

**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  Gwynedd Healthcare & Rehabilitation Center	
2. STREET ADDRESS  773 Sumneytown Pike	
3. CITY  Lansdale	4. ZIP CODE  19446
5. NAME OF FACILITY CONTACT PERSON  Michelle Taylor	6. PHONE NUMBER OF CONTACT PERSON  215-699-5000

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  9/1/2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 ( <u>CHECK ONLY ONE</u> )	
<input type="checkbox"/> <b>Step 1</b> <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"/> <b>Step 2</b> <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> <b>AND</b> <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)  Yes	
10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19  9/15/2020	

## 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

5/26/2020 to 7/14/2020

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

Facility is contracted with two lab services which give us the capacity to complete testing, we currently have a supply of testing kits on hand. Facility also has the POC device to assist with testing needs.

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

Same as above, Facility is able to provide testing to residents and staff at the facility with our current contracted laboratory services.

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

Same as above

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

Facility will not be utilizing volunteers at this time. Non-Essential staff were tested as part of the Universal Testing Requirement, facility will follow guidance from the local health department and CDC. Facility continues to check on county positivity rates and addresses staff testing according to the current rate.

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

Staff that refuse to be tested will be reviewed on a case by case basis. If a staff member refuses to be tested, that employee will not be assigned to a green- covid negative unit. Residents have the right to refuse however the resident will be educated on the importance of being tested. Any refusals will be documented in the residents electronic medical record. Residents are screened every shift for signs or symptoms.

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH PAHAN-509 PURSUANT TO SECITON 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

Gwyendd Healthcare has set up on 1 of our 3 units as a isolation unit. A portion of the unit is designated for any confirmed positive residents (Red Zone)- this section is partitioned off and separate from the other portion of the unit which is our yellow zone. The yellow zone consists of any resident who is admitted/readmitted to the facility. These residents are in private rooms and are tested upon admission and/or prior to admission. Residents on the yellow unit are on isolation precautions for 14 days. Residents who are on the red unit (positive test) will be isolated according to the PAHAN-509. Room changes must be made urgently to accomadate resident needs. The facility is prepared to make room changes to on any shift to ensure resident and staff safety and wellbeing. Cohorting strategies for residents who tested negative can share a room together, positive residents can share a room with other positive residents (appropriate droplet and transmission based precautions will be in place), and residents who are negative can share a room with a previously positive recovered resident

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)

We are proud of our PPE supply at the facility. Our procurement department ensures that we have adequate PPE and levels every week. If needed the facility will reach out to the local health department and healthcare coalition if additional PPE is needed

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

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

Gwynedd strives to consistently stay above the state minimum. Staff needs are reviewed daily. The facility has an emergency staffing plan that can be implemented if necessary. The facility continues to recruit and hire facility personnel to meet resident care needs.

### 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 at any time, Montgomery County is to move back to the red phase, Gwynedd Healthcare will immediately begin previous restrictions and notify families and residents.

## 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 for temperature and other covid symptoms every shift. If there are any signs or symptoms, staff are immediately asked to notify the physician, a covid test will be performed as ordered by the physician and resident will be put on contact and droplet precautions. Facility will begin contact tracing. If the test is positive, the resident will immediately be moved to our red unit.

### 22. STAFF

Staff are screened upon entry and exit of the facility each day for absence of covid like symptoms, temperatures are taken upon arrival and departures. Staff are encouraged to not come to work when sick and if they start to feel sick during their shift to go home immediately. Staff are denied entry if exhibiting symptoms and/or noted with temperature.

### 23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

Healthcare professionals are screened upon entry and exit for temperature and covid like symptoms are are denied entry and are told immediately to go home if temperature of 100 degrees or symptoms are present. Facility conducts testing as needed for professionals entering the facility that are not on staff.

### 24. NON-ESSENTIAL PERSONNEL

Non-Essential Personnel are screened upon entry and exit for temperature and covid like symptoms are are denied entry and are told immediately to go home to if temperature of 100 degrees or symptoms are present. Facility conducts testing as needed for non essential personnel.

### 25. VISITORS

Visits are conducted outside at this time and are scheduled visits. Visitors that are here for compassionate care visits are screened upon entry and put in full PPE to visit with their loved one if needed.

### 26. VOLUNTEERS

No volunteers are given entry to the facility at this time.

## 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.

## COMMUNAL DINING FOR RESIDENTS UNEXPOSED TO COVID-19

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

Communal Dining will be permitted for non-symptomatic residents on our Nursing Units, but will NOT be available for the Yellow and Red Isolation Unit. Our yellow isolation unit are specifically for residents with a potential unknown exposure (re-admissions or admissions) and our red unit is confirmed cases of Covid-19. For the green unit residents who will eat in the dining room six foot spacing will occur when communal dining is resumed and facility will ensure appropriate distancing between residents and tables.

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

Seating Arrangements will be arranged to show appropriate social distancing of 6 feet. Various Dining areas will be utilized and times will be staggered to ensure social distancing and dining experience is coordinated. Entry and Exit doorways will be utilized to ensure appropriate flow of traffic and tables and chairs will be properly disinfected between residents.

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

Staff will wear appropriate PPE including masks and goggles throughout the meal when assisting residents with the dining experience. Staff will assist and encourage residents to perform hand hygiene.

### 30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Residents will be required to wear face mask during transport to and from the dining room. Resident's will be screened during the shift prior to meal service to ensure no symptoms of covid 19 are present.

## 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)

Activities would be held in a common area with less than 5 residents from our green units, residents would be wearing masks and hand hygiene would be performed prior to and after activity is completed. Resident would be appropriately social distance. Unit activities would be taking place in resident doorways on their units to promote socialization. Units specific activities include bingo, resident council, exercise, crafts etc.

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

Plan would be same as above however resident number would increase, ensuring that resident follow the same process as above, hand hygiene, socially distanced and wearing masks

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as above

### 34. DESCRIBE OUTINGS PLANNED FOR STEP 3

Due to the seriousness of this pandemic and its effects on our centers population, resident activity outings would be on hold until Covid-19 is eliminated from our community and is low risk. Outings would be limited to the number of residents who can be appropriately socially distanced in the transportation vehicle and whichever outdoor activity is planned.

### 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**

Non-essential personnel that would be granted access to our community at this step include the following: Podiatry, Clergy, Dental, Optometrist, Psychology, Barber/Hair Dresser, Other contractors as called upon by the facility administration to ensure proper safety of our residents and staff.

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

Upon entry to the facility, non-essential personnel are screened and are educated on the importance of wearing appropriate PPE and performing hand hygiene. Signage is posted around the facility and at the front of the facility to provide reminders of the above including maintaining appropriate social distance between others.

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

Non-essential personnel are not permitted on our COVID-19 designated area. This area is marked with a stop sign and entrance door to this unit is closed and access must be obtained by facility management.

### 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.

**38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT**

Outdoor visits will be scheduled by the facility at designated times and by appointment only. Visits will be 30 minutes and will be with two family members only and masking, hand hygiene, and social distance must be maintained. Indoor visits will be scheduled at step 3 in a common area- these visits will be conducted in a common area which allows for appropriate social distancing- visitors will be monitored for signs and symptoms as well as temperature check prior to entry.

**39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR**

Scheduling visits are conducted via our social services department. These visits are scheduled to honor each resident therefore residents' families will be offered a second visit after all residents/families have had an opportunity to visit at least once.

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

Area will be sanitized with appropriate chemicals to ensure proper disinfection. High touch areas will be sanitized. Residents will receive proper hand hygiene.

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

We can accommodate up to 4 families at a time in our parking spots or under the overhang outside to ensure appropriate social distancing of greater than 6 feet. Inside in our main dining room we can comfortably fit 3 resident visits at a time.

## VISITATION PLAN

### 42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED

All families of residents in the green zones will be offered a visit prior to a 2nd visit being scheduled. Scheduled visits will also be offered to residents families with whom the facility may see a benefit due to their overhealth of their loved one. Such visits include assistance and or encouragement to eat, emotional support and encouragement.

STEP 2	<p><b>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)</b></p> <p>Residents must be able to be transported via wheelchair and will be able to wear a facial mask throughout common areas.</p>
	<p><b>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</b></p> <p>In the event of inclement weather, facility may need to cancel outdoor visits if residents scheduled cannot appropriately distance over the car port of the facility. Visits will be re-scheduled and may be adjusted as needed to meet facility needs.</p>
	<p><b>45. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS</b></p> <p>Visiting will be monitored by facility staff to ensure appropriate measures including social distance is maintained, hand hygiene performed before and after, and face masks are being worn correctly.</p>
	<p><b>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</b></p> <p>Facility will utilize the main dining room for designated visitation center in inclement weather. In this space, this area will be able to fit 3 residents visitors at one time. Visitors will be screened upon entry and will enter the facility through the dining room door only. Facility will be utilizing a plexiglass barrier between residents and families. Areas will be sanitized between visits.</p>
	<p><b>47. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS</b></p> <p>Facility will ensure that there is 6 feet apart with floor markers measured to ensure appropriate social distance among visitors and residents.</p>
STEP 3	<p><b>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)</b></p> <p>Same as above, however in end of life situations families will be allowed to visit at bedside if facility is able to accomadate due to shared rooms. Visitors will need to wear appropriate PPE</p>
	<p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Outdoor visits are the preferred method</p>
	<p><b>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")</b></p> <p>same</p>
	<p><b>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")</b></p> <p>same</p>
	<p><b>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")</b></p> <p>same</p>

### VISITATION PLAN

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

Visits will wear PPE and rooms will be sanitized by housekeeping after the visit is completed.

### 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

Volunteers are not being utilized at this time

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

No volunteers will be utilized at this time

### 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 NURSING HOME ADMINISTRATOR

Michelle M. Taylor

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

10/9/2020  
DATE