

# Implementation Plan for Reopening PA's Healthcare 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.	
<b>1. FACILITY NAME</b> Beaumont at Bryn Mawr (Healthcare Center) Click or tap here to enter text.	
<b>2. STREET ADDRESS</b>  601 North Ithan Avenue	
<b>3. CITY</b> Bryn Mawr	<b>4. ZIP CODE</b> 19010
<b>5. NAME OF FACILITY CONTACT PERSON</b>  Heather Heiland	<b>6. PHONE NUMBER OF CONTACT PERSON</b>  610-526-7006

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).
<b>7. DATE THE FACILITY WILL ENTER REOPENING</b> August 3, 2020 Click or tap to enter a date.
<b>8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)</b>  <div style="margin-bottom: 10px;"> <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> </div> <div> <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> </div>
<b>9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)</b>  Yes



## DATE AND STEP OF REOPENING

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

7/10/2020

## 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).

10. 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

Our baseline testing was done between May 26, 2020 and June 21, 2020 for all employees and residents that reside and or work in the Healthcare Center and Personal Care center at Beaumont for Covid-19. Residents in Independent living were offered Covid 19 testing. We continue to test if a resident or staff member were to have any signs or symptoms and would test all residents again if one resident were to come back with a positive test result. Staff are also tested again if they go on vacation and take three or more consecutive days off in a row.

6/25/2020 to Click or tap to enter a date.

11. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS

Beaumont at Bryn Mawr (Health Care Center) has testing kits available so that any resident who shows signs or symptoms of COVID-19 can receive a test upon onset of symptoms (within 24 hours of onset) Swabs are sent to a private lab that will return the results within 24-72 hours. Residents will continue to be monitored daily for signs and symptoms of respiratory illness for quick detection.

12. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK

If the community were to experience an outbreak of COVID-19, we would administer tests to all staff within a three week period; administering the tests first to all the residents within a 24 hour period; then to all the staff within a three week period. We would begin with those staff most likely to test positive based upon the outcomes of the residents tests. Our staff are trained to administer the tests and we have two labs that can process the results. Any staff displaying symptoms would immediately be sent home from work and advised to get tested. Using the same procedures followed for baseline testing, a process has been established for notifying staff of mass testing, coordinating the testing, and getting the results from the lab.

Click or tap here to enter text.

13. DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF

See above.

14. DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS

Non essential employees in the Healthcare center were tested as part of universal testing. The Health Care Center does not utilize volunteers.

Click or tap here to enter text.

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

For any resident that refuses mandatory testing, they will be put on precautionary isolation for 14 days to determine that they are COVID free and monitored for any onset of symptoms. For any staff, COVID testing is considered a condition of employment.

- PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19



For a potential future outbreak, every room in the healthcare center is private. Certified nursing assistants are placed into teams: one team cares for the COVID-19 positive residents. One team cares for the COVID-19 negative residents, only. Nurses divide their med passes to take care of the COVID-19 negative residents first, then positive; then change their PPE and repeat for each medication pass. Signage is placed on the door of a COVID-19 positive resident to alert all staff.

Any resident who develops symptoms and is pending a test result, is admitted to the facility and requires precautionary isolation, or has had a known exposure to a COVID positive individual in the past 14 days will be placed on precautionary isolation. Staff providing care for residents in precautionary isolation are in full PPE including masks, gown, and gloves. Appropriate signage is placed on each residents door.

Residents with negative tests with no known exposure in the past 14 days will be cared for by staff in surgical masks and gloves, following proper hand hygiene and infection prevention protocols and will not cross over into any resident who may have had any type of exposure.

**16. 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 community has established an adequate supply of PPE through state and federal agencies as well as individual agreements with outside suppliers. Currently, we have over 60 days supply of N95 masks, face shields, and gloves to outfit the entire health center staff.

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

Our community consistently staffs well above the 2.7 minimum and we have our own pool staff. An emergency staffing plan has been developed. Contractual agreements have been made with staffing Agencies for shortages; however, we have not needed to use them even during the outbreak.

Click or tap here to enter text.

**18. 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 returns to the red phase, or the Health Care Center experiences a new facility-onset COVID-19 case, all reopening plans will cease. A memo will be sent out to all residents in the community and it will be posted on our internal portal and public website. Postings will be placed throughout the community stating the same. A letter will be sent to the POA of each resident to notify them of the change. Any families with visits scheduled will be notified of the cancellation. Signage will be immediately changed to reflect the change in procedure. Reopening will not commence until the county enters the yellow or green phase.

## 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.

**19. RESIDENTS**

Healthcare center residents are monitored daily for temperature and respiratory symptoms. If screening reveals the possibility of the virus the resident will be tested and placed on transmission based precautions.

## SCREENING PROTOCOLS

### 20. STAFF

All employees are screened upon arriving to work. See attached screening questions. If screening reveals possibility of the virus the employee is sent home.

### 21. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

See above

### 22. NON-ESSENTIAL PERSONNEL

See above

### 23. VISITORS

All visitors are screened at the entrance to the community. See attached screening questions. If screening reveals possibility of the virus the visitor is not permitted to visit.

### 24. VOLUNTEERS

Presently there are no volunteers in the healthcare center.

## 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.

### 25. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)

Meal hours will be staggered in two seatings to maintain proper social distancing.

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

Tables will be a minimum of six feet apart, no more than two residents to a table.

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

Employees take appropriate precautions with eye protection and gowns when feeding residents at high risk for choking, given the risk of coughing while eating.

### 28. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

There are no preset tables including linen, dishes, and silverwear.

## 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.



## ACTIVITIES AND OUTINGS

Recreation for step 1 (groups of 5 or less) will include a variety of resident preference groups such as exercise, courtyard visits, bingo, expressive arts, spiritual, music appreciation and cognitive stimulation. Because of small group size the recreation staff will continue to do 1:1 programming to ensure all residents needs are met. Small groups will be in the common areas such as the B and C Lounges to accommodate correct social distancing. Residents will be given a mask to wear and staff can help those residents who need help to put it on. Staff can also assist in helping to wipe resident's hands with the proper materials. Games like bingo that require touchable pieces will be sanitized before and after each use. Residents have been given their own art and horticulture therapy supplies to keep and do not need to share any material.

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

Recreation for step 2 (groups of 10 or less) will include a variety of resident preference groups such as exercise, courtyard visits, bingo, expressive arts, spiritual, music appreciation and cognitive stimulation. Small groups will be in the common areas such as the B and C Lounges to accommodate correct social distancing. Residents will be given a mask to wear and staff can help those residents who need help to put it on. Staff can also assist in helping to wipe resident's hands with the proper materials. Games like bingo that require touchable pieces will be sanitized before and after each use. Residents have been given their own art and horticulture therapy supplies to keep and do not need to share any material.

### 30. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

This will include a variety of resident preference groups such as exercise, courtyard visits, bingo, expressive arts, spiritual, music appreciation and cognitive stimulation, and trips as able. Group programming will continue to be held in the common areas of B and C Lounges to accommodate correct social distancing. Signage has been placed on the floor of the C Lounge to help staff and residents follow proper social distancing guidelines. Residents will be given a mask to wear and staff can help those residents who need help to put it on. Staff can also assist in helping to wipe resident's hands with the proper materials. Games like bingo that require touchable pieces will be sanitized before and after each use. Residents have been given their own art and horticulture therapy supplies to keep and do not need to share any material.

### 31. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings will include outdoor dining, scenic bus rides, park visits and other appropriate resident preferred trips. We have a 12-passenger bus to utilize, we can bring at least six people on board and still adhere to social distancing. A trip bag with supplies will be packed that will include PPE, hand wipes and antibacterial solution.

## NON-ESSENTIAL PERSONNEL

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.

### 32. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2

All employees who work in the community are screened upon entrance to the community. PPE is available for all employees in the community.

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

All employees in the community have been educated on social distancing, hand hygiene and universal masking.

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

Any resident on precautionary or transmission based precautions has signage on the outside of their room which alerts all personnel not to enter the room. Residents on any type of isolation are asked to remain in their room.



## 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.

### 35. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT

Visitations will be from 9AM-12 PM and 2PM to 5 PM. Each visit is on the hour and lasts 45 minutes to allow 15 minutes in between visits for disinfecting of the visiting area.

### 36. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Scheduling will be done by calling or emailing staff from the Recreational Therapy Department.

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

The Recreational Therapy employees have the responsibility to sanitize the visiting areas between visits.

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

The maximum number of visitors is two.

### 39. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED

All visits will be handled via email or phone through the Recreational Therapy Department. Based on the number of resident's families who are able to be scheduled each week, additional visits will be scheduled if additional time slots permit. Spouses were given priority to fill slots initially. Residents who are in the end stage of life are also a priority.

### 40. 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)

Weather permitting, the Health Center courtyard will be set up as a visiting area for families with chairs placed 6 feet apart.

### 41. DESCRIBE THE OUTDOOR VISITATION SPACE FOR STEP 2 TO INCLUDE THE COVERAGE FOR SEVERE WEATHER, THE ENTRANCE, AND THE ROUTE TO ACCESS THE SPACE

In the event of bad weather a visiting area will be set up in the B Lounge. Before entering, the families will get screened at the front desk and enter/exit through the side gate of the courtyard.

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

A table is placed between the visitors and the resident allowing for a six foot distance between.

### 43. 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

Table and chairs will be placed with a 6 foot distance between the resident and visitor. The entrance to the indoor visitation space has a separate door to the outside that visitors will enter and exit through.

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

A table is placed between the visitors and the resident allowing for a six foot distance between. There will also be signage indicating the requirement for the 6 foot distance.

STEP 2

### 45. 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)

Visitation is limited to residents unexposed to COVID-19. Those residents who are unable to be transported to the designated visiting area may be visited in their room.

### 46. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52

Yes

### 47. 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

STEP 3



### VISITATION PLAN

48. 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

49. 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

50. 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

51. 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

Recreational Therapy staff will be responsible to sanitize the visting area in the resident's room.

### VOLUNTEERS

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.

52. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19

We do not utilize volunteers.

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

We do not utilize volunteers.

### ATTESTATION

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.

54. NAME OF NURSING HOME ADMINISTRATOR

Heather Heiland, NHA, MBA

## VISITOR/STAFF SCREENING RECORD

Staff Name & Employee Number \_\_\_\_\_

Community Name \_\_\_\_\_

Please MAKE SURE NO PARKING IN THE CIRCLE OR UP THE HILL

Has this individual washed their hands or used alcohol-based hand rub on entry?

1. YES / NO – If no, please have them to do so
2. Employee reports sign/symptom of fever, cough, or shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell.

YES \_\_\_\_\_ NO \_\_\_\_\_

3. Employee reports travel outside of the United States in past 14 days

YES \_\_\_\_\_ NO \_\_\_\_\_

4. For employees, ask if they have:

Worked in facilities with recognized COVID-19 cases?

If YES, ask if they worked with a person with confirmed COVID-19?

YES/NO

If YES, restrict them from entering the nursing home

5. Employee reports known exposure to someone diagnosed with COVID-19 or having traveled outside of the United States in past 14 days

YES \_\_\_\_\_ NO \_\_\_\_\_

6. Oral or tympanic temperature \_\_\_\_\_

\*If YES to any question 1-3 OR temperature >100.4F, send home.

Name & title of screener \_\_\_\_\_

Today's Date & Time \_\_\_\_\_




## ATTESTATION

### 55. 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