

**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 Transitions Healthcare North Huntingdon	
2. STREET ADDRESS 8850 Barnes Lake Road	
3. CITY North Huntingdon	4. ZIP CODE 15642
5. NAME OF FACILITY CONTACT PERSON Tina Yakich	724-864-7190

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 3/4/2021
7. 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>
8. HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) Not as it relates to this reopening
9. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 2/10/2021

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 testing has been weekly due to county positivity rate. Results have been negative to 3/3/2021
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 Quest diagnostics is the lab of choice and has capability to provide results within 48 hours and has ample supplies provided to the facility

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

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

Quest diagnostics is the lab of choice and has the capability to provide results within 48 hours and has ample supplies provided to the facility

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

Quest diagnostics is the lab of choice and has the capability to provide results within 48 hours and has ample supplies provided to the facility

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

Quest diagnostics is the lab of choice and testing for volunteers when permitted is available through facility normal testing protocol. Non essential staff ie hospice will be tested by their company.

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

All residents and staff will be encouraged to participate in mandatory testing and will be educated on the importance of testing for the wellbeing of our residents and staff and our reopening plan. Any resident or staff have the right to refuse Covid-19 testing. Any resident refusing testing will be placed in the yellow zone isolation for 14 days. If at any time they become symptomatic and still refuse Covid -19 testing, they will be presumed positive and placed in red zone isolation for a duration of 14 days from the onset of symptoms. The resident must remain symptom free for 72 hours before isolation can be discontinued.

After an employee refusal has been signed, the employee will be required to wear an N-95 mask at all times when in the building. If at some point there is not an ample surplus of N-95 masks in the building, the employee may be placed on administrative leave without pay until either masks become available or testing is completed.

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.

Upon discovery of an active case of COVID 19 case, the resident will be moved to a RED zone isolation and will remain under isolation for 14 days and until the resident is symptom free for 3 of the last days. Residents that are found to be Covid-19 positive may be cohorted with other positive residents in the Red Zone. Cohorted residents should not be more than 72 hours apart from the onset of symptoms or diagnosis. In addition, when at all possible, a non-symptomatic positive resident will not be cohorted with a symptomatic resident

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)

Facility will monitor use of and procurement of PPE supplies. A list of PPE is available from the ICP. Facility will make every attempt to ensure adequate supplies are available and will continue to monitor availability and proper use. Completed inventory of essential PPE is reviewed weekly. Burn rates are used to calculate estimated usage to project future needs and avoid PPE shortages.

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

Staffing meetings are held between the scheduler and DON as well as department manager and administrator to ensure that staffing is adequate to meet the needs of the residents. At the present time this facility is not operating under its emergency staffing contingency plan.

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 at any point if Westmoreland County reverts to a red stage, the reopening status will halt, communal dining will be discontinued, volunteers and all non-essential personnel will no longer be permitted within the building. The reopening process will resume at the beginning of the recommended incremental steps by the Pennsylvania 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.

20. RESIDENTS

All residents are screened once daily for temperature and pulse oximetry. If values are found out of the normal range, an immediate nursing assessment will be completed to determine if Covid-19 testing is indicated. If screening reveals possible virus, the facility will initiate the Isolation and Cohorting plan.

21. STAFF

All employees are screened at the beginning and end of each shift. Any employee who does not pass the screening must immediately notify RN supervisor or infection preventionist. Employee must follow return to work guidelines.

22. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

All healthcare personnel who are not staff will be screened at the front lobby using Covid-19 Screening Checklist. If the screening reveals possible virus, the personnel will not be permitted to enter the facility.

23. NON-ESSENTIAL PERSONNEL

All non-essential personnel will be screened at the front lobby using the Covid-19 Screening Checklist. If the screening reveals possible virus, the personnel will not be permitted to enter the facility.

SCREENING PROTOCOLS

24. VISITORS

All visitors will be screened at the front using the Covid-19 Screening Checklist. If the screening reveals possible virus, the visitor will not be permitted to enter the facility.

25. VOLUNTEERS

All volunteers will be screened at the front lobby using the Covid-19 Screening Checklist. If the screening reveals possible virus, the volunteer will not be permitted to enter the facility.

COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

Communal dining is halted during step one. Dining is the same for steps two and three of reopening so there is no need to differentiate among the three steps.

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

11:45 am DINING ROOM RESIDENTS 4:50 pm MAIN DINING ROOM

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

Tables are placed more than 6 feet apart. One resident seated per table. All residents facing the same direction.

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

All staff and residents will universally mask. Mask removed while dining. Disinfecting using the approved disinfectant will be conducted prior to dining and after dining. Tables and chairs.

29. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will use ABHR prior to meals and after

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)

Small resident ex: council group, crafts, trivia, morning stretch- all in large main dining room. Items used by residents will be disposable or able to be disinfected. One resident per table minimally six feet apart. Masks will be offered to resident if residents and required to participate.

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

Ex: Bingo, sittersize, bible study, bowling- - large main dining room. Items used by residents will be disposable or able to be disinfected. One resident per table six feet apart. Masks will be offered to resident and required to participate.

32. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Ex: Movies, church service, ice cream social, birthday party, entertainment- main dining room. Items used by residents will be disposable or able to be disinfected. One resident per table six feet apart. Masks will be offered and required to participate.

33. DESCRIBE OUTINGS PLANNED FOR STEP 3

Due to size of the van, local trips are required due to multiple trips. Shopping trips. Residents required to wear masks at all times. Will use ABHR prior to entering the van. The van will be disinfecting in between pick ups and drop offs.

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

Compassionate Care visitation when approved by ICP. Hair dresser. Other non-essential as determined by administration

35. 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 must access the facility through the main entrance to receive COVID-19 screening and immediately use ABHR and apply a face mask. Once passing the screening process, personnel will be directed to the area required for their purpose and are to maintain a 6 ft distance. Hair dressers are to use N-95 and wear goggles or face shield.

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

Non essential personnel that are in contact with residents 3x a week or more are to follow the same screening, infection control protocols and testing guidelines as staff. Volunteers are not utilized in Red/Yellow Zones.

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

For Green Zone residents: 30 minute visiting hours will be at 11:00 am and 1:30 pm every Monday through Friday. 6pm Monday depending on staff availability. Holidays excluded. Outdoor pavilion or indoor booth visitations during inclement weather can occur at step 2. Indoor main dining room visitation can occur in the facility at step 3. To assist with adjustment. New admission yellow zone 30 minute visitation can occur within 72 hours of admission and an additional visit by day 10. One designated visitor for each visit will be identified by family and communicated to admissions coordinator. Visitor must call 48 hours prior to visit and notify facility receptionist when visitation will occur.

38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR

Visitors are to schedule with the receptionist for visitation 48 hours prior to visit in steps 2 or 3.

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

All surfaces in the visitation zones will be decontaminated with facility approved cleaner that meets CDC guidelines for killing the Covid-19 virus.

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

Visitation allows two visitors per resident.

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

Visitation will not be permitted for residents in RED zone. Each resident can receive visitors twice a week to allow ability for other residents to receive visitors. Not all residents will be able to tolerate humid conditions or controlled visitation. The ultimate decision on this will be made by nursing staff or administration and will be made on a case by case basis according to the residents' health conditions and needs.

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)

Visitation will not be permitted for residents that are in either RED zone. The ultimate decision will be made on a case by case basis according to the residents' health conditions and needs. The residents are mobile or able to be escorted via wheelchair.

STEP 2

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

Under the pavilion two separate visitation areas at least six feet apart- resident and visitor will be separated by glass within the wooden structure. The pavilion protects residents and visitors from rain. The residents will be escorted to visitation by staff via a separate area from the visitor entrance. The visitor will access the outside visitation area by a side driveway and not enter the building.

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

Under the pavilion 2 separate visitation areas at least six feet apart. The resident and visitor will be separated by glass.

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

A U shaped indoor visitation plexiglass booth 8 feet high will fully surround the dining room exit door and will permit visitors to enter into the booth for seating. Resident will be escorted by staff to visitation area.

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

The U shaped plexiglass unit will fully protect the resident from any visitor contact

STEP 3

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)

Visitation will not be permitted for residents that are in either RED zone. The ultimate decision will be made on a case by case basis according to the residents' health conditions and needs. The residents are mobile or able to be escorted via wheelchair.

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

No

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")

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")

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")

Visitation is in the neutral zone- main dining room. Visitors enter the front door and follow route of hallway neutral zone to connected dining room.

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")

VISITATION PLAN

Indoor visitation will be permitted in a neutral zone and mapped out in the dining room and will be marked using 12' x 12' visitation zones. Each zone will accommodate the resident and 2 visitors. Each visitation zone will be no closer than six feet apart.

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

In room visitation is only upon approval by Director of Nursing after all attempts for main dining room visitation has been exhausted. After visitor screening. One visitor can visit resident in a private room or in a designated area as to minimize potential contact with another resident. Visitation is to be arranged 30 minutes prior to main dining room times as to permit activity staff availability. Visitor is to not walk hallways and must only visit in designated area.

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.

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

Volunteers are to follow the same screening, infection control protocols and testing guidelines as staff. Volunteers are not utilized in Red/Yellow Zones.

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

Step 2 volunteers will be utilized only for visitation screening purposes.

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.

56. NAME OF NURSING HOME ADMINISTRATOR

Tina Yakich

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 NURSING HOME ADMINISTRATOR


DATE