

# 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	
<p>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.</p>	
<p><b>1. FACILITY NAME</b></p> <p>Norriton Square</p>	
<p><b>2. STREET ADDRESS</b></p> <p>1700 Pine Street</p>	
<p><b>3. CITY</b></p> <p>Norristown</p>	<p><b>4. ZIP CODE</b></p> <p>19401</p>
<p><b>5. NAME OF FACILITY CONTACT PERSON</b></p> <p>Cathy Tornari</p>	<p><b>6. PHONE NUMBER OF CONTACT PERSON</b></p> <p>610-239-7100</p>

DATE AND STEP OF REOPENING	
<p>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).</p>	
<p><b>7. DATE THE FACILITY WILL ENTER REOPENING</b></p> <p>7/20/20</p>	
<p><b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b></p>	
<p><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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i></p>	
<p><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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</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></p>	

## 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**

Remote Focused Infection Control Survey 6/8/2020

## 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](#)**

6/2/2020. to 6/3/2020

**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 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 resident continues to refuse it will be documented in resident's medical record.



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

- 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.**

Center has an Admissions Quarentine Unit (AQU) for anyone who newly admits or readmits from the hospital. The AQU can also have, but not required, patients who frequently go out for appointments (i.e. dialysis, chemo, etc..). Patients will be tested twice on the AQU to confirm negative status and after 14 days of being asymptomatic and negative testing, resident can be moved to another hall/unit. If we receive positive result resident will be isolated according to HAN-509 along with 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 (Attachment 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 immedietly revert back to current restrictions. Center will notify all residents and families of the reinstatement of restrinctions.

## 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 physician will be notified to see if testing is required. Facility will use 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.



## SCREENING PROTOCOLS

### 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, 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 to work if they are sick. See Attachment 2 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 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 sidewalk and will be scheduled in advance. Any Visitor who is scheduled for a visit will be screened for signs and symptoms, including having their temperature taken, of COVID19 prior to the resident being brought outside. The screening will take place outside. If he/she screens 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 for asymptomatic residents on the Non-AQU. There will be preschedule times for the residents to sign up to utilize the dining rooms since each dining room can only support 4 residents per meal properly social distanced.

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

Seating arrangement will be set up so all resident 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 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 transport to and from dining room. See Attachment 2 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 would be held in dining rooms that can only support 4 residents at a time. 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 center floor plan, space for more than 4 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 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**

Clergy  
Podiatrist  
Dentist  
Optometrist  
Physiatrist  
Psychologist  
Barber/Hairdresser

**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 on our Admission Quarentine 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 *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**

Visitation would occur from 10am-12pm and 2pm-3pm Monday through Friday. One visit would be allowable per 20 minute 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 in between visits.

**39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Receptionist or Designee will contact all families to see if they would like to schedule a visit. All families will be offered their first visit prior to opening up to 2<sup>nd</sup> visits. Once opened to 2<sup>nd</sup> visits, families will be able to schedule visits with our Receptionist or Designee.

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

Staff member supervising the visit will sanitize all furniture and other areas that may have been touched during visit (including elevator during transport). Staff member supervising the visit 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 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 residents safely, at a minimum the resident must be able to sit unassisted 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 elevator lobby area and exit the side door and will be on the patio where 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 in between residents and visitors, and have markers on the ground to indicate 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**

VISITATION PLAN	
STEP 3	Indoor space would be a last resort and would only be able to accommodate one visitor. The Main Lobby would be used and will be a similar path as the outdoor space. Visitor would only be in neutral area (Lobby) where no resident rooms are.
	47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS
	A table would be placed between residents and visitors and markers on the ground would assure social distancing.
	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 be safely transported to neutral zone will be permitted in room visit. In room visit will only be permissible if resident is in private room. Visitors will be required to wear proper PPE through out 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	
Visitor 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 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.

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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**

Cathy Tornari

**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

7/6/2020

DATE



# Attachment #1

## **COVID-19 Emergency Staffing Plan**

**3/25/2020**

In case of an emergency, such as a COVID-19 Outbreak, the facility will institute the following process in order to ensure we have adequate staffing to meet the needs of the residents.

1. All Hands on Deck approach for meal service will be initiated (See attached)
2. Scheduling Manager to keep nursing phone list up to date so all current employees can be called for shift coverage.
3. Scheduling Manager will use multiple methods of staffing, including but not limited to:
  - a. Staggered shifts
  - b. Extending nursing shifts from 12 hours to 16 hours
  - c. Changing C.N.A. schedules from 7.5 hour shifts to 12 hour and 15 hour shifts
  - d. Utilizing non clinical staff for non clinical duties
    - i. Passing out drinks
    - ii. Answering call bells
    - iii. Getting supplies
4. Career Staff Unlimited to be on standby with emergency staff
5. Utilizing sister centers staff who do not have Positive COVID19 in their respective centers
6. When authorized by divisional leadership, initiate Alternate Staff Guidelines (see attached)
7. When authorized by divisional leadership, initiate Altered Standards of Care (see attached)



## **ALL HANDS ON DECK APPROACH TO MEAL SERVICE**

The Center Team has the opportunity to create a positive, efficient and safe meal experience as well as assess the need of the patient and residents

1. The All Hands on Deck Center Team may include the following:
  - a. CED, CNE, ALL NURSES, CRC, CNAs
  - b. Food Service Director, Food Service Staff, Dietician
  - c. Recreation, Social Service Staff
  - d. GRS Staff and Restorative Staff
  - e. All Office Staff
  - f. Environmental Service
2. Utilize all your resources: Be creative!
3. Residents can be set up to consume their meals in their doorway as long as six feet between residents/patients is maintained. This allows for cueing, supervision and **SOCIALIZATION**.
4. Non Clinicians can assist in many ways:
  - a. Resident preparation for meals: seating and overbed table set up for in room dining
  - b. Resident hand hygiene pre and post meal
  - c. Assistance with clothing protectors as per resident plan of care
  - d. Tray delivery and set up, preparation and cueing
  - e. Meal consumption documentation
  - f. Meal support service: additional beverages, condiments, alternatives
  - g. Post Meal assistance including tray pick up, collection of clothing protectors, cleaning of resident tables
  - h. Cueing (verbal/visual/tactile)
  - i. Socialize with residents/Reminiscence/Encourage engagement among hall/Use technology to take/ share pictures, etc.
5. Consider developing Dining Teams.
6. Refrain from staff meals during resident meals.
7. Consider staggering Non clinicians and GRS schedules to provide support for evening meals.
8. Utilize GRS to train Non Clinicians
  - a. Utilize GRS live and ondemand training as needed
  - b. Zoom trainings upcoming
    - i. See below
9. Include GRS in the meal service delivery process including feeding residents who require assistance.
  - a. Utilize this time for GRS SLP to train those on altered diets/requiring assistance/modifications/etc
    - i. Feeding & Hydration

- II. Diet Types
- III. Feeding Techniques
- IV. Aspiration/Response
- v. Safety/Choking
- vi. Infection control
- vii. Resident Rights/Documentation

10. Consider training the dietary staff to assist with tray delivery and tray set up for residents who do not require assistance.

11. Consider staggering meal service times.

- a. Consider dietitian in development of an overall Unit plan for priority/approaches/adequate nutrition between meals
- b. Offer snacks in between meals
- c. Interprofessional collaboration w SLP for those on caseload that may consume meal/s during therapy on certain days.

12. Keep in mind patients on an advanced diet require a licensed nurse/speech therapist and/or C.N.A. to assist them with their meals



## **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
- Social services
- 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.**

## **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.



**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

**Social Services:**

- Limit activities to current epidemic issues
- 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, Central Supply, Medical Records, Clerical Functions:**

- Limit to essential functions only to reallocate resources

# **Attachment #2**

# Screening Tests for Coronavirus during an Outbreak

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June 18, 2020

## Screening Tests for Coronavirus - Residents and Staff

Updates to the May 10 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 ~~(subject to test availability)~~:

- 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



# Screening Tests for Coronavirus during an Outbreak

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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).*
- *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\*.*

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- **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).**
  - **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**

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## **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.*

*\*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](mailto:michael.cinque@genesishcc.com) and Cecilla Sardar [cecilla.sardar@genesishcc.com](mailto:cecilla.sardar@genesishcc.com) to assist the center in contracting with the new private commercial lab.



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

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

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# **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:

Sign of Outdoor 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.

## 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-naïve units off of the AQU may not participate in communal dining on their units. These residents must continue in-room dining.*

### COVID naïve units

- Patients with NO symptoms may have meals in the dining room located on their home unit if:
  - 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

- COVID positive with NO symptoms and COVID recovered patients may have meals in the dining room located on their home unit if:
  - 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.

## Use of Central Showers on Nursing Units

- Patients with symptoms of any COVID status should not be showering in central shower units.
- Each patient wears a cloth mask to and from shower.
- One patient at a time - do not use multiple stalls.
- 15 minutes between patient baths/showers.
- *For individuals with dementia be aware of resident specific bathing schedule and individual shower/bathing preferences, ensure all necessary supplies are present and that the room is set at a comfortable temperature*
- Preparation process for transport of resident/patient to the shower room on all units:
  - Apply a mask to the patient (patient must wear mask when out of room).
  - Staff and patients perform hand hygiene before leaving the patient room.
  - Keep patients at least 6 ft from any patient in the hall.
- PPE as needed per patient's status.
- Shower chairs/beds are cleaned and disinfected between residents/patients.
- Know the dwell time (*all cleaners different*) of the disinfectant your Center is using:
  - Dwell time is the amount of time the disinfectant must sit on the surface after application to kill the bacteria
- Shower room cleaning log (example below) to be maintained each time cleaning takes place.

**Shower Room Cleaning Log**

Shower Room Location	Disinfectant	Time	Staff

## AQU Units

- AQU patients have a dedicated shower room for their use only, with cleaning and disinfection of high-touch surfaces performed between each resident's shower.

## COVID Positive-patients with NO symptoms ONLY

- Patients should only shower on COVID-positive home unit.
- *Do not cross through units of different COVID status to get to shower room.*
- Shower room and high-touch surface should be disinfected between each shift in which showers are conducted

## COVID Naive/COVID Recovered

- *Do not cross through any other units to get to shower room.*
- Patients waiting to shower wait in their rooms and are accompanied to the shower by a staff member.
- Thorough disinfection of shower rooms with an approved EPA List N disinfectant must be performed between each shift in which showers are conducted.



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

## COVID positive units

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