

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 Lehigh Commons	
2. STREET ADDRESS 1680 Spring Creek Road	
3. CITY Macungie	4. ZIP CODE 18062
5. NAME OF FACILITY CONTACT PERSON Thomas Howanitz	6. PHONE NUMBER OF CONTACT PERSON 610-530-8089

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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 <u>June 8, 2020, Order of the Secretary of Health</u>)</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 survey occurred on 5/16/20 and 6/11/20

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

6/10/20 to 6/11/20

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 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 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 their private apartment 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 (Attachement 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 bi-weekly. All staff are asked not to work if they are sick (see Attachment 2) for a 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 COVID19. Any Healthcare personnel that develops signs or symptoms during their shift immediately stops patient care and leaves the facility. (see Attachment 2 for complete guide on testing intervals.)

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 (see Attachment 2 for complete guide on testing intervals).

25. VISITORS

Visitation will occur on the outside patio(s) 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. Residents on the first floor will eat in the 1st floor Main Dining Room. Residents in rooms #200 - 236 will eat in the Activity Room. Residents in rooms #240 - 254 will eat in the Carrington Dining area. Residents in Memory Support will eat in the Main Dining area in the MS Unit.

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 and not exceed 10 residents to maintain social distancing related to space limitations. Residents on the first floor will utilize the 1st floor Social Room. Residents in rooms #200 - 236 will utilize the Activity Room. Residents in rooms #240 - 254 will utilize the Carrington area. Residents in Memory Support will utilize the memory support community area. Residents will be 6 ft apart during activities. Activities would include bingo, floor specific resident council, exercise, random trivia, etc (see Attachment 3)

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 <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>), 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	
One hour blocks of time will be reserved to allow for screening, transportation and sanitation of visiting areas. Visitation would not exceed 30 minutes. Visitation will occur Monday to Friday between 10am-Noon and 1:30-3:30 pm.	
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 2 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.	
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 has an umbrella or covered area to provide shade on the patio which keeps residents out of the elements.
	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. Tables and chairs will strategically be placed to maintain a safe distance of greater than 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	
Indoor space would be a last resort and would only be able to accommodate one visitor. The Social 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.
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 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
Thomas Howanitz
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

7/12/2020

DATE

Attachment #1

ALTERED STANDARDS OF CARE (ASC) IN PANDEMIC

In most cases, the order to use ASC will be initiated by state authorities. Following a declaration by the Governor that there is an emergency which is detrimental to the public health, the DPH/HHSD may order adherence to ASC priorities and protocols.

Principles for Allocation of Limited Resources and ASC Protocols

Priority for limited medical resources and ASC protocols will be based upon the allocation of scarce resources to maximize the number of lives saved. This allocation will be:

1. Determined on the basis of the best available medical information, clinical knowledge, and clinical judgment;
2. Implemented in a manner that provides equitable treatment of any individual or group of individuals based on the best available medical information, clinical knowledge, and clinical judgment;
3. Implemented without discrimination or regard to sex, sexual orientation, race, religion, ethnicity, disability, age, income, or insurance status.

ASC protocols will recognize:

- Any changes in practices necessary to provide care under conditions of scarce resources or overwhelming demand for care
- An expanded scope of practice for health care providers
- The use of alternate care sites, at facilities other than health care facilities
- Reasonable, practical standards for documentation of delivery of care

Individual Rights

Civil liberties and patients' rights will be protected to the greatest extent possible; however, it is recognized that the protection of the public health may require limitations on these liberties and rights during an epidemic.

Provider Liability

Health care providers who provide care in accordance with the priorities and ASC protocols, including care provided outside of their scope of practice or scope of license, will be considered to have provided care at the level at which the average, prudent provider in a given community would practice.

Priority Activities for ASC

The term "altered standards" has not been defined, but generally is assumed to mean a shift to providing care and allocating scarce equipment, supplies, and personnel in a way that saves the largest number of lives in contrast to the traditional focus on saving individuals. For example, it could mean applying principles of field triage to determine who gets what kind of care. It could mean changing infection control standards to permit group isolation rather than single person isolation. It could also mean changing who provides various kinds of care or changing privacy and confidentiality protections temporarily.

Because there are no nationally defined altered standards of care, Genesis HealthCare has established the priorities listed below. However, state/federal authorities are in the process of developing altered standards of care which may supersede Genesis priorities.

ALTERNATIVE STAFF GUIDELINES

Use only at the direction of Divisional Leadership

Definition: Use of volunteers or staff who are not usually involved in patient care to perform basic patient care with supervision.

Shortages of staff during a pandemic may necessitate the use of alternate staff.

Consider use of the following:

- Housekeeping
- Maintenance
-
- Administrative
- Retired or resigned staff
- Trainees or nursing students
- Patients' family members who are in ancillary health
- Volunteers
- Corporate Divisional office staff

Provide training for alternative staff on:

- Infection control measures such as hand hygiene, Standard Precautions, and use of Personal Protective Equipment (PPE).

Develop a plan for supervision of alternative staff.

Nursing:

- Basic personal hygiene
- Use of hospital gowns for residents as opposed to personal clothing to reduce laundry
- Turning
- Toileting
- Feeding
- Medication Pass
- Critical documentation only – fever, change in condition, incidents

Housekeeping:

- Focus on high-touch surfaces such as tabletops, side rails, door knobs, telephones, time clocks, faucets, etc.

Dietary:

- Minimum nutritional requirements for three meals a day
- Therapeutic diets will be evaluated on an individual basis
- Essential documentation only

Laundry:

- Additional shifts may be needed to handle increased demands

Maintenance:

- Suspend preventive maintenance activities to reallocate resources

Recreation Services:

- Suspend activities to reallocate resources

Admissions:

- Limited to only those associated with the current epidemic
- Consider CADs/CTNs, RN Team Leads, Business Development & marketing personnel reallocation to local centers (mandatory for licensed personnel)

Business Office, Human Resources.

Clerical Functions:

- Limit to essential functions only to reallocate resources

Attachment #2

Screening Tests for Coronavirus during an Outbreak

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Screening Tests for Coronavirus - Residents and Staff

Updates to the July 8 version of this guidance appear in RED ITALICS below.

As testing availability *has improved*, CDC guidance emphasizes the importance of conducting screening tests to identify asymptomatic people who may be infected and contagious. Although state by state variation exists, and some states have been late to develop complete plans around ongoing screening, **Genesis facilities should at minimum follow this guidance.** The following important considerations apply:

- **When an outbreak begins in a nursing home, facility-wide testing is recommended**, to guide safe cohorting of patients.
- **If testing supplies are limited, focus screening on the units** with diagnosed cases or symptomatic patients.
- **Re-test residents who initially test negative in approximately 3-4 days after the initial test**, to detect infection that may have just started at the time of the first test.
- **Re-test previously negative residents weekly until no new cases are identified.**
 - If resident screening is discontinued, and new cases are subsequently identified on testing symptomatic residents, the above process for facility-wide or unit-wide screening of asymptomatic residents should be resumed.
 - This includes initial re-testing 3-4 days later, followed by weekly re-testing until no new cases are identified.
- **Patients who frequently leave the facility for dialysis and other services should be tested periodically**, at a frequency based on community prevalence. For example, dialysis patients in communities with high coronavirus prevalence might be appropriate for weekly re-testing. (Check with the dialysis unit first, to avoid duplication of testing, in case they are already doing so.)
- **Staff testing is also important to pursue.** Testing of all staff is recommended at the beginning of an outbreak, and periodically thereafter, at a frequency based on

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community prevalence. For example, centers in communities with high coronavirus prevalence might consider weekly re-testing of staff.

- Factors to consider in determining the frequency of staff retesting should include:
 - Any data available at the local and county level regarding the incidence and prevalence of recent COVID-19 cases in the surrounding community, and whether the trend is increasing or decreasing.
 - The percent of screened staff who tested positive in the most recent screening, with more positive cases indicating a need for more frequent re-screening.
- Until coronavirus is effectively eliminated from the surrounding community, Centers should target a re-screening frequency of every 1-4 weeks, depending on the above factors.
- Regularly scheduled CSU/GSS/HCSG/GRS/GPS staff should be included with employed staff as part of large scale screening tests. Labs should bill testing charges to HCSG for their staff. All other charges for all categories of Genesis staff, including agency staff directly employed by CSU, should be billed to the Center directly (name badges should be used to identify CSU staff directly employed by Genesis).
- Genesis Corporate, Divisional, and Regional support staff whose responsibilities require visitation to Centers should complete screening tests every two weeks and sign the attestation when arriving at the Center as part of the entrance screening process.

Arrangements should be made to meet this testing frequency requirement by being tested at a nearby Genesis Center. If nearby Centers are conducting screening testing for staff at a frequency less than every two weeks, the Genesis support staff member should request a nearby Center to test them outside of the Center's regular testing schedule. Genesis support staff should contact the Center in advance of the need to be tested in order to make the necessary arrangements. The employee screening test frequency information for all Genesis Centers can be found at:

<https://docs.google.com/spreadsheets/d/1zfOG04WYFNFcSP6NV6EIXEOtqbfQa789nCkJr0KID3g/edit#gid=831780021>

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- To facilitate tracking of Genesis support staff screening results, each support staff member will be assigned to a nearby “home base” Genesis Center.
 - The support staff member will be added to the assigned “home base” Center’s Large Scale Screening process and documentation.
 - The support staff member will be screened every two weeks regardless of the Center’s screening cadence.
 - If the support staff member screens positive, the support staff member is added to the assigned “home base” Center’s Infection Data Collection Tool (line list) and is followed until resolution.
 - Support staff member must notify other Centers they have visited of their positive test results for monitoring purposes within the Center.
 - The other Centers visited do not add the support staff member to their line list to avoid duplicate counting of the individual for reporting purposes.
- **Non-employed, full-time caregivers (including non-employed agency staff coming from third-party vendors and working a multi-week contract at a Center) and providers** are included in this guidance and should be screened at the **same frequency as employed staff**.
 - This includes full-time independent physicians, APPs, hospice providers, and all others who are providing care to residents.
 - The non-employed caregiver or provider is responsible for obtaining their own screening tests.
 - Career Staff will notify all third-party agencies of the Genesis Center test frequency and the need for their staff contracted to work a multi-week assignment to sign an attestation when reporting to work at the center*.
 - Genesis Centers are responsible for
 - Notifying all full-time, non-employed caregivers and providers of the current testing frequency (except in the case of third-party vendor agency staff placed by CSU as noted above).

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- Obtaining a written attestation during the front-door screening process from each non-employed caregiver or provider that confirms that a negative screening test was performed within the required time period. Medical and Healthcare Provider Attestation of Coronavirus Testing
- **Intermittent providers** (including physicians, APPs, hospice staff, lab/x-ray technicians, transportation providers, and specialists) must be screened **every 2 weeks**.
 - The non-employed caregiver or provider is responsible for obtaining their own screening tests.
 - Genesis Centers are responsible for:
 - Notifying all full-time, non-employed caregivers and providers of the “every 2 weeks” requirement.
 - Career Staff will notify all third-party agencies of the “every 2 weeks” test frequency requirement and the need for their casual or per diem agency staff to sign an attestation when reporting to work at the Center*.
 - Obtaining a written attestation during the front-door screening process from each non-employed caregiver or provider that confirms that a negative screening test was performed within the required time period. Medical and Healthcare Provider Attestation of Coronavirus Testing
- Centers are responsible for reviewing Genesis infection control protocols with non-employed caregivers and providers, including specific training in appropriate PPE use. Medical Providers-COVID-19 Infection Prevention and Control Practices
- With regard to screening RECOVERED residents or staff, follow state guidance, until more information and data are available on the likelihood of true reinfection. Some states exclude, while others include.

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*Note: Center staff will need to maintain the copies of the attestations as it is anticipated that third-party agencies may request them at a future date.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-homes-testing.html>

Source of Testing

Genesis will continue to work closely with state health departments and private commercial labs to improve the availability of testing supplies, as well as the turnaround time of test results, to better support these objectives. Genesis will also continue to advocate for the necessary government funding to cover the costs associated with expansive and frequent testing of residents, patients and staff.

Options for obtaining testing should be pursued in the following order of preference:

- **Most Preferred**: When available, **state health department laboratories or state-contracted private labs** are the most preferred source of testing.
- **Another Option**: **Local hospital systems** are also often helpful and may be willing to provide testing to our residents and staff, so they should be approached, as well. (This assumes that they will not direct-bill Genesis.)
- **Less Desirable**: If not available through the state or local hospital systems or through hospital labs, **private commercial laboratories** may be an option. In such situations, we need to manage the considerable cost of such testing by ensuring appropriate rates, as well as billing to health insurance. This will require a contractual agreement between the lab and Genesis. Therefore, **prior to using any new commercial labs to conduct wide-scale screening tests of either residents or staff, please contact Michael Cinque michael.cinque@genesishcc.com and Cecilia Sardar cecilia.sardar@genesishcc.com to assist the center in contracting with the new private commercial lab.**

Screening Frequency for Non-Employee Medical Providers and Healthcare/Other Personnel

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Testing Frequency	Who Does it Apply to?	Signs Attestation?
Same frequency as Center employees (typically every 1-4 weeks)	FULL TIME, non-employee <ul style="list-style-type: none"> • Independent physicians • Independent Advanced Practice Providers (APPs) • Optum APPs • Hospice providers (e.g., hospice aide who spends most of the week in the Center) • Agency staff coming from third-party vendors and working a multi-week contract at a center 	Yes
Every 2 Weeks	INTERMITTENT, non-employee <ul style="list-style-type: none"> • Independent physicians, and APPs who are intermittently in the Center • Hospice providers who enter intermittently (e.g., nurse, social worker, chaplain) • Specialists (e.g., podiatrist, dentist) • Lab/Xray technicians • Casual or per diem agency staff 	Yes
Every 2 Weeks	Genesis Corporate, Divisional and Regional Support Staff Whose Responsibilities Require Visits to Center	Yes
Not applicable	<ul style="list-style-type: none"> • EMS • Delivery Associates (Sysco, Medline, etc) 	No

Attachment #3

COVID GUIDANCE “At a Glance”

June 26, 2020

Outdoor Visitation during COVID-19

- Outdoor visitation is **NOT** appropriate for COVID-19 positive and AQU patients.
- Patient access to outdoor spaces should be directly from their own unit.
- Outdoor visitation space must be clearly marked.
- Be sure the patient/resident is prepared to receive visitor(s).
- Patients should be dressed in preferred attire, suitable for weather conditions (properly groomed, weather appropriate).
- Asymptomatic, COVID-negative patients who regularly travel out for medical appointments or treatments (such as dialysis) who reside in a private room on or off the AQU **may participate in outdoor visitation & access the outdoors.** These patients must wear a disposable surgical mask at all times when out of their rooms, including outdoor visitation.*

- Prior to the visit:

Log of Outdoor Visits

Patient/Resident Name	Day of Visit	Time of Visit	Visit Type	Staff member present for supervision	Visitor screened prior to visit and symptomless?	Visitor's temperature taken?	Visitor's hand hygiene performed?	Visitor's mask worn?	Outcome of visit

- Visitors must be screened prior to entering the visitation area.
- Visitation must be scheduled in advance.
- Visitor(s) must sign Visitor Sign-In Log prior to visit with patients.
- Do not transfer patients across any units of a different COVID status to the visitation area.
- Staff must wear standard facemasks and eye protection during transfer.
- Encourage active movement to and from visitation.
- Ensure all wounds are covered.
- Communicate to visitors any changes in mood and/or condition that may result in the need to minimize duration of visit to reduce any undue anxiety/distress for individuals with dementia.

- During visit:

- Social distancing practices must be followed during entry and exit.
- Patients/visitors must be seated 6 feet apart.
- Residents **AND** visitors must wear cloth face masks.
- Visitation must be supervised by a member of the facility staff.
- Tables and chairs must be disinfected between residents and visitors.

If home unit direct access to the outside is not available:

- Enter the outdoor area without crossing through any units of a different COVID status.
- Patients from multiple units may not mix at the same time in the outdoor area, even if properly socially distanced.
- Patients must wear a cloth face mask both to/from the outdoors and while outdoors, while also maintaining social distance from other patients.
- Staff must wear standard facemasks and eye protection.
- Remember hand hygiene when assisting more than one patient to the outside area.

- Use of the outdoor area should be scheduled to allow time for:

- Each patient to access the outdoor area, one at a time.
- Social distancing practices must be followed during entry and exit.
- Thorough cleaning and disinfection of outdoor furniture/other touched surfaces between patients.
- Designated outside spaces must be at least 10 feet away from the smoking area.
- While seated, walking, or wheeling patients must remain at least 6 ft apart
- Transport only one patient/resident at a time in the elevator.
- Encourage opportunity for active movement.

COVID GUIDANCE - "At a Glance" (continued)

June 24, 2020

Communal Dining and Mealtime Activities

- Communal dining is not appropriate for COVID positive patients with symptoms and AQU patients.
- Patients from multiple units **may not mix in the same dining area**, even with proper social distancing.
- Patients must wear masks to and from the dining area on all units.
- Staff must wear standard face masks and eye protection. Use contact/airborne precautions and reduce close contact much as possible with residents while dining to the minimum necessary.
- Residents who have outpatient dialysis must stay in room for meals-work with Activities for interactive meal time ideas.
- Ensure familiarity to dining room (e.g., seating arrangements, place cards and familiar table mates) for individuals with dementia.
- *Residents who regularly leave the building for dialysis who reside in private rooms on COVID-naive units off of the AQU may not participate in communal dining on their units. These residents must continue in-room dining.*

COVID naive units

- | | |
|---|--|
| <ul style="list-style-type: none">• Patients with NO symptoms may have meals in the dining room located on their home unit if: | <ul style="list-style-type: none">• Do not transfer patients across units of a different COVID status to the dining area.• Place mask in a paper bag or clean dry napkin - NOT on the food plate.• Maintain social distancing in the hall and dining area.• Tables and chairs must be disinfected between residents.• Patients must be seated at separate tables at least 6 feet apart.• Remember hand hygiene between assisting multiple patients |
|---|--|

COVID positive units

- | | |
|---|---|
| <ul style="list-style-type: none">• COVID positive with NO symptoms and COVID recovered patients <u>may have</u> meals in the dining room located on their home unit if: | <ul style="list-style-type: none">• No need for disposable dishes/utensils.• Social distancing of residents is not needed.• Encourage active movement to and from the dining area. |
|---|---|

Tips for Safety and Mobility

- As we transition to the "new normal" take this opportunity to begin a **culture of mobility**.
- For every patient who is allowed out of room and can weight bear should have a current plan to encourage activity and movement.
- The plan should be part of a goal that the patient cares about (i.e., taking a shower, eating a meal, etc.).
- Mobility helps **DECREASE** risk for falls and pressure ulcers.
- Re-implement outdoor walking schedules for memory support.

Things to consider saying when a family is questioning current restrictions:

- We continue to follow CMS guidelines for nursing homes.
- We are focused on decreasing risk of exposure for patients, residents, staff, and visitors.
- Our Center is evaluating ways to get back to using central showers, group dining, outside space, and outside space for family visits.

COVID GUIDANCE - "At a Glance" (continued)

June 24, 2020

Communal Recreation

- Patients that have outpatient dialysis must **ONLY** do in-room leisure activities.
- Communal Recreation is not appropriate for patients on the AQU Unit.
- Patients may not use a communal recreation area on another unit.
- Patients from multiple units may not mix in the same area, even if properly socially distanced.
- Patients must wear cloth masks to and from the communal activity area.
- Maintain proper distancing between patients in the hallway and in the dining room..
- Staff assisting residents to the communal area must wear standard face masks and eye protection..
- Bring patients to the communal area one at a time for seating.
- Ensure thorough cleaning and disinfection in between recreation programs.
- Staff must wear standard face masks and eye protection. Use contact/airborne precautions and reduce close contact much as possible with residents while dining to the minimum necessary.
- For individuals with dementia, be mindful of their best time of day for engagement opportunities.
- Ensure parallel in room program opportunities for individuals with dementia not attending scheduled group.

COVID naive units

- | | |
|---|---|
| <ul style="list-style-type: none">• Patients with NO symptoms may participate in communal area activities on their home unit if: | <ul style="list-style-type: none">• Do not transfer patients across units of a different COVID status to the communal activity area.• Patients must be seated at least 6 feet from each other.• If tables are used, there should only be one patient at a table.• Remember hand hygiene between assisting multiple patients. |
|---|---|

COVID positive units

- | | |
|---|---|
| <ul style="list-style-type: none">• COVID positive with NO symptoms and COVID recovered patients <u>may</u> use communal activity areas located on their home unit if: | <ul style="list-style-type: none">• Remember proper infection control practices.• Transmission-based precautions must be followed. |
|---|---|