

## 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	
LifeQuest Nursing Center	
2. STREET ADDRESS	
2460 John Fries Highway	
3. CITY	4. ZIP CODE
Quakertown, Pa	18951
5. NAME OF FACILITY CONTACT PERSON	6. PHONE NUMBER OF CONTACT PERSON
Maria Fletcher, Administrator	(267)371-1601

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	
August 17, 2020	
8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)	
<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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</i>	
<input 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 <a href="#">June 8, 2020, Order of the Secretary of Health</a>)</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>	

## 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

7/7/2020

## 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](#)

June 25, 2020 to July 19, 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

The facility has the capacity and the availability of test kits to test residents for COVID-19 within 24 hours of displaying symptoms. Residents are monitored for COVID-19 Q12 hours unless otherwise indicated as per policy. The facility maintains contracts with private labs, approved by D.O.H., to obtain SARS-COV-2 testing.

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

The facility has the capacity and the availability of test kits to test residents/staff for COVID-19 if the facility experiences an outbreak. Baseline testing has been completed and the facility maintains contracts with private labs, approved by P.A., D.O.H., to obtain SARS-COV-2 testing should we experience an outbreak of COVID-19.

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

The facility has the capacity and the availability of test kits to test staff for COVID-19, including asymptomatic staff. The facility maintains contracts with private labs, approved by PA D.O.H., to obtain SARS-COV-2 testing and has access to test kits as needed to monitor and manage any needed COVID19 testing.

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

LifeQuest has the capacity and availability of test kits to test non essential staff and volunteers prior to permitting entrance to the facility. All personnel currently have had baseline testing completed. Any new or returning personnel will be tested and have a negative result prior to working.

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

All residents/staff have been tested. If any resident refuses to be tested, he/she will be monitored in accordance with the CDC, CMS, and DOH guidance. Staff that are unable/refuse to be tested will not work in the facility until cleared.

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 *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

Residents to be moved to the designated area of the building for confirmed COVID-19 positive residents. Residents must wear a face mask while being transferred. Restrict residents to their rooms (if possible. If not, encourage resident to wear a mask when possible). Residents may leave room for medical purposes (e.g. critical medical appointments, HD). Residents to wear a face mask (cloth mask acceptable) when exiting their rooms. Dedicated direct care staff if possible. N95 will be work in accordance with the guidance by CDC, CMS, and D.O.H. Residents are encouraged to wear a mask while staff provides care.

## 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)**  
LifeQuest has an ample supply of PPE that is monitored by the Director of EVS. Facility orders PPE as needed to ensure adequate stock. PPE

**19. DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES**  
LifeQuest is currently staffed at adequate levels. Facility will utilize contract staffing, inter-company transfers, overtime, and volunteers, as needed to maintain adequate staffing levels.

**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 facility county reverts back into the red phase, the facility will HALT visitation in accordance with Pennsylvania guidance immediately. The facility will return to full restrictions relating to visitors and dining respectively. When the county moves back into the Yellow Phase, the facility may enter Step 1 of re-opening again when the pre-requisites are met. Residents, staff, and responsible party will be updated on changes to visitation restrictions.

## 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 Q shift (12 hours) at a minimum for respiratory symptoms, temperature, pulse oximetry, and other COVID-19 symptoms. If there is an Outbreak or someone becomes symptomatic, the facility will follow the guidelines of the CDC, CMS, and Pa. D.O.H., as well as facility policy.

**22. STAFF**  
All staff are screened upon entrance for COVID-19 symptoms, temperature, and exposure. Staff are screened again for temperature prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entrance to the facility and sent home. If staff presents with symptoms during shift, they are immediately sent home. Staff has been educated that if at any time during their shift, they begin to feel ill; they have to report to their supervisor immediately.

**23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF**  
HealthCare personnel is screened upon entrance for COVID-19 symptoms, temperature, and exposure. Healthcare personnel are required to wear a facility supplied mask or a cloth mask. Healthcare personnel are screened again for temperature prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entrance to the facility. If Healthcare personnel presents with symptoms during shift they are immediately sent home.

**24. NON-ESSENTIAL PERSONNEL**  
Non-essential personnel is screened upon entrance for COVID-19 symptoms, temperature, and exposure. Non-essential staff will also be required to wear a mask provided by the facility. Healthcare personnel are screened again for temperature prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entrance to facility. If Non-essential personnel presents with symptoms during time at facility they are immediately sent home. All staff have been educated that if at any time during their shift they begin to feel ill, they have to report it to the supervisor immediately.

**25. VISITORS**  
Visitors will be screened upon entrance for COVID-19 symptoms, temperature, and exposure. Visitors will be screened again for temperature prior to exiting. Anyone who presents with signs and/or symptoms of COVID-19 is refused entrance to the facility. All visitors are required to wear a mask and practice good hand hygiene. If visitors present with symptoms during the allotted visitation time, they are immediately sent home.

## SCREENING PROTOCOLS

### 26. VOLUNTEERS

Volunteers will be screened upon entrance for COVID-19 symptoms, temperature, and exposure. Volunteers will be screened again for temp. prior to exiting. Anyone who presents with s/s of COVID-19 is refused entrance to facility. If they present with s/s during shift, they are immediately sent home. They are educated that if they feel sick at any time during shift to report immediately to the nursing supervisor.

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)

Meal times may be extended as practicable, to allow for chorting of residents during communal dining and to allow for increased capacity of communal dining while maintaining social distancing and infection control practices.

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

Tables will be six feet apart, a piece of plexi-glass will sit on the middle of the table to separate, and allow two residents to sit at the table.

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

All infection control measures will be followed by staff including masking, hand hygiene, social distancing and cleaning. Residents will be assigned the same seat to limit contact to the same small group. There will be no sharing of condiments. Residents will be asked to sanitize hands upon entering and exiting the dining room. Facility will ask the residents to wear a mask when traveling through the hallway to the dining room and upon exiting. Designated staff will clear and/or the dining room will be cleared upon completion of the meal. Tables and chairs will be sanitized after each use in accordance with our facility policy and the guidance issued by CMS, CDC, and Pa D.O.H.

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

Number of meals per day that a resident can participate in communal dining may be limited in order to maintain social distancing guidelines and infection control measures.

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)

Small group activities such as: singing, games, arts, trivia and current events will be held in the hallway on the unit. Social distancing will be maintained by arranging tables six feet apart, seating only one person at the table. Groups will be limited to five or less residents unexposed to COVID-19 in attendance. If the residents participate in the singing, they will be asked to wear a mask.

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

Small group activities such as singing, games, arts, trivia, and current events will be held in the Activity room adjacent to the main dining room as well as on the units. Social distancing will be maintained and the residents in attendance will be asked to wear a mask. Groups will be limited to ten or less residents unexposed to COVID-19 in attendance. Residents will be required to sanitize hands upon entering and exiting all small group activities. Residents will be required to wear a mask and maintain social distancing standards. Any activity with shared pieces will be discarded or sanitized after each use.

### 33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3

Same as Step 2

**34. DESCRIBE OUTINGS PLANNED FOR STEP 3**

Outings will be allowed only for residents unexposed to COVID-19 and will be limited to no more than the number of residents where social distancing between residents can be maintained. Appropriate hand hygiene and universal masking will be required for residents.

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**

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

All personnel include non-essential personnel have been educated on social distancing hand hygiene, and universal masking. All personnel are provided a mask upon entering. Competencies have been completed for personnel on hand washing. Facility has increased locations with hand sanitizers and signs placed in highly visible areas as reminders for hand hygiene.

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

COVID-19 positive patients are placed into isolation and remain in their rooms. Non-essential staff are not allowed to enter any isolation rooms.

**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**

Main dining room visitation hours are as follows: Monday to Friday 10:00 a.m. to 12 p.m. / 1:30 p.m. 3:45 p.m. Each visit will be 15 minutes in length. Each resident is permitted to have a total of 2 visitors at one time.

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

Activities Director will be responsible for all scheduling of visitors. An alternate staff member will be designated from his department in the event he isn't available. Resident family members can call facility during business hours Monday to Friday 8:00 a.m. to 4:30 or e-mail. The appointments will be broken down into units. For example: Monday morning A wing. Monday afternoon C wing. Tuesday morning B wing. Tuesday afternoon Sub Acute. Wednesday morning D wing, Wednesday afternoon E wing. Thursday morning and afternoon F wing. Friday may be designated for family members who couldn't visit on the assigned days. Once this schedule is followed for the first few weeks, if there are no issues, we will initiate Saturday and Sunday visits into the schedule. Again, weekend schedule will follow the same rules as during the week.

At no time will any visitor be allowed to wander throughout the facility. When the family member comes into the building, he/she will be screened, escorted into the main dining room. There are tables set up 6 feet apart with plexi-glass. Visitors will be required to hand sanitize and wear a mask at all times. B wing and Sub-Acute will be the only units that will have a separate entrance and space for visits. All guidelines remain the same.

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

All surfaces of the visitation area will be sanitized with EPA disinfectant between visits.

## VISITATION PLAN

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

In order to maintain social distancing and infection control procedures, the allowable number of visitors is two per resident.

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

Each resident will be allowed one visit per week. If additional visits are requested, an exception can be made provided that all other residents' visitation needs have been met. Scheduled visitation will be prioritized for residents with disease that causes cognitive decline and residents expressing feelings of loneliness.

**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)**

In order to determine those residents who can safely accept visitors, the facility will evaluate each resident to determine if they are unexposed to COVID-19 and of a stable health status at the time of the scheduled visit.

**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**

Because we are opening in the month of August, outdoor visitation will be limited based on weather. There will be one spot off of the main dining room that will have a clearly defined six feet distance marker and a table with plexi-glass to separate the residents from visitors.

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

A table with a plexi-glass separation.

**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**

The main dining room will be utilized. Each table is positioned six feet apart and the table has a plexi-glass separation. Once the visitor is screened at the reception desk, they will be escorted into the dining room which is right off of the main lobby.

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

Two visitors per resident and the table is positioned six feet apart from the other tables. Also, the plexi-glass will separate the visitation. The area will be routinely monitored by staff to ensure social distancing rules are followed. Hand Hygiene will also be encouraged. All visitors MUST wear a mask.

**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)**

In order to determine those residents who can safely accept visitors, the facility will evaluate each resident to determine if they are exposed to COVID-19 and of a stable health status at the time of the scheduled visitation.

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

Same as above

**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

**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**

Visitors are screened for exposure and temperature upon entrance to facility, hand sanitizer at the front desk, and must wear a mask. Upon exiting the facility, visitor will be screened again by taking temperature. Resident room will be sanitized using the recommended cleaner from CDC, CMS, and PA. D.O.H.

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 are screened upon entrance for COVID-19 symptoms, temperature, and exposure. Volunteers are screened again for temperature prior to exiting. Anyone who presents with signs or symptoms of COVID-19 is refused entrance to the facility. If a volunteer presents with symptoms during shift, they are sent home immediately. Volunteers are educated that if at any time during their shift, they are feeling ill, they must report to the supervisor immediately. COVID-19 positive residents are placed in isolation in their rooms. Volunteers are not permitted into any isolation rooms.

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

Volunteers are only allowed to assist with visitation protocols and may only conduct volunteer duties with patients unexposed to COVID-19. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required.

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**

[Maria Fletcher, N.H.A.](#)

**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