

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	
Providence Rehabilitation at Mercy Fitzgerald	
2. STREET ADDRESS	
600 South Wycombe Ave	
3. CITY	4. ZIP CODE
Yeadon	19050
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Jonathan Papada	610-626-8065

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	
4/1/2021	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i>	
<input checked="" type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the June 8, 2020, Order of the Secretary of Health)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>	

DATE AND STEP OF REOPENING

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
12/23/2020	

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
July 15, 2020 to July 24, 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
COVID swabs are in-house. A physician order is obtained, as well as consent. The test is requisitioned and the lab picks up the completed swabs. Results available through the lab's online portal. Facility also utilizes COVID-19 Ag Card for rapid tests	
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK
COVID swabs are in-house. A physician order is obtained, as well as consent. The test is requisitioned, performed by a licensed nurse, and completed swabs are sent to the lab. Results are available through the lab's online portal. Facility also utilizes COVID-19 Ag Card for rapid tests	
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF
COVID swabs are in-house. A physician order is obtained, as well as consent. The test is requisitioned, performed by a licensed nurse, and the lab picks up the completed swabs. Results available through the lab's online portal. Facility also utilizes COVID-19 Ag Card for rapid tests	
15.	DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS
COVID swabs are in-house. A physician order is obtained, as well as consent. The test is requisitioned, performed by a licensed nurse, and the lab picks up the completed swabs. Results are available through the lab's online portal. Facility also utilizes COVID-19 Ag Card for rapid tests	
16.	DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED
Residents refusing testing will continue to be screened each shift and moved to the yellow zone of the center. Staff refusing testing will not be permitted to work until a test is performed.	

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.

Residents diagnosed with COVID-19 will remain in the center's Red Zone and will be taken off of droplet percuations following CDC guidance.

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)

The center inventories PPE on a weekly basis and requisition supplies based on resident need. Ancillary, in conjunction with the Infection Preventionist, maintains daily facility supply of PPE for staff needs.

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

No current staffing shortages. Staffing contingency plans in place should they need to be activated by use of agency through multiple contracts, temporary nurse aides and regional/corporate support.

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 the county in with the center is located reverts to the Red Phase, all non-essential visitation will be halted. Residents, Represnetatives and outside vendors will be notified. The facility will follow guidance from the Local Health Department and State Department of Health.

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 each shift for signs and symptoms of COVID-19 by a licensed nurse.

22. STAFF

Staff are screened upon the start of each shift. A kiosk asks a series of questions to screen for symptoms, possible exposure as well as fever. A thermometer is located at each kiosk with sanitation supplies. A warning will pop up and alarm at the kiosk if there are any signs or symptoms of COVID-19; the staff member will be referred to the infection preventionist for further screening.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare personnel who are not staff are screened upon entry. A kiosk asks a series of questions to screen for symptoms, possible exposure, as well as fever. A thermometer is located at each kiosk with sanitation supplies. A warning will pop up and alarm at the kiosk if there are any signs or symptoms of COVID-19; the individual will not be referred to the infection preventionist for further screening.

24. NON-ESSENTIAL PERSONNEL

Non-essential personnel are screened upon entry. A kiosk asks a series of questions to screen for symptoms, possible exposure as well as fever. A thermometer is located at each kiosk with sanitation supplies. A warning will pop up and alarm at the kiosk if there are any signs or symptoms of COVID-19; the individual will not be referred to the infection preventionist for further screening.

SCREENING PROTOCOLS

25. VISITORS

Visitors are screened upon entry. A kiosk asks a series of questions to screen for symptoms, possible exposure, as well as fever. A thermometer is located at each kiosk with sanitation supplies. A warning will pop up and alarm at the kiosk if there are any signs or symptoms of COVID-19; the visitor will be referred to the infection preventionist for further screening.

26. VOLUNTEERS

Volunteers are screened upon entry and prior to exit. A kiosk asks a series of questions to screen for symptoms, possible exposure as well as fever. A thermometer is located at each kiosk with sanitation supplies. A warning will pop up and alarm at the kiosk if there are any signs or symptoms of COVID-19; the volunteer will not be referred to the infection preventionist for further screening.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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 reserved for those residents residing in the green zone identified as needing extensive assist with eating. Residents residing in the red zone and yellow zone will not participate in communal dining at this time.

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

Tables and chairs will be placed at least six feet apart, with 1 resident per table.

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

Staff assisting in dining rooms will wear masks at all times when assisting residents from the green zone. Surfaces in the dining rooms will be disinfected prior to and after use.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents must be able to wear masks while transporting to and from the dining room. Residents will practice hand hygiene prior to and after dining. Surfaces will be disinfected prior to and after meals.

ACTIVITIES AND OUTINGS

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)

Residents must be able to wear face masks traveling to and from the activity and during the activity. No more than 10 residents may participate at a time. Residents will sit 6 feet apart. No outings will be provided. Activities that share items between residents will not occur. Residents will practice hand hygiene prior to and after all activities. Staff will monitor mask useage and social distancing. Residents will only participate with other residents who are in their Zone. Red Zone residents will not participate in group activities. No aerosol generating activities will be held.

ACTIVITIES AND OUTINGS

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

Residents must be able to wear face masks traveling to and from the activity and during the activity. No more than 10 residents may participate at a time. Residents will sit 6 feet apart. No outings will be provided. Activities that share items between residents will not occur. Residents will practice hand hygiene prior to and after all activities. Staff will monitor mask useage and social distancing. Residents will only participate with other residents who are in their Zone. Red Zone residents will not participate in group activities. No aresol generating activities will be held.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Activities may include general games, current events, bible study, arts and crafts, and movie viewing.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Virtual outings will not be provided.

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

Non-essentail personnel will remain in the center only for the required amount of time needed related to their visit. They will limit the amount of personnel required for the visit. No groups larger than 3 at a time will be permitted.

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

All who enter the center must be masked. Non-essential personnel will check in at reception, where a supply of masks will be located if needed. Check in will be completed at the kiosk, screening for signs, symptoms and possible exposure of COVID-19 Non-essential personnel will be issued information regarding social distancing and hand hygiene.

37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

No one other than trained essential staff are to come in contact with resident's exposed to COVID-19. Zones are visibly labeled.

VISITATION PLAN

For visitation to be permitted in Steps 2 and 3 of reopening (as described in Section 6 of *Interim Guidance for Skilled Nursing Facilities During COVID-19*), the following requirements are established. Screening and additional precautions including social distancing, hand hygiene, and universal masking are required for visitors.

VISITATION PLAN

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

Visits will be held Tuesdays, Thursday & Saturday, 10:00am until 4pm and Sunday from 10:00 am until 4:00 pm. Visits will last no longer than 20 minutes. Residents are permitted no more than 1 visit per week, in order to accommodate

39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visits will be scheduled and coordinated through the Activities Department by calling 610-626-8065 or via online sign up

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

Items located in the visitation areas will be sanitized by facility housekeeping staff or activities staff between each visit.

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

No more than 2 visitors per resident will be permitted during visits in order to maintain social distancing. Children are permitted if supervised by an adult and keeping the total number of visitors at 2. Children over the age of 2 must wear a face mask.

The number of visitors regarding end of life circumstances will be based on need and determined by the NHA or DON.

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

End of life visits will be prioritized, followed by first come, first serve basis.

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)

Residents receiving visits will not have an active diagnosis of COVID-19, or signs and symptoms of COVID-19. Additionally, residents must have the ability to maintain out of bed for at least 30 minutes. Residents must be able to maintain wearing a mask for at least 30 minutes.

STEP 2

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

The facility has an outdoor patio which there are 2 outdoor furniture sets and umbrellas to accompany the family and also provide shade. The family members will check in at the receptionist desk and then be accompanied by a staff member to the outdoor patio which is not located by a patient care area or residents rooms. The family members will also have access to a bathroom that is also not by a patient care area

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

Floor stickers will be placed to show chair spacing for 6ft social distancing.

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 visits for residents will be held in a designated, lined off area in the dining room. Visits will not be conducted during meals. Visitors will enter through the main entrance to the center.

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

VISITATION PLAN	
	Chairs/wheelchairs will be placed on markings to ensure 6ft distances.
STEP 3	<p>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)</p> <p>Residents receiving visits will not have an active diagnosis of COVID-19, or signs and symptoms of COVID-19. Additionally, residents will have to have the ability to be out of bed for at least 30 minutes. Residents must be able to maintain wearing a mask for at least 30 minutes.</p>
	<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes, weather permitting, per resident/family request.</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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")</p> <p>Same</p>
	<p>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</p> <p>Double occupancy rooms will ask permission of the roommate to leave the room during the visit and remain masked while out of the room. Visitors will be limited to two and must be masked at all times. If visiting in the yellow zone, visitors must don PPE; a staff member will assist. Visits are limited to no more than 20 minutes. For visitors in the green zone, a mask is required. Prior to entrance, visitors must practice hand hygiene, as well as upon exit. All visitors will enter the facility through the neutral zone.</p>

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 will not be permitted in Red Zone or Yellow Zone rooms, as to eliminate contact with residents exposed to COVID-19. Volunteers must wear masks at all times while in the center and will be trained on donning and doffing PPE.

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

Volunteers will not come to the center during step 2.

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

Jonathan Papada, LNHA

58. ATTESTATION

I attest that the information provided in this Implementation Plan is an accurate representation of the facts and that this facility will adhere to the Implementation Plan as written. I further attest that the county in which this facility is located is in a Yellow or Green phase per the Governor's Reopening Plan. This Implementation Plan will be posted on our website (if one exists) or made available to all residents, families, advocates such as the Ombudsman and the Department upon request. This facility will progress to the next step of reopening only when the criteria is met as described in the *Interim Guidance for Skilled Nursing Facilities During COVID-19*. If at any point during reopening the facility fails to meet the criteria for reopening, I will ensure the facility ceases reopening immediately. Further, if at any point during reopening this facility is operating under a contingency staffing plan, I will ensure the facility ceases reopening immediately.

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE