. Repeat visits will not be permitted until all residents have the opportunity to visit with their families.

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

Activities and PCA's will sanitize all furniture and other areas that may have been touched during the visit (including elevator during transport). Activities and PCA's will also assist with hand hygiene with resident.

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 3 visitors per resident 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.

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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 has covered porch/patio area that is covered so that residents are never in direct sun.

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

Family members will be able to visit residents on designated outside patio areas only. Patio areas are essentially covered. Residents would be directed to the correct location by staff.

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. The residents will remain on the porch/patio under the roof. Families will be required to remain behind planted flower/shrub area which measures a distance of 10 feet in both area's with natural boundaries.

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

Indoor space would be a last resort and would only be able to accommodate one visitor. The Social/Dining Room on the main level would be utilized. Visitors would only be in neutral hallways and not be permitted to visit residents in rooms.

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

Tables and chairs will strategically be placed to maintain a safe distance of greater than 6ft of separation.

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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 will be transported to the visiting area. Visitors will be required to wear proper PPE throughout the visit.

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, 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 Visitors will wear PPE and rooms will be completely disinfected by housekeeping after the 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 Kevin Page
	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 <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i> . 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