

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	
Kearsley Rehabilitation & Nursing Center	
2. STREET ADDRESS	
2100 N 49 th St	
3. CITY	4. ZIP CODE
Philadelphia	19131
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Manny Rokeach	(215)863-8402

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	
08/17/2020	
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 <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>	

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

07/17/2020

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

05/24/2020 to 07/22/2020

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. The test is requisitioned and the lab picks up the completed swabs. Results available through the lab's online portal.

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 the lab picks up the completed swabs. Results are available through the lab's online portal.

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.

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.

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

Residents refusing testing who remain asymptomatic will be screened each shift. Staff refusing testing will work in the yellow or red zone.

17. 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.

Residents refusing testing who remain asymptomatic will be screened each shift. Staff refusing testing will work in the yellow or red zone.

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.

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

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 COVID19; the staff member will be referred to the infection preventionist for further screening.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

ealthcare 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 COVID19; the individual will not be referred to the infection preventionist for further screening.

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 COVID19; the volunteer will not be referred to the infection preventionist for further screening.

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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.

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 5 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.

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 5 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.

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 <u>deemed necessary</u> by the facility are allowed (in addition to those already permitted in Section 4 of <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>). In Step 3, <u>all</u> 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-essential 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 <i>Interim Guidance for Skilled Nursing Facilities During COVID-19</i>), 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
	Visits will be held Monday through Friday, 9:30am until 4pm. Visits will last no longer than 30 minutes. Residents are permitted no more than 1 visit per week, in order to accommodate all residents.
	39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR
	Visits will be scheduled and coordinated through the Activities Department by calling 215-863-8402. Or by calling 800-478-9013
	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 circumstance 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.
STEP	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)

VISITATION PLAN

Residents receiving visits will not have an active diagnosis of COVID-19, or signs and symptoms of COVID-19. Additionally, residents must have to 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.

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 patio in the back of Kearsley rehab, which is outside the lower level dining room. An umbrella will be located on the patio for shade. In the event of severe weather or temperatures in excess of 90 degrees, the visitation will be rescheduled by the Activities Department. Visitors will access this area through the left side of the facility.

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

Lines 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 on the Lower level will be held in a designated, lined off area in the LL dining room. Visits will not be conducted during meals. Indoor visits for residents on the upper level will be held in a designated, lined off area in the UL dining room. Visits will not be conducted during meal times or activities.

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

Chairs/wheelchairs will be placed on tape marking 6ft distances.

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)

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

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

Yes, weather permitting, per resident/family request.

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

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

STEP 3

VISITATION PLAN

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.

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

Manny Rokeach

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

08/17/2020
DATE