

**JEWISH ASSOCIATION ON AGING
 CHARLES MORRIS NURSING & REHABILITATION CENTER
 200 JHF DRIVE, PITTSBURGH, PA 15217
 412 420 4000
 Jaapgh.org
 As of 09 07 2020**

**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 Charles Morris Nursing and Rehab Center	
2. STREET ADDRESS 200 JHF Drive	
3. CITY Pittsburgh	4. ZIP CODE 15217
5. NAME OF FACILITY CONTACT PERSON Phil Ricci - Administrator	6. PHONE NUMBER OF CONTACT PERSON 412-521-1689

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 September 8, 2020

DATE AND STEP OF REOPENING

8.	SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2 (CHECK ONLY ONE)
	<p><input checked="" 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 8, 2020, Order of the Secretary of Health) Should we say anything else here, ie how many staff/residents?</i></p> <p><input 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 8, 2020, Order of the Secretary of Health)</i></p> <p>AND <i>Have the absence of any outbreak for 14 consecutive days since baseline COVID-19 testing.</i></p>
9.	HAS THE FACILITY EXPERIENCED A SIGNIFICANT COVID-19 OUTBREAK? (IF NO, SKIP TO #11) Yes- 13 staff members from across the facility and 14 residents from our memory care unit from April 24, 2020 to August 13, 2020
10.	DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19 COVID-19 Focused Infection Control surveys completed on 7/10/20 and 8/3/20 identified no deficient practice.

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 May 29, 2020 to July 16, 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 has multiple RN's to administer COVID testing. Supplies are adequate utilizing private lab.
13.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL RESIDENTS AND STAFF IF THE FACILITY EXPERIENCES AN OUTBREAK Facility has several relationships with outside testing resources including CVS/Omicare, Squirrel Hill Health Center in partnership with ACHD, and RHHCP to assist with mass testing. In addition the facility has entered a contract with MAKO Lab, to provide testing of staff/residents if symptoms arise.
14.	DESCRIBE THE CAPACITY TO ADMINISTER COVID-19 DIAGNOSTIC TESTS TO ALL STAFF, INCLUDING ASYMPTOMATIC STAFF Facility has several relationships with outside testing resources, including CVS, SHHC (a FQHC) and the Western PA RHHCP to assist with mass testing in addition to utilizing personal supplies from our contracted lab.
15.	DESCRIBE THE PROCEDURE FOR ADDRESSING NEEDED TESTING OF NON-ESSENTIAL STAFF AND VOLUNTEERS Facility will continue to limit non-essential staff and require non-essential staff/volunteers to provide proof of a negative COVID test prior to their return, offering testing to volunteers as needed for safety and compliance to regulations.

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

16.	DESCRIBE THE PROCEDURE FOR ADDRESSING RESIDENTS OR STAFF THAT DECLINE OR ARE UNABLE TO BE TESTED
	Staff must test per facility's mandatory COVID testing policy, and face suspension upon refusal of COVID-19 testing. Symptomatic/ill staff are reviewed daily by infection control team which includes Human Resources, Infection Preventionist, COO, and Compliance Officer. All residents who are symptomatic or declining will be asked to comply with testing; if unwilling or unable to comply, will be placed into yellow zone isolation for 14 days.
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 <i>INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19</i>.
	Cohorting is implemented based upon a positive COVID test creating a red zone on unit or half unit including deployment and installation of ICRA barriers, negative pressure machines, ionization machines, barrier tents for those in isolation requiring nebulization treatments, and dedicated staff for those residents with no comingling in other areas.
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)
	Facility has sufficient quantities of N95 masks for which staff has been fit-tested. A Respiratory Protection Program has been developed and will be maintained per Pennsylvania guidelines and OSHA regulations. Fit-testing will reoccur yearly and upon procurement of varying styles or manufactures of N95 respirators. Supplies of face shields, surgical masks, isolation gowns and gloves are well maintained. We calculate burn rate of all PPE and have procured several suppliers to ensure adequate supply.
19.	DESCRIBE THE CURRENT STAFFING STATUS AND THE PLAN TO ENSURE NO STAFFING SHORTAGES
	Facility has adequate staffing as evidenced by daily average of greater than 5.0 PPD. Cross-training has occurred with multiple departments to fill critical gaps in care including feeding, socialization, ADL's facility monitoring. Existing contracts with agency staffing also assists in filling in gaps in clinical roles (CNA/LPN), utilizing a consistent core agency staff in order to reduce potential cross-over exposures from those working in other facilities.
20.	DESCRIBE THE PLAN TO HALT ALL REOPENING IF THE COUNTY IN WHICH THE FACILITY IS LOCATED IS REVERTED TO A RED PHASE OF THE GOVERNOR'S REOPENING PLAN
	Facility's Emergency Preparedness Plan (EPP) will continue, having been followed since March 2020 in accordance with the positivity rate in Allegheny County. However we would follow the Red Phase plan and protocol outlined in our EPP, including discontinuation of visitors, volunteers, communal dining and activities etc.

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 with temp, pulse ox, and symptoms in their room as outlined on nursing screening tool. Those with fever, symptoms/change in condition are screened one hour after initial screening and every four hours subsequently. Possible exposures are determined by IFP. Resident will be placed in isolation immediately, tested for COVID, and facility will contact physician/family.
22. STAFF
Staff are screened upon entering the building utilizing <i>COVID SCREENING TOOL</i> . Staff that have a temp, display symptoms or flags on the tool will be evaluated by an RN immediately, utilizing a pre-existing algorithm. Staff who do not pass the screening are sent home, contacted by IFP, and advised to notify PCP/Healthcare provider and/or take a COVID test prior to returning.

SCREENING PROTOCOLS

23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF

HCP are screened upon entering the building utilizing *COVID SCREENING TOOL*. HCP that have a temp, displays symptoms or flags on the tool will be evaluated by an RN immediately utilizing a pre-existing algorithm. HCP who do not pass the screening are sent home, contacted by IFP, and advised to notify PCP/Healthcare provider and/or take a COVID test and follow up discussion with IFP prior to returning.

24. NON-ESSENTIAL PERSONNEL

When it has been determined that non-essential personnel are required to enter the facility in order to provide key services, they will be screened upon entering the building utilizing *COVID SCREENING TOOL*. Non-essential personnel that have a temp, display symptoms or flags on the tool will be denied entrance and advised to contact their health professional.

25. VISITORS

Visitors may be defined as any person entering the facility who is not currently employed at any facility on the campus, who may or may not be providing an essential service, including physicians, vendors, contractors, surveyors, clergymen, repairmen, or those on the property to visit residents. Visitors are screened upon entering the building utilizing *COVID SCREENING TOOL*. Visitors that have a temp, or display symptoms or flags on the tool will be denied entrance and advised to contact their health professional.

26. VOLUNTEERS

Although volunteers will not be allowed to re-enter the facility at this time, once it has been established that volunteers may safely return, they would be screened upon entering the building utilizing *COVID SCREENING TOOL*. Volunteers that have a temp, or display symptoms or flags on the tool will be denied entrance and advised to contact their health professional.

COMMUNAL DINING

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)

Residents will be assigned to designated areas of the unit, with one person per table socially distancing > 6 feet. Staggered times will be utilized dependent upon acuity/care of overall residents.

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

Tables are staggered with 6 feet of space between allowing for 1 resident per table. Only 2 residents per Harvest table.

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

Staff will continue to utilize masks and face shields. All residents' hands are sanitized prior to meals. Staff must clean hands between each resident interaction. Tables are sanitized with an EPA registered disinfectant by dietary staff and terminally cleaned by housekeeping staff utilizing an electrostatic sprayer.

30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING

Plexiglass barriers will be installed between the kitchen and serving area as a protective measure prior to redeployment of food and nutrition staff to implement a modified resident center dining approach.

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.

ACTIVITIES AND OUTINGS	
31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS)	Activities will be held in dining rooms, lounges, and outside areas. Masks and shields will be utilized by staff with frequent hand washing, masks, and hand washing for residents. These activities would include exercises, bingo, word games, crafts, baking, gardening and cooking activities. All equipment and supplies are cleaned with an EPA approved disinfectant between activities.
32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT)	Activities will be performed in the community room/dining room to allow for social distancing. Activities are the same for Step 1 following all guidelines including masks, face shields and frequent hand washing.
33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3	Outside performers/clergymen will be allowed inside the facility after screening and following all guidelines in regards to PPE, hand washing, and social distancing.
34. DESCRIBE OUTINGS PLANNED FOR STEP 3	Staff will utilize facility van to transport fewer than 5 residents/staff to ensure social distancing. All will utilize masks and limit outings to twice a month maximum. This may include outdoor outings, weather permitting, and other safe outings determined in advance by the Infection Control Practitioner to be permissible based on ability to social distance and wear face coverings.

NON-ESSENTIAL PERSONNEL	
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	Pharmacy tech/vendors etc.
36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3	Above non-essential personnel will be asked to arrive during off shifts if possible to minimize exposure to staff and residents. Management will audit compliance with PPE/hand washing.

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.	
37. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT	Step 2: Monitor outdoor visits limited to one half-hour and 2 visitors per resident. Step 3: Facility would utilize the Wintergarden/Community Room (common areas) for one half-hour and 2 visitors per resident
38. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR	All visitors are coordinated through the Resident Advocate and communicated to the Director of Activities.
39. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT	Each area including seats used will be cleaned in between visits with the EPA approved disinfectant using appropriate dwell times.
40. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?	Two (2) predetermined, scheduled visitors per resident for either indoor or outdoor visitation.

VISITATION PLAN	
41. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED Compassionate care visits would be priority followed by first-come, first-served scheduled visits. Exceptions will be made (considered?) on a case-by-case basis.	
STEP 2	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) Staff is responsible for transporting the resident to the designated area. Nursing will review physician orders and determine if resident is able to safely accept visitors and be transported. Accommodations will be made for inclement weather by utilizing the Wintergarden area and the vestibule.
	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 Visitors would be able to park under the carport and be escorted to the enclosed area.
	44. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING OUTDOOR VISITS Facility's maintenance dept. places X's to maintain the six-foot distance. Expectations of visitors will be communicated both when scheduling a visit and upon arrival.
	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 Visitors would be able to park under the carport and be escorted to the enclosed area. The resident is located in the vestibule and the visitor would be seated in the enclosed patio outside of the chatterbox window area.
	46. DESCRIBE HOW A CLEARLY DEFINED SIX-FOOT DISTANCE WILL BE MAINTAINED BETWEEN THE RESIDENT AND THE VISITOR(S) DURING INDOOR VISITS The Wintergarden seating is arranged with sofas at least six feet apart with space for the wheelchair. The staff member will ensure that the visitors maintain distance at all times. Expectations of visitors will be communicated both when scheduling a visit and upon arrival.
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) The resident has to be able to tolerate sitting in a wheelchair for a period of 30 minutes and tolerate wearing a face covering. For those residents unable to tolerate face coverings, we will utilize our plan for "residents unable to be transported" under line 53.
	48. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #51 Weather permitting and preference of the visitors/residents.
	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") Same as Step 2.
	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") Same as Step 2
	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") Same as Step 2
	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") Same as Step 2
	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 All visitors will be screened upon entering the building. Visitor will be presented with proper PPE, educated on donning PPE and social distancing, and monitored by staff at all times in the resident's room, with a maximum of one scheduled visitor per day per visit, with a maximum of two different visitors per week. A visit will be limited to thirty minutes. Visits in resident rooms will be scheduled only with the determination by the Director Of Nursing that the resident is unable to be transported to the designated visiting locations, and the Infection Preventionist has approved the room visitation.

VOLUNTEERS

In Step 2, volunteers are allowed only for the purpose of assisting with outdoor visitation protocols. In Step 3, all volunteer duties may be conducted. Screening, social distancing, and additional precautions including hand hygiene and universal masking are required for volunteers.

54. DESCRIBE INFECTION CONTROL PRECAUTIONS ESTABLISHED FOR VOLUNTEERS

Volunteers will be screened upon entering the facility, required to wear a face mask, and a face shield if working with residents. They will receive education about proper hand washing techniques, sanitation of supplies, and proper dwell times of disinfectant.

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

Volunteers will not be utilized during Step 2 visitations.

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 1-56, the Implementation Plan should be printed and the signature and date affixed by the NHA in block 57.

56. NAME OF NURSING HOME ADMINISTRATOR

Phil Ricci

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.

Phil Ricci
SIGNATURE OF NURSING HOME ADMINISTRATOR

09 08 2020
DATE