

**Implementation Plan for Reopening
In Accordance with the Pennsylvania Department of Health's
Interim Guidance for Skilled Nursing Facilities During COVID-19**

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 Westgate Hills Rehabilitation	
2. STREET ADDRESS 2050 Old West Chester Pike	
3. CITY Havertown	4. ZIP CODE 19050
5. NAME OF FACILITY CONTACT PERSON Carmella Kane	6. PHONE NUMBER OF CONTACT PERSON 610-680-6490

DATE AND STEP OF REOPENING
The facility will identify the 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 Click or tap to enter a date. August 17, 2020
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE) 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> x 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>
9. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) 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**

7/22/2020

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**

5/24/2020-7/21/2020

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

13. Resident testing will be done within 24 hours of observation of COVID-19 symptoms. The results will be available within a reasonable timeframe (48hr-72 hr.) except holidays unless a special circumstance arises for laboratory capacity.

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

Facility has capacity to perform COVID-19 tests for residents and staff during an outbreak based on CDC guidance. If current laboratory cannot fulfill need, alternative laboratory service will be contracted.

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

Facility has capacity to perform a single baseline COVID-19 tests for all staff including asymptomatic staff through Genesis Diagnostics

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

Nonessential staff and volunteers will be required to have initial baseline testing, screening for symptoms of COVID-19 upon arrival, universal source control, social distancing, hand hygiene and follow IPC strategies of facility

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

Facility has procedures in place for addressing resident refusals for testing and current HR policy addresses staff refusals for testing

18. **DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH PA-HAN-509 PURSUANT TO SECTION 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19.***

Resident will cohort or isolate based on CDC guidance of zones: Red Zone- COVID-19 Test Positive; Yellow Zone- COVID-19 Test Negative, but resident is within 14 days of exposure; Green Zone- COVID-19 Test Negative, Non-exposed

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

19. 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)

Facility has adequate PPE available to effectively care for COVID positive patients and swabs are available for testing as required. Universal source control (masks), hand sanitizers, washing stations are also available to maintain infection control practices in facility.

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

There are no expected staffing shortages that will not meet or exceed the 2.7 PPD during the steps of the reopening of the facility. Agencies have also been contracted to supplement and meet any staffing needs.

21. 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

.Limit all non-essential HCP, Restrict all visitors except limited visits during End of life situation, Reiterate and reinforce all safety and infection control measures e.g. universal source control, social distancing, screening all potential admissions, testing of symptomatic residents, testing of HCP based on supply for asymptomatic HCP and testing all symptomatic staff, collaborate and await guidance per state and local public health agencies.

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.

22. RESIDENTS

All facility residents are screened daily at a minimum (vital signs and pulse ox) during the re-opening steps 1-3) and recorded in the medical record; Any residents exhibiting symptoms and who does not have a history of being COVID-19 positive, measures will be initiated to discuss with resident/represented COVID-19 testing to be completed within 24 hrs. of symptoms, if testing refused resident will be co-horted in a yellow zone until resident able to meet discontinuation of TBP; If positive, resident will be moved to a private room with door closed and/or red zone. Potential admissions will be screened utilizing a screening tool and testing will be required prior to discharge in order to determine acceptance and co-horting capabilities.

Click or tap here to enter text.

23. STAFF

All staff are screened at beginning of their shift for COVID-19 symptoms, temperature, and potential exposure. Staff are screened again for temperature at end of their shift. Staff presenting with any signs or symptoms of COVID-19 is refused entry and Administration is notified. Staff is also educated to notify their supervisor immediately if they develop any signs and symptoms of COVID-19 during their shift and will be sent home. Staff employed by facility also receives baseline universal testing based on Secretary of Health order. Any refusals in baseline testing will be addressed by facility HR policies.

Click

SCREENING PROTOCOLS

24. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

25.

Healthcare personnel not employed by facility is screened upon entrance for COVID-19 symptoms, temperature, and exposure. Healthcare personnel will be required to wear a mask for universal source control while in the facility. Healthcare personnel will be screened (temperature) prior to exiting facility. Anyone who presents with signs or symptoms of COVID-19 is refused entry to facility. If Healthcare personnel develops any COVID-19 symptoms during their arrival in facility, they will be immediately sent home.

26. NON-ESSENTIAL PERSONNEL

Non-essential personnel, 1 Barber , 1 Hairdresser, 1 Dentist, 1 Dental Assistant , 1 Psychologist , are screened upon entrance for COVID-19 symptoms, temperature, and exposure. Non-essential personnel presenting with any signs or symptoms of COVID-19 is refused entry. Non- essential personnel will be required to wear a mask for universal source control while in the facility. Non-essential personnel are screened again for temperature prior to exiting. Non-essential staff is also educated to notify their supervisor immediately if they develop any signs and symptoms of COVID-19 during their shift and will be sent home.

27. VISITORS

Visitors will be screened upon entrance for COVID-19 symptoms, temperature, and exposure. Visitors will be screened (temperature) prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entry to facility. All visitors are required wear a mask for universal source control while in the facility. If visitors' presents with symptoms during an allotted visitation time they will be immediately asked to go home and restricted from visiting.

26

28. VOLUNTEERS

Volunteers will be screened upon entrance for COVID-19 symptoms, temperature, and exposure. Volunteers will be required to wear a mask for universal source control while in the facility. Volunteers will be screened (temperature) prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entry to facility. Volunteers will be instructed that if at any time during their visit they begin to feel ill they have to report to their supervisor immediately. Also if they develop any symptoms during the visit they will be immediately asked to go home and restricted from visiting in facility..

Communal dining is the same for all steps of reopening so there is no need to differentiate among the three steps.

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

Meal times will be extended as practicable to allow for resident communal dining to unexposed residents (Green one) limiting number of residents at a table and spaced at least 6 ft. apart to maintain social distancing and infection control practices.

28

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

Tables will be placed six feet apart; Where it is not possible to have residents at six feet, then no more than one person per table (assuming a standard four [4] person table).

31. DESCRIBE Infection CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF

All infection control measures will be followed by staff including masking, hand hygiene, social distancing, and disinfection of tables. Residents will be encouraged to have designated seating in dining areas to limit contact to the same small group. Discourage sharing bowls of food or condiments. Residents will be encouraged to sanitize hands upon entering and exiting the dining area. Residents will be required to wear PPE when traveling to the dining room, at the table while waiting to be served, while visiting with any other residents, and when exiting the dining room. Dining room will be cleared and disinfected upon completion of meal service to prevent any cross-contamination. Staff members who are assisting more than one resident at the same time must perform hand hygiene with at least hand sanitizer each time when switching assistance between residents

32. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Number of meals per day that a resident can participate in communal dining may be limited in order to maintain proper social distancing and infection control measures.

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.

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

Step 1: Limited activities (Arts and Crafts, Bingo, Exercising , Listening to music) may be conducted with **five or less** residents unexposed to COVID19. Social distancing, hand hygiene, and universal masking will be required.

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

. Step2: Limited activities (Arts and Crafts, Physical Activity , Cognitive Games, Movies--) may be conducted with **ten or less** residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking will be required

35. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

. Step 3: Activities may be conducted with residents unexposed to COVID-19. Social distancing, hand hygiene, and universal masking will be required. No games where cards or game pieces would be passed between residents will be advised; Avoid group singing activities if possible If snacks are served it will be individually wrapped and drinks poured and served by staff

36. DESCRIBE OUTINGS PLANNED FOR STEP 3

Music appreciation, gardening, cognitive games

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.

NON-ESSENTIAL PERSONNEL

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

5 of Non-essential personnel (1 Barber, 1 Hairdresser, 1 Dentist, 1 Dental Assistant, 1 Psychologist) are allowed, with screening and additional precautions including social distancing, hand hygiene, and universal masking

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

All non-essential personnel have been instructed on social distancing of 6 ft. or more, hand hygiene, and universal masking. All non-essential personnel are provided a mask upon entering facility if unavailable. Competencies will be completed for all non-essential personnel on hand washing.

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

COVID19 positive patients are placed in droplet/contact isolation and remain in their rooms. Signage will be available designating zones. Nonessential staff will not be routinely allowed to enter any isolation rooms.

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.

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

AM Visitation will begin during hours of 10am to 12 pm
PM Visitation will begin during hours of 4pm to 6pm
Approximate time will be 2 hrs. for each resident scheduled visit

41. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors will need to call into receptionist 610-449-8600 Monday through Friday 9am to 1pm to schedule visits with time availability slots

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

Housekeeping staff/ Facility staff will use an EPA-registered disinfectant to wipe down visitation area between visits

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

Click or tap here to enter text. 2 visitors per resident to maintain social distancing (six-foot distance between the resident and the visitor(s)) and enforce infection control protocols.

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

Prioritize scheduled visitation for residents with diseases that cause progressive cognitive decline (e.g., Alzheimer's disease) and residents expressing feelings of loneliness.

STEP 2

45. 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)

Outdoor visitation in a designated area will be utilized as the preferred method when weather permits. If indoor visitation is needed due to weather, high heat/humidity a neutral zone will be identified for visitation; Visitation is limited to patients unexposed to COVID-19. No visitation

VISITATION PLAN

for exposed residents during this time. Outdoor visitation includes scheduling of visits, transporting (but not lifting) residents and monitoring visitation.

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

For the outdoor visitation area in inclement weather or excessive sun, a tent, canopy, or other shade or coverage will be implemented. The specific visitation space in the neutral zone will allow easy visitor access and when possible, will use a specified entrance and route for visitors.

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

Outdoor Visitation area will have clearly defined six-foot distance between the resident and the visitor(s) by either signage/markers or alternating chair set up.

48. 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 visitation will occur in the Community Room, Behind Receptionist desk, with the access being the front doors of the facility .

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

Indoor Visitation area will have clearly defined six-foot distance between the resident and the visitor(s) by either signage/markers or alternating chair set up.

50. 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 COVID19. Visiting in a resident's room (within facility's established protocols) is permitted only if the resident is unable to be transported to designated area.

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

Outdoor visitation (weather permitting) is allowed in neutral zones designated by the facility.

52. 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")

For the outdoor visitation area in inclement weather or excessive sun, a tent, canopy, or other shade or coverage will be implemented. The specific visitation space in the neutral zone will allow easy visitor access and when possible, will use a specified entrance and route for visitors.

53. 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")

Outdoor Visitation area will have clearly defined six-foot distance between the resident and the visitor(s) by either signage/markers or alternating chair set up.

54. 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")

55. Click or tap here to enter text. SAME

STEP 3

VISITATION PLAN

56. 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

57. 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

Visitation in room is limited to residents unexposed to COVID19. Visiting in a resident's room (within facility's established protocols) is permitted only if the resident is unable to be transported but visitors must utilize universal masking, social distancing (6ft distance), hand hygiene

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.

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

All volunteers are screened upon entrance for COVID-19 symptoms, temperature, and exposure. Volunteers are screened again for temperature prior to exiting. Anyone who presents with signs or symptoms of COVID19 is refused entry to facility. If volunteer presents with symptoms during shift, they are immediately sent home. All volunteers are educated that if at any time during their shift they feel ill they have to report to their supervisor immediately. COVID19 positive patients are placed into droplet/contact isolation and remain in their rooms. Volunteers are not allowed to enter any isolation rooms.

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

. Volunteers are only allowed to assist with visitation protocols and may only conduct volunteer duties with patients unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking.

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.

60. NAME OF NURSING HOME ADMINISTRATOR

Carmella Kane

ATTESTATION

61. 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.

Carmelle Kene

SIGNATURE OF NURSING HOME ADMINISTRATOR

8/5/2020

DATE