**Implementation Plan for Reopening**

**In Accordance with the Pennsylvania Department of Health’s**

**Interim Guidance for Skilled Nursing Facilities During COVID-19**

| **FACILITY INFORMATION** | |
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| 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**   Bala Nursing and Rehabiltation Center | |
| 1. **STREET ADDRESS**   4001 Ford Rd | |
| 1. **CITY**   Philadelphia | 1. **ZIP CODE**   19131 |
| 1. **NAME OF FACILITY CONTACT PERSON**   **Angela Wells, MSN, RN, NHA** | 1. **PHONE NUMBER OF CONTACT PERSON**   215-877-5400 ext: 326 |

| **DATE AND STEP OF REOPENING** |
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| 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). |
| 1. **DATE THE FACILITY WILL ENTER REOPENING**   10/1/2020 |
| 1. **SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)**   **Step 1**  *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*](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)*)*  **Step 2**  *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*](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)*)*  ***AND***  *Have the absence of any new facility onset of COVID-19 cases for 14 consecutive days since baseline COVID-19 testing* |
| 1. **HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11)**   **NO** |
| 1. **DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19**   **7/17/2020** |

| **STRATEGY FOR TESTING, COHORTING, PERSONAL PROTECTIVE EQUIPMENT, AND STAFFING** |
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| 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). |
| 1. **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**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf)   5/25/2020to 6/29/2020 |
| 1. **DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS SHOWING SYMPTOMS OF COVID-19 AND TO DO SO WITH 24 HOURS**   Facility is set up with Lab Corp for molecular testing with a turn around time of 48hrs. As a back up, the faciltiy has purchased a BD Veritor Antigen Testing Machine. |
| 1. **DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK**   Facility is set up with Lab Corp for molecular testing with a turn around time of 48hrs. As a back up, the faciltiy has purchased a BD Veritor Antigen Testing Machine. |
| 1. **DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF**   Facility is set up with Lab Corp for weekly molecular testing with a turn around time of 48hrs. As a back up pla, the faciltiy has purchased a BD Veritor Antigen Testing Machine. |
| 1. **DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS**   ALL Staff are tested weekly as an ongoing faciltiy surveillance protocol. There are no volunteers permitted at this time. However, if the need should arise, they will be tested weekly using molecular testing via Lab Corp. in house BD Veritor is a back up method. |
| 1. **DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED**   Staff who decline testing are permitted to obtain weekly testing in the community and bring in paper results. Staff who refuse to test at all are not permitted to work in the facility. Residents who refuse to be tested are placed in isolation. Staff are required to wear PPE during all care. |
| 1. **DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH** [**PA-HAN-509**](https://www.health.pa.gov/topics/Documents/Diseases%20and%20Conditions/Order%20of%20SOH%20Universal%20Testing%20in%20SNF.pdf) **PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.**   Any resident who test positive for COVID-19 will be isolated in a private room on the 1 east annex or cohorted with other positive residents in the same designated covid unit. |
| 1. **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)**   Bala currently has and ample supply of PPE to include: N95s, Surgical Masks, Face Shields, Goggles, Isolation Gowns, Foot Covers, Head Covers, Gloves and Hand Santizer. Designated administrative personnel are responable for researching and secruring PPE daily from multiple vendors and resources to ensure a steady inflow of supplies. Administrative personnel keep daily inventory of PPE which is stored on sight at the facility. |
| 1. **DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES** 2. Bala has planned to provide staff incentives to encourage optimal attendance and mininmal call offs. 3. Bala has obtained a contract with an outside staffing agency in the event of staffing crisis. 4. Bala plans to utilize all in house nursing resources to ensure care delivery which includes flexible job descriptions of in house RNs and LPNs and Administrative Nurses who are able to provide patient care. |
| 1. **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 Philadelphia county re-enters the “red phase”, Bala will resort back to full restrictions as described in sections 3 and 4 in the “Guidance on COVID-19 for Skilled Nursing Faciltiies in Pennsyvania. (Distributed Sept. 1, 2020) |

| **SCREENING PROTOCOLS** |
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| 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. |
| 1. **RESIDENTS**     Vital signs every shift. Weekly COVID-19 testing of all previously negative residents. 14 day quarantine (on the 1 east Yellow Zone), and re-testing all all new admissions and readmissions. |
| 1. **STAFF**   Temperature and Questionaire at the beginning and end of each shift. Weekly COVID-19 testing of all previously negative staff. Any employee who has traveled to a state which is on the Pennsylvania travel advisory list must automatically self quarantine for a period of 14 days. |
| 1. **HEALTHCARE PERSONNEL WHO ARE NOT STAFF**   Temperature and Quesionaire on entry into the facilty. |
| 1. **NON-ESSENTIAL PERSONNEL**   Temperature and Questionaire at the beginning and end of each shift. |
| 1. **VISITORS**   Temperature and Quesionaire on entry into the facilty |
| 1. **VOLUNTEERS**   Temperature and Questionaire at the beginning and end of each shift. |

| **COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19** |
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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. |
| 1. **DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)**   BALA plans to restart communal dining in small groups on Sept 16th with residents separated by at least 6ft. Hand hygiene before and after meals. All staff wear masks wile assisting with dining. Max numer of residents is 10 for the MDR, 8 for unit Lounges. |
| 1. **DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING**   Tables will be placed in twos separtated by 6 ft intervals. 2 residents per table. Staff will ensure tables placement is consistant with floor markings. |
| 1. **DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF**   PPE is avaible to all staff. Staff are required to obtain necessary PPE at at beginning of their shift. Ongoing education is conducted with staff regarding donning and doffing of PPE as well as hand hygiene and handwashing audits. Staff are required to wash hands between each resident assistance. |
| 1. **DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING**   To mininmize crowding and mazimize resident participation unit lounges will be utilized in addition to MDR for communal dining acvtities. ALL SAFETY MMEASURES apply to each dining area |

| **ACTIVITIES AND OUTINGS** |
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| 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. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)**   Bala has resumed small smoking activies for small groups of 3 separated by at least 6ft. Smoking times have been staggered to accommodate social distancing will maximizing resident participation.. |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)**   Bala will resume small indoor activities in the basement activity room and lounges tentatively on Sept 16 th 2020. Maximum number of residents is 7 which will allow for activity staff to be included. ALL residents will be separted by at least 6 ft. Roomates may be seated together. Residents and Staff are required to wear a mask. Hand hygiene must be performed before and after activities. Hand santizer will be available |
| 1. **DESCRIBE ACTIVITIES PLANNED FOR STEP 3**   Indoor Activities will resume in the activity room , lounges and MDR with 6ft social distiancing between residents. Roomates may share 1 table if necessary. All residents and staff will wear masks. Hand hygiene will be performed before and after each activity. Tables and equipment will be sanitized between each activity. Only symptomatic resident will be able to participate. (coffe Kalthc, Lve entertainment, movies, Word games, Arts ans crafts, Exercise, etc.) |
| 1. **DESCRIBE OUTINGS PLANNED FOR STEP 3**   Outdoor Activities will resume with 6ft social distiancing between residents. Bus/Van seating will be arranged to accommodate. All residents and staff will wear masks. Hand hygiene will be performed before and after each activity. Only Asymptomatic residents will be able to participate. (Shopping trips, sight seeing) |

| **NON-ESSENTIAL PERSONNEL** |
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| 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. |
| 1. **DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2**   Click or tap here to enter text. |
| 1. **DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3**   Click or tap here to enter text. |
| 1. **DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   Click or tap here to enter text. |

| **VISITATION PLAN** | |
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| 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. | |
| 1. **DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**   Bala will accommodate 5 visits per day Monday through Friday from the hours of 11:00 am to 6:00 pm. 5 visits on Saturdays and Sundays from the hours of 9:00am to 7:00pm. Each visit is limited to 30 minutes. | |
| 1. **DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**   Prospective visitors will call facilty social services department to schedule visit and at that time the visit will be scheduled and the visit location will be given. The visitation schedule and time frames will be adhered to to allow for all planned visits to be honored. | |
| 1. **DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT**   Tables, and armrest will be cleaned with appropriate disinfectant prior to each visit. | |
| 1. **WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?**   Two | |
| 1. **DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED**   First come first serve except in cases of terminally ill or significant change or declining residents or family members. | |
| **STEP 2** | 1. **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)**   Bala plans to resume outdoor visitation (weather permitting) tentatively on 9/16/20 at step 2. Asypmtomatic Residents who are mobile or are able to be transported to a designated neutral zone. Designated neutral zones are as follows: , Patio, Main Dining Room, Solarium and Lobby. Perspective visitors will be required to call Social services to schedule their visit. All designated neutral zone areas may be used adhering to established social distancing standards as they relate to COVID -19 precautions. All visitors will be screened on entry including temperatures. Hand sanitizing will be required prior to the start of the visit. Visitors and residents are required to wear masks. No more than two visitors are permitted at one time. Residents who are not able to be transported to a designated neutral zone will resume visitation in Step 3. |
| 1. **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 Outdoor Neutral Zone is the front Patio. The patio is accessable via the front entrance. The Visitor/s will not need to enter the building to attend the visit. However, if the visitor is disabled, there is a w/c assessable entrance at the parking lot. All visits will be screened including temperatures PRIOR to start of visit. During severe weather, the visit may be relocated to a designated indoor neutral zone area. (Outdoor canopy is provided for light rain and/or sun) |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS**   Ground/floor and/ or wall markings will clearly define appropriate 6ft distances . Facility designated “Visit liaison” will ensure social distancing is adhered to |
| 1. **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**   The indoor designated Neutral Zones are the Lobby, Solarium and MDR. They are accessible via the front entrance and parking lot entrance. |
| 1. **DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS**   Ground/floor and or wall markings will clearly define appropriate 6ft distances . Faciltiy designated “Visit liaison” will ensure social distancing is adhered to |
| **STEP 3** | 1. **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)**   Asypmtomatic Residents who are mobile or are able to be transported to a designated neutral zone will be permitted to participate. Designated neutral zones are as follows: Patio, Main Dining Room, Solarium and Lobby. Residents who are not able to be transported to a designated Neutral zone will be permitted to have room visits. Visitors who must participate in room visits will be screened on entry and both the resident and visitor/s are required to wear a mask. A medical grade surgical mask will be issued to the visitor/s entering the unit. Hand hygiene must be performed before and after each visit. Only two visitors permitted at one time. 6 ft social distancing practices must be adhered to. A surgical Mask will be issued to the visitor/s entering the unit. The visitor/s will be escorted directly to the residents room. 6 ft social distancing to be maintained as defined by room marking/s |
| 1. **WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52**   Yes |
| 1. **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”)**   The Outdoor Neutral Zone is the front Patio. The patio is accessable via the front entrance. The Visitor/s will not need to enter the building to attend the visit. However, if the visitor is disabled, there is a w/c assessable entrance at the parking lot. All visitors will be screened including temperatures PRIOR to start of visit. During severe weather, the visit may be relocated to a designated indoor neutral zone area. (Canopy is provided for light rain and/ or sun) |
| 1. **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”)**   Ground/floor and or wall markings will clearly define appropriate 6ft distances . Faciltiy designated “Visit Chaperone” will ensure social distancing is adhered to |
| 1. **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”)**   Lobby, Solarium and MDR will be used for indoor visitation and are accessible via front entrance or parking lot entrance |
| 1. **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”)**   Ground/floor and or wall markings will clearly define appropriate 6ft distances . Facility designated “Visit liaison” will ensure social distancing is adhered to. |
| 1. **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**   Visitors who must participate in room visits will be screened on entry and both the resident and visitor/s are required to wear a mask. A medical grade surgical mask will be issued to the visitor/s entering the unit. Hand hygiene must be performed before and after each visit. Only two visitors permitted at one time. 6 ft social distancing practices must be adhered to. The visitor/s will be escorted directly to the residents room. 6 ft social distancing to be maintained as defined by room marking/s |

| **VOLUNTEERS** |
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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. |
| 1. **DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS, INCLUDING MEASURES PLANNED TO ENSURE VOLUNTEERS DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19**   Bala will resume allowing volunteer personnel to assist in the faciltiy effective 9/16/20 in step 2. Volunteers will be screen at the beginning and end of each shift including temperatures. Volunteers are held to the same standards as staff. Vounteers must perform hand hygiene btween each resident contact, wear appropriate PPE, and wear a face mask, and maintain social distancing. |
| 1. **DESCRIBE THE DUTIES TO BE PERFORMED BY VOLUNTEERS DURING STEP 2**   Volunteers may assist in a variety of funtions to maintain and/or improve resident quality of life.  Visit Liason  Activities  Dining enhancement. (not feeding) |

| **ATTESTATION** |
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| 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. |
| 1. **NAME OF NURSING HOME ADMINISTRATOR**   Angela Wells, MSN, RN, NHA |
| 1. **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** |