

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	
Holy Family Home	
2. STREET ADDRESS	
5300 Chester Ave	
3. CITY	4. ZIP CODE
Philadelphia	19143
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Patricia Lo	215-729-5153

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
	9/28/2020
8.	SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (<u>CHECK ONLY ONE</u>)
<input checked="" 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 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)
No	
10.	DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

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 June 1 – June 20 (Nursing Facility); August 18 – August 31 (Personal Care)
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 Testing kits are on hand, and swabs will be administered on site by LPN/RN. Partnership with Regional Response Health Collaborative Program (RRHCP) established by PA DOH, with testing done through Medical Diagnostic Laboratories in place. Results are received within 72 hours.
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK Testing kits are on hand, and tests will be administered or supervised on site by LPN/RN. Partnership with Regional Response Health Collaborative Program (RRHCP) established by PA DOH, with testing done through Medical Diagnostic Laboratories in place. Results are received within 72 hours.
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF Sufficient testing supplies are on hand with additional testing able to be completed as indicated/recommended.
15.	DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS Contracted Services (Physicians, Hospice, Podiatry, Dental, etc.), non-essential staff and volunteers will need to confirm a negative covid 19 test not more than one week before entering facility for the first time. HR is available to share resources regarding test sites. Active screening for all contracted services, non-essential staff, and volunteers continue upon entry to the facility.
16.	DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED If Staff decline testing, they will be denied access to the facility and HR will follow-up individually to determine next steps. Any Resident who declines testing and are symptomatic will be considered positive and the isolation procedures will take effect according to the latest CDC guidelines. Additionally, these residents will be provided education and offered testing opportunity regularly throughout the isolation. If a resident continues to refuse it will be documented in resident’s medical record and will continue to monitor for symptoms.
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 <i>INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19</i> . Residents reside in private rooms with private restrooms, so no cohorting is anticipated. If a cluster of Residents test positive, as many as possible will be moved to one designated part of a wing, with cohorting if needed.

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

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)

All recommended PPE is available in the facility. We have a PPE manager on staff who manages the levels of supplies and ensures that there is backup levels available. We have multiple national vendor contracts, assistance from the Philadelphia Public Health Department and many generous families or benefactors in place for securing PPE if our current supply of PPE becomes low.

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

There are currently licensed nurses, CNAs and/or med tech on each shift. Nurses are occasionally on 12 hour shifts to ensure 24 hour coverage and licensed nurses will perform primary nursing if certified nursing assistant staffing is compromised. Currently contracted with staffing agency for licensed nurses and CNAs. The Little Sisters of the Poor convent is on premises. Per the Little Sisters of the Poor mission and hospitalier training, the Sisters will perform direct care for the sick and elderly. Assistance from the city's Medical Reserve Corps will also be sought.

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

Facility will halt reopening and return to pre-phase 1 precautions and restrictions per the guidance should the county be reverted to the red 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.

21. RESIDENTS

Daily symptom observations and temperature checks for all residents. Residents will continue to be monitored for symptoms of possible COVID19 virus. If a resident exhibits any signs/symptoms, resident's physician will be contacted, testing can be done within hours, and isolation precautions will be implemented and continued while awaiting results.

22. STAFF

Active screening, masking and temperature checks at the front door before reporting for duty and at the end of the shift. If screening reveals possible virus, team member will be denied entry to the facility and directed to follow up with healthcare provider. Employee to abide by CDC isolation guidelines before returning to work.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Active screening questionnaire, masking and temperature check at the front door before allowed to enter. If screening reveals possible virus, Healthcare personnel will be denied entry to the community and encouraged to follow up with healthcare provider. Healthcare personnel to abide by CDC isolation guidelines before returning to facility.

24. NON-ESSENTIAL PERSONNEL

Active screening questionnaire, masking and temperature checks at the front door before reporting for duty. If screening reveals possible virus, team member will be denied entry to the facility and directed to follow up with healthcare provider and to abide by CDC isolation guidelines before returning to facility.

SCREENING PROTOCOLS

25. VISITORS

Active screening questionnaire, masking and temperature checks at the front door before allowed access to facility. If screening reveals possible virus, visitor will be denied entry to the facility and encouraged to follow up with healthcare provider and to abide by CDC isolation guidelines before returning to facility.

26. VOLUNTEERS

Active screening questionnaire, masking and temperature checks at the front door before allowed to enter. If screening reveals possible virus, volunteer will be denied entry to the facility and encouraged to follow up with healthcare provider and to abide by CDC isolation guidelines before returning to facility.

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)

Residents' meal schedule will remain the same, with breakfast at 8 a.m., lunch at noon, and supper at 6 p.m.

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

No more than two residents per seating arrangement with 6 feet between residents.

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

In addition to food service specific infection control training, all dining servers will be serving using gloves and wearing masks. Silverware will be pre-rolled. Individual condiment packets will be provided. Menus are for one-time use and are disposable as well as the placemats. Hand sanitizer will be applied at entry and exit. Symptomatic residents will be excluded.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

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)

Socially distant activities for up to five residents in outdoor/indoor common areas will be offered, following the guidance regarding spacing, sanitation, and use of masks. Some of the programs that will resume in this phase are: movies or TV programs, lectures, group discussions, reminiscing, contactless word games, rosary, etc. Clearly defined seating will be designated. No shared materials planned for step 1.

ACTIVITIES AND OUTINGS

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

Socially distant activities for up to 10 residents with clearly defined seating in outdoor/indoor common areas, following the guidance regarding spacing, sanitation, and use of masks. Some of the programs that will resume in this phase are: table games, and other minimal contact programming in addition to those listed in step 1. Handwashing/sanitizing will be done by residents and team members before and after these activities. Beauty shop will be opened with limited number of Residents in the beauty shop at one time in order to ensure social distancing. Symptomatic residents will be excluded.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as step 2 with the addition of: 1) spiritual activities in the Chapel with the wearing of masks and seating in designated spots for social distancing; 2) activities in outdoor areas that can accommodate more than 10 residents under socially distancing guidance to incorporate a variety of outdoor leisure opportunities; 3) Larger indoor group activities with outside entertainers will be held in areas that can accommodate social distancing with designated seating spaces.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings to locations deemed low risk or low traffic (outdoor preferred) by our Activities staff. Every other row on the bus will be blocked off and one Resident per seat. Sanitation will be conducted before and after outing. Masks will be worn with extras on board. Travel hand sanitizers will be available. Symptomatic residents will be excluded.

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.

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

Housekeeping Regional Manager, beauticians (2), Mother Provincial and Secretary, chaplain, architect/construction/development consultants.

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

Active screening questionnaire, masking and temperature checks at the front door before entry. This includes distribution of a mask if they do not have one and direction to use the hand sanitizer before advancing. The non-essential personnel will be encouraged to make appointments with the facility and will check in with the reception desk. From there, they will be directed to the designated location they need access to and encouraged to avoid any resident occupied space. Social distancing signage is posted throughout the community.

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

See above #36

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

	<p>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT Our Home will be offering the following visitation hours. Sunday – Saturday: 10:00 a.m. - 10:40 a.m., 11:00 a.m.-11:40 a.m., 2:00 p.m.-2:40 p.m., 3:00 p.m. – 3:40 p.m. and 4:00 p.m. – 4:40 p.m. All visitors will wear masks.</p>
	<p>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR Visits can be scheduled by contacting our Cathy Moffit, Admissions Coordinator. Priority will be given to those residents who are experiencing cognitive / psychosocial challenges.</p>
	<p>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT Housekeeping will sanitize area in the morning before first visit. Hand sanitizers will be in close proximity to visitation area. Sanitizing wipes will be available in visitation area and visitors asked to sanitize area at end of the visit.</p>
	<p>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL? Each resident may have 2 visitors at each visit. One of the visitors may be a child, who must be accompanied by an adult visitor who must be able to manage the child. A child older than 2 years of age must wear a cloth face mask during the visit and maintain social distancing.</p>
	<p>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED See #39. Additionally, while each visitor may only initially schedule once / week, they may call anytime to inquire about cancellations or unclaimed slots.</p>
<p>STEP 2</p>	<p>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) Our nursing managers will review resident status and communicate any contraindication for visiting directly to the resident and family should one arise. Transport assistance is available for residents to get to and from designated space.</p>
	<p>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 Our designated space for step 2 is our front entrance parking lot, along the curb, and the front entrance area.</p>
	<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS Signage on the ground or benches will clearly indicate distancing targets.</p>
	<p>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 In severe weather, visits can be held in our large Social Hall, which offers easy access from the front entrance and reception desk and is close to the elevators that would take them down one flight to the basement, with the Social Hall entrance to the right as you exit the elevators, with minimal exposure to the rest of the campus.</p>
	<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS The furniture will be arranged in such a way that seating is at least six feet apart. Markers on the floor will be used to indicate proper placement.</p>
<p>STEP 3</p>	<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) Our nursing managers will review resident status and communicate any contraindication for visiting directly to the resident and family should one arise. Transport assistance is available for</p>

VISITATION PLAN

residents to get to and from designated space.

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

Yes.

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, with the addition of the 1st floor Cappuccino Corner.

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

After active screening questions, masking and temperature check at front desk, a member of our staff will escort the visitor to the resident's room for the visit. The visitor will be directed to sanitize hands before entering the resident's room and will be encouraged to maintain 6 feet distance. In advance of the scheduled visit, the room will be assessed for placement of chairs at socially distant locations, based on where the resident prefers to sit/lay and what kind of seating is available in the resident's room. Unit staff will direct visitor out when the visit concludes. Maximum two visitors allowed (See #41 above).

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.

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

All volunteers will be required to go through screening questionnaire, masking and temperature checks at the reception desk when they arrive. Volunteers will not help on a unit that has a COVID-19 positive resident. No COVID-19 positive resident will participate in group activities, so volunteers will not be in contact with these residents. Volunteers will also be advised by the staff member they are helping as to what areas, if any, they should not be entering. Volunteers will be reminded to frequently wash/sanitize their hands before and after working with residents and/or entering their rooms and to keep social distancing.

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

Volunteers will help oversee visits, ensuring that masking and social distancing protocols are met. Will let visitor know when visit is over and will ask the front desk to notify nursing staff if escort for resident is needed. Volunteers may schedule visits with residents with no family or who have had no family visits.

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.

57. Name of Skilled Nursing Home Administrator

Patricia Lo, NHA – Personal Care Administrator; Sr. Catherine Frain – SNF Administrator

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 Executive Director

DATE