

# 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	
The Belvedere Center	
2. STREET ADDRESS	
2507 Chestnut St	
3. CITY	4. ZIP CODE
Chester	19013
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Sharon McDermond	610-872-5373

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
7/13/20
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 ( <b>CHECK ONLY ONE</b> )
<input type="checkbox"/> <b>Step 1</b> <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"/> <b>Step 2</b> <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> <b>AND</b> <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**

6/30/2020

**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**

6/30/2020. to 7/1/2020

**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 a third party lab that gives us the capacity to complete testing

**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 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 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*.**

The Belvedere Center has an Admissions Quarantine Unit (AQU or yellow) for anyone who newly admits or readmits from the hospital. Residents will be tested twice on the AQU to confirm negative status and after 14 days of being asymptomatic and negative testing, the resident will be moved to our green units. If we receive a positive result, the resident will be isolated according to HAN-509 along with the roommate, if applicable. Room changes must be made urgently, as soon as discordant COVID status between roommates is recognized. Multi-purpose spaces can and should be used to temporarily house residents until more permanent cohorting decisions and room changes can be made. Center leaders should be prepared to effect room changes on any shift. Staff on all shifts must understand and be able to apply and explain the cohorting decisions. Residents who are confirmed positive can share a room with a confirmed positive on another unit. Residents who test negative can share a room with other recently tested negatives on the same or another unit. Recovered residents (whose COVID-19 has resolved according to Genesis Guidance "COVID-Recovered Patients: Discontinuing Transmission-Based Precautions, Cohorting, Room Assignments, and Follow Up") may be cohorted with other residents whose disease has resolved, with residents who tested negative.

**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 center runs low.

**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 that includes the use of non-certified staff assisting with meal tray delivery, bed making, etc; also the use of different staffing patterns for staff, and other staff incentives. 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 testing is required. Facility will use an admission quarantine unit, referenced above, to address the possible exposure risk from new admissions and readmissions. Additionally, anyone going out on frequent medically necessary appointments (i.e. dialysis, chemo, etc..) will be put on patient specific precautions requiring staff to remove gowns in between patients.

**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 every two weeks. 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 personnel 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 outside patio areas and scheduled in advance. Any visitor who is scheduled for a visit will be screened for signs and symptoms, including having their temperature taken. 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 10 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 for asymptomatic residents on the Non-AQU. There will be pre scheduled times for the residents to sign up to utilize the dining rooms since each dining room can only support 7 residents per meal properly social distanced.

**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.

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 would be held in dining rooms that can only support 7 residents at the time. Activities would include bingo, floor specific resident council, exercise, random trivia, etc..

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

Due to the center floor plan, space for more than 7 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, <u>all</u> non-essential personnel are allowed. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for non-essential personnel.	
<b>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</b>	
Clergy Podiatry Dentist Optometrist Pain Management Psychology Barber/Hairdresser	
<b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b>	
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 reception desk.	
<b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b>	
Non-essential personnel will not be permitted on our Admission Quarantine Unit. 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.	
<b>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</b>	
Visitation would occur at 11am and 1 pm Monday thru Friday. One visit would be allowable per time slot. If demand for visitation is higher we would expand hours and eliminate outside activities on that day. Visits would be 20 minutes each to allow time for proper cleaning and disinfecting.	
<b>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b>	
Families will have access to request times for visitation based on the Visitors Schedule. This will be managed by the Assistant Administrator. Families will receive the process for visitation scheduling during weekly family zoom calls and via email.	
<b>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</b>	
Activities or designee will sanitize all furniture and other areas that may have been touched during visit (including elevator during transport), utilizing approved supplies. Activities will also assist with hand hygiene with residents.	
<b>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b>	
Center would be able to effectively manage up to 2-3 visitors at a time.	
<b>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b>	
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.	
<b>S T E</b>	<b>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)</b>



<b>P 2</b>	Outside area is a covered porch 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.
	<b>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</b> South Residents- Residents and families will access the front porch. Residents will come to the main lobby, exit through the front doors and visit with families. North- Residents will utilize the area outside of rehab. The area will be covered utilizing a canopy. Homestead- Families will enter in the courtyard area, after screening and visit in the courtyard with the residents. Residents will access the area via the lounge entrance.
	<b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b> Visit will be monitored to assure that proper social distancing takes place. Center will also place markers on the ground to indicate 6ft of separation.
	<b>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</b> Indoor space would be a last resort and would only be able to accommodate one visitor. Conference room on main level would be used and will be a similar path as the outdoor space. Visitors would only be in neutral hallways where no resident rooms are.
	<b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b> 6ft table would be utilized to assure social distanced
<b>S T E P 3</b>	<b>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)</b> Same guidelines as above, however residents who cannot safely transport to a neutral zone will be permitted in room visit. In room visit will only be permissible if the resident is in a private room. Visitors will be required to wear proper PPE throughout the visit.
	<b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b> Outdoor visitation will be the preferred method of visitation.
	<b>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")</b> same
	<b>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")</b> same
	<b>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")</b> same
	<b>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")</b> same
	<b>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</b> Visitors will wear PPE and 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
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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**

Sharon McDermond

**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

7/9/20

DATE

