

Implementation Plan for Reopening

In Accordance with the Pennsylvania Department of Health's Interim Guidance for Personal Care 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	
Beaumont at Bryn Mawr	
2. STREET ADDRESS	
601 N Ithan Ave	
3. CITY	4. ZIP CODE
Bryn Mawr	19010
5. NAME OF FACILITY CONTACT PERSON	610-526-7035
Tracey Sutton-Vitabile	

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).
6. DATE THE FACILITY WILL ENTER REOPENING
8/3/2020
7. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (<u>CHECK ONLY ONE</u>)
<input type="checkbox"/> Step 1 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i>
<input checked="" type="checkbox"/> Step 2 <i>The facility must meet all the Prerequisites, including the baseline universal test for COVID-19 administered to staff and residents (in accordance with the <u>June 8, 2020, Order of the Secretary of Health</u>)</i> AND <i>Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing</i>
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)
Yes.

DATE AND STEP OF REOPENING

9. 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. Repeat baseline testing was again done for Personal Care residents and staff between 7/9/20 and 7/23 20.

5/14/2020 to 7/24/2020

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 (Personal 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.

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 Personal Care center were tested as part of universal testing. The Personal Care Center does not utilize volunteers.

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

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.

16. 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*.

For a potential future outbreak, every room in the personal care unit is private. Certified nursing assistants care for the negative COVID residents first, then the positive, then change full PPE. 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. [Click or tap here to enter text.](#)

17. 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 personal care staff.

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

Facility has no current staffing issues. Facility has available pool and part time staff available to fill in should a need occur.

19. 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 Personal 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 be 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.

20. RESIDENTS

All Resident have their temperatures taken each shift. All residents are monitored for signs of illness by nursing staff daily. Infection control precautions are in place. If screening reveals possible virus immediate steps are taken which include-reporting symptoms, isolation in room, COVID testing as ordered.

SCREENING PROTOCOLS

21. STAFF

All staff are screened at the beginning of each shift using the screening tool developed by facility. All staff have temperatures taken at the beginning of each shift. Anyone that fails the screening is not permitted to work and further evaluation is ordered.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

See above.

23. NON-ESSENTIAL PERSONNEL

See above.

24. 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.

25. VOLUNTEERS

We currently do not utilize volunteers.

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.

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

Residents typically dine in their rooms. However, if residents choose to dine on the sun porch, meal hours will be staggered in two seatings to maintain proper social distancing or the option of in room dining is always available.

27. 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 would be at the table at a time.

28. 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.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Currently no other communal dining is offered.

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.

30. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)

Residents attending activities will be provided with a mask. Sanitizer will be available and staff will offer reminders and assistance. Per Resident choice, staff will provide one on one activities, crafts, movies, exercise, activity books, outside in the garden, manicures. Small group will attend activities on the porch with distancing of 6 feet.

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

Per Resident choice, staff will assist with a variety of activities such as one on one, crafts, movies, activity books, exercise, outside in the garden, manicures. Staff will assist with masks and use of sanitizer. The common area will be the porch and social distancing will continue.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Per Resident choice, staff will assist with a variety of activities that may occur on and off of the unit. One on one, crafts, movies, exercise, outside time in the garden, walks outside. Staff will assist with the use of masks and sanitizer.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Per resident choice, staff will assist with outings which may include bus trips, ice cream trips, meals in the garden, scenic rides, parks. We have a 14 passenger bus that will allow for distancing. Staff will continue to offer reminders and assist with masks, sanitizing and distancing.

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.

34. 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.

35. 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.

36. 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.

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

The schedule of visitation will be 11am-1p and 4p-6p daily by appointment only. Visits will be scheduled hourly and last 45 minutes. This will allow for staff to sanitize the area before the next visit.

38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will either call or email facility staff to schedule an appts.

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

Staff will sanitize any table or chair utilized during the visit with an approved sanitizing agent.

40. 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 per resident will be two

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

Visitation scheduling will be done per appt. Visitors will contact the unit via phone or email to schedule. Staff will attempt to honor all requests made within the visitations times. A resident that is terminally ill will be given priority. Family member/spouses will have priority.

42. 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, visitation in the outdoor area is preferred. In the case of inclement weather the visitation will occur in the residents room while observing distancing, wearing masks and using sanitizer. Staff will provide transportation to and from the outdoor visitation site and will remain close by as needed. This decision will be individualized based on the resident having the visitation.

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

Weather permitting, outdoor visitation area is an enclosed garden area almost directly attached to the facility. There is a direct route to the area from the unit and also from the front lobby, from which visitors will enter. The area is accessible by doorway and has ramps to accommodate walkers and wheelchairs. Visitors will be screened at the front entrance. Visitors and residents will be provided masks and sanitizer.

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

A table will be placed between the chairs and allow a 6 foot distance. Signage will also be used to ensure 6 feet of distancing is maintained.

45. 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

The indoor space will be the resident's private living area. All rooms are private. Chairs will be placed 6 feet apart. Visitors and residents will be provided sanitizer and masks. Staff will sanitize after visits.

VISITATION PLAN	
	<p>46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>Staff will place chairs 6 feet apart. Signage will be used.</p>
STEP 3	<p>47. 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 that have not had COVID can safely accept visitors at step 3. The indoor visitor location will be the residents private room. The outdoor visitation will be our enclosed garden.</p>
	<p>48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes.</p>
	<p>49. 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>50. 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>51. 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>52. 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>53. 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>Staff will provide masks, sanitizer and staff will be responsible for sanitizing the area after each visit. Visitors will have health screening done upon entry in the front lobby of the facility.</p>

VOLUNTEERS
<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.</p>
<p>54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</p> <p>At this time, this facility does not utilize volunteers.</p>
<p>55. DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2</p> <p>This facility does not utilize volunteers.</p>

ATTESTATION
<p>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.</p>

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 _____

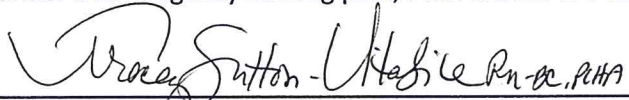
ATTESTATION

56. NAME OF NURSING HOME ADMINISTRATOR

Tracey Sutton-Vitabile, RN-BC, PCHA

57. 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 PERSONAL CARE HOME ADMINISTRATOR

7-30-2020

DATE