

**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	
Arden Courts of Jefferson Hills	
2. STREET ADDRESS	
380 Wray Large Road	
3. CITY	4. ZIP CODE
Jefferson Hills	15025
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Kristin Kahler	412-384-0300

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	
Click or tap to enter a date.	
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 June 26, 2020, Order of the Secretary of Health)</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 June 26, 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>	
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	
N/A	

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 June 12, 2020 AND August 31, 2020) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

7/14/2020 to 7/27/2020

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

All of our nurses have been trained to do swab specimen collections. Swabs are kept onsite. The community utilizes Med Health Services Lab to process the specimens

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

All of our nurses have been trained to do swab specimen collections. Swabs are kept onsite. The community utilizes Med Health Services Lab to process the specimens

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

All of our nurses have been trained to do swab specimen collections. Swabs are kept onsite. The community utilizes Med Health Services Lab to process the specimens.

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

Non-essential staff and volunteers would only be permitted onsite if they have a negative COVID-19 test within 5 days of initial access to the facility.

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

Staff that refuse to be tested for COVID-19 will not be permitted to care for any residents that are unexposed to COVID-19.

Residents that refuse or are unable to be tested will need to be isolated in their room for a 14 day period with monitoring for signs and symptoms of COVID-19.

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 diagnosed with COVID-19 will be isolated to their rooms or when possible a portion of a house will be sectioned off to accommodate those residents. If we are unable to appropriately isolate a resident diagnosed with COVID-19, the resident will be referred to one of our local skilled nursing facilities that has an active COVID unit.

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)

Current inventory: 1300 procedure masks; 157 N95 masks; 475 gowns; 60 faceshields; 170 goggles; 14,500 gloves

To ensure adequate supplies, inventory counts are report to our corporate office twice weekly.

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

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

SHORTAGES

Arden Courts of Jefferson Hills is currently staffed above the required amount. The company maintains relationships with 3-5 staffing agencies to assist in the event that additional staffing is needed.

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 reverts to the red phase, we will immediately revert to closing of the facility. Families will be notified of the changes. Standard monitoring of staff and residents will continue.

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 daily for elevated temperature and signs/symptoms of COVID-19.

22. STAFF

Daily staff screenings consist of a series of questions to determine if they have been exposed to COVID-19 or are feeling ill. All staff are required to wash hands and have the screening completed and temperature taken upon entry. Any staff member that answers any questions in a way that determines that they may have been exposed to COVID-19 or are exhibiting symptoms will not be permitted to work without further medical guidance and may be required to self-quarantine for 14 days.

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare personnel that are not staff are required to be screened upon entry. Screenings consist of a series of questions to determine if they have been exposed to COVID-19 or are feeling ill. All healthcare personnel are required to wash hands and have the screening completed and temperature taken upon entry. Any healthcare personnel that answers any questions in a way that determines that they may have been exposed to COVID-19 or are exhibiting symptoms will not be permitted to enter the facility.

24. NON-ESSENTIAL PERSONNEL

Any authorized vendor must have had a negative COVID-19 test within 5 days of initial access to the facility and weekly thereafter. The visitor screening questions must be completed satisfactorily.

25. VISITORS

Visits are prescheduled. All visitors will be screened for potential exposure or signs/symptoms prior to the visit taking place. Masks will be required for visitor and resident. Visits will be supervised with at least a six-foot distance maintained. Supervision will be done by a staff member trained to ensure social distancing, continued use of masks, and proper sanitization in the event that the visitor or resident touches their face or mask. The area of the visits would be sanitized before and after the visit occurs, and the resident's clothing will be changed following the visit. *Please reference the attached policy for further details.

SCREENING PROTOCOLS

26. VOLUNTEERS

Volunteers will not be permitted until step 3. All volunteers will be screened. Screenings consist of a series of questions to determine if they have been exposed to COVID-19 or are feeling ill. All volunteers are required to wash hands and have the screening completed and temperature taken upon entry. Any volunteer that answers any questions in a way that determines that they may have been exposed to COVID-19 or are exhibiting symptoms will not be permitted to enter the facility.

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 with social distancing will occur for all residents that are unexposed to COVID-19.

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

Tables and chairs have been spaced apart and marked to maintain six feet between residents while dining. Additional space in the living room and pantry area are utilized to provide space for additional resident seating.

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

Staff are required to wear mask, eye protection and gloves during the dining service. Frequent handwashing throughout the dining service by staff. Residents hands are washed before and after meals.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Please see attached policy for further detail.

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)

One on one programs and visits, reminiscing, trivia, music, chair exercises.

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

Group programs with no more than ten residents to include music, reminiscing, trivia, games, and chair exercises.

33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Engagement therapy, crafts, music, games, and physical exercise.

34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Outings are allowed only for residents unexposed to COVID-19. Outings will be limited to the number of residents in which social distancing can still be maintained. Universal masking and hand hygiene will be required for anyone attending the outing.

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
This type of personnel would include those responsible for providing care and services such as hospice care, home health care, therapy and podiatry services.
36. 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 will be required to wash their hands upon entering and exiting the facility, as well as after providing any care or services. A mask and eye protection are required for entry into the facility. If the individual does not have a mask or eye protection the facility will provide. The nursing staff and members of the management team will help to ensure social distancing is practice at all times.
37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19
Any residents exposed to COVID-19 will be under isolation precautions and non-essential personnel will not be permitted to interact with these residents.

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 scheduled Monday – Friday from 10 AM – 4 PM and Saturday-Sunday from 10 AM – 2PM. One hour time slots will be allocated for each visits. Visits will be 15 minutes long. The other 45 minutes will include time to appropriately screen and prepare visitors, sanitizing the area of the visit, and appropriately preparing for the next visit to occur.
	39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR
	Visits will be prescheduled at least 24 hours in advance. Residents appropriate for visits must be COVID negative or recovered and approved for visitation by the medial director. All visitors must be 18 or older. Visitor must agree to wearing a mask for the visit and to answer all screening questions and have temperature checked prior to the visit. *Please refer to policy for further details.*
	40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT
	Sanitization of the area will occur before and after each visit. A CDC approved cleaning product will be used by an employee who has been trained on the proper procedure.
	41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?
	We will allow up to 2 visitors per day.
	42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED
	COVID negative, COVID recovered, or those that have a diagnosis of a disease causing progressive cognitive decline, feelings of loneliness expressed by residents COVID negative or recovered.
15	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

VISITATION PLAN

		<p>RESIDENT TO VISITOR LOCATION)</p> <p>Residents must not be exhibiting exit seeking behaviors without the ability to be redirected. They must be clinically and medically stable with a baseline negative COVID test and no symptoms for the prior 72 hours. They must be able to tolerate extreme temperature fluctuations.</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</p> <p>Visits will occur outside on the covered front porch</p>
		<p>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</p> <p>The area will be marked, and the visit will be supervised by a trained employee.</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</p> <p>Visits will only occur outdoors at this time and will be rescheduled in the event of severe weather.</p>
		<p>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</p> <p>No indoor visits are anticipated at this time.</p>
STEP 3		<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)</p> <p>See #43</p>
		<p>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</p> <p>Yes</p>
		<p>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")</p> <p>Same</p>
		<p>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")</p> <p>Same</p>
		<p>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")</p> <p>Same</p>
		<p>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")</p> <p>Same</p>
		<p>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</p> <p>Visitation in the resident room will only occur for end of life situations. The visitor will have their temperature checked and screened for any symptoms of COVID or any potential exposure to someone positive for COVID. They will be required to sign the signature log, perform hand hygiene, and wear personal protective equipment including gloves, mask, eye protection and gown.</p>

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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 be screened, temperature checked and required to wear masks while on the premises. Any residents exposed to COVID-19 will be under isolation precautions and volunteers will not be permitted to interact with these residents.

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

Volunteers will not be utilized 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

Kristin Kahler

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

DATE