

**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<br><br>Arden Courts of Allentown  |   |
| 2. STREET ADDRESS<br><br>5151 Hamilton Boulevard   |   |
| 3. CITY<br>Allentown   | 4. ZIP CODE<br><br>18106                              |
| 5. NAME OF FACILITY CONTACT PERSON<br><br>Melissa Miller.  | 6. PHONE NUMBER OF CONTACT PERSON<br><br>610-366-9010 |

| 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).  |  |
| 7. DATE THE FACILITY WILL ENTER REOPENING<br><br>August 10, 2020   |  |
| 8. SELECT THE STEP AT WHICH THE FACILITY WILL ENTER REOPENING – EITHER STEP 1 OR STEP 2<br>(CHECK ONLY ONE)  |  |
| <input type="checkbox"/> <b>Step 1</b><br><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 26, 2020, Order of the Secretary of Health</a>)</i>   |  |
| <input checked="" type="checkbox"/> <b>Step 2</b><br><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 26, 2020, Order of the Secretary of Health</a>)</i><br><b>AND</b><br><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 but we currently have no active cases. Initial onset 4/1/20 and we were deemed “recovered” 5/6/20. We the had one single resident positive on 5/23/20 and he was immediately sent to the hospital. He has since recovered and returned.  |  |

## DATE AND STEP OF REOPENING

10. DATE THE FACILITY WAS SURVEYED BY THE DEPARTMENT OF HEALTH TO ENSURE THE FACILITY IS ADEQUATELY PREVENTING TRANSMISSION OF COVID-19

N/A – Arden is a SCU overseen by the BHSL

## 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 JUNE 12 AND AUGUST 31) IN ACCORDANCE WITH THE [JUNE 26, 2020, ORDER OF THE SECRETARY OF HEALTH](#)

June 12, 2020 to July 24, 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

All of our nurses have been trained on how to do Nasopharyngeal Swab Specimen Collections as well as anterior swabs collections. Swabs are kept on site at all times

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

All of our nurses have been trained on how to do Nasopharyngeal Swab Specimen Collections and anterior swab collections. Additionally, we have a partnership with our local lab( HNL) which works in conjunction with our Occupational Medicine provider ( LabWorks) to assist with this type of scenario.

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

All of our nurses have been trained on how to do Nasopharyngeal Swab Specimen and Anterior Swab collections

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

These non-essential providers would only be allowed onsite if they have had a negative COVID-19 PCR within 5 days of initial access to the facility

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

Employees who refuse to COVID test should not care for residents that are unexposed to COVID ( Green Zones). These residents would be placed in our isolation unit ( peach house) \* Please refer to [policy for further detail\\*](#)

17. DESCRIBE THE PLAN TO COHORT OR ISOLATE RESIDENTS DIAGNOSED WITH COVID-19 IN ACCORDANCE WITH [PA-HAN-509](#) PURSUANT TO SECTION 1 OF THE *INTERIM GUIDANCE FOR SKILLED NURSING FACILITIES DURING COVID-19*.

Place residents who have diagnosed with COVID-19 in our isolation unit, protected by ante chambers.

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)

Faceshields= 400, Gloves=10,000, Gowns=900, Face Masks= 1400, N95 masks= 120. To ensure adequate supplies, we report our inventory twice weekly to our corporate office and order as necessary at least weekly for any additional supplies needed

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

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

Arden Courts is currently staffed above the legally required amount and additionally maintains relationships with 3-5 staffing agencies to ensure that a shortage does not occur

**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

For the Plan to Halt, if we go Red, we will need to immediately revert to closing of facility, notify families about what is happening and continue with standard monitoring of staff 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 daily for signs/symptoms of COVID-19, as well as having their temperatures taken daily

**22. STAFF**

Staff are screened daily; they are asked a series of questions to determine if they have been exposed to COVID or are feeling unwell. They are also required to wash their hands prior to entering any patient care areas as well as routinely throughout the day. Additionally they are required to have their temperature taken before entry

**23. HEALTHCARE PERSONNEL WHO ARE NOT STAFF**

Healthcare personnel who are not staff are asked a series of questions to determine if they have been exposed to COVID or are feeling unwell. They are also required to wash their hands prior to entering any patient care areas as well as routinely throughout the day. Additionally, they will have their temperature taken before entry

**24. NON-ESSENTIAL PERSONNEL**

Any authorized vendor must have had a negative COVID-19 PCR within 5 days of initial access to the facility and the weekly thereafter. The visitor screening questions must be completed satisfactorily, \* Please reference the attached policy for further details\*

**25. VISITORS**

Prescheduled, screened for COVID signs/symptoms, temped prior to the visit taking place, outdoor/supervised visits, with atleast a six feet distance maintained Masks for visitors and residents will be required. And supervision of the visit by a trained employee will take place to ensure social distancing and continued use of masks. The area of the visits would be sanitized before & after the visit occurred and the residents clothing would be changed at the completion of the visit \* Please reference the policy for further details

**26. VOLUNTEERS**

Not allowed entry until Step 3 but volunteers are asked a serious of questions to determine if they have been exposed to COVID or are feeling unwell. They are also required to wash their hands prior to entering any patient care areas as well as routinely throughout the day. Additionally, they will have their temperature taken before entry and be required to wears masks or other required PPE.

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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.   |
| <b>27. DESCRIBE COMMUNAL DINING MEAL SCHEDULE, INCLUDING STAGGERED HOURS (IF ANY)</b><br>Communal dining is limited to residents unexposed to COVID-19. Those residents may eat in the same room with socially distancing.   |
| <b>28. DESCRIBE ARRANGEMENT OF TABLES AND CHAIRS TO ALLOW FOR SOCIAL DISTANCING</b><br>Tables and chairs are spread out 6 feet and as marked, we have also extended the dining areas to include the pantry/ counter areas and game tables are utilized in the living room to provide additional resident seating   |
| <b>29. DESCRIBE INFECTION CONTROL MEASURES, INCLUDING USE OF PPE BY STAFF</b><br>Frequent handwashing; including upon arrival and after providing care. Residents hands are washed before and after meals, after using the bathroom and after any activities. Staff are required to wear a mask and goggles, as well as gloves when providing direct care. |
| <b>30. DESCRIBE ANY OTHER ASPECTS OF COMMUNAL DINING DURING REOPENING</b><br>The above detail is all encompassing but *Please reference the attached policy for further detail*  |

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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. |
| <b>31. DESCRIBE ACTIVITIES PLANNED FOR STEP 1 (FIVE OR LESS RESIDENTS UNEXPOSED TO COVID-19)</b><br>One on one activities like reminiscing. Additionally, music can be played and chair exercises can be carried out as well as trivia questions and games.   |
| <b>32. DESCRIBE ACTIVITIES PLANNED FOR STEP 2 (TEN OR LESS RESIDENT UNEXPOSED TO COVID-19)</b><br>Group exercises with no more than 10 residents, music, reminiscing and trivia   |
| <b>33. DESCRIBE ACTIVITIES PLANNED FOR STEP 3</b><br>Music, Engagement therapy, gardening, outdoor activities like “golf” or bean bag toss or walking groups and exercise   |
| <b>34. DESCRIBE OUTINGS PLANNED FOR STEP 3</b><br>Outings are allowed only for residents unexposed to COVID- 19. Outings limited to no more than the number of people where social distancing between residents can be maintained. Appropriate hand hygiene and universal masking are required.   |

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| 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. |
| <b>35. DESCRIBE THE LIMITED NUMBER AND TYPES OF NON-ESSENTIAL PERSONNEL THAT HAVE BEEN DETERMINED NECESSARY AT STEP 2</b><br>This type of personnel would include those responsible for providing essential care such as hospice services, home healthcare, physician ordered therapy and podiatry services.  |

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| <p><b>36. DESCRIBE HOW SOCIAL DISTANCING, HAND HYGIENE, AND UNIVERSAL MASKING WILL BE ENSURED FOR NON-ESSENTIAL PERSONNEL AT STEPS 2 AND 3</b></p> <p>Non-essential personnel will be required to wash their hands upon entering and exiting the facility, as well as after providing any care or services. A mask and goggles are required for entry into the facility, if the individual does not have one, the facility will provide. The nursing staff and other members of the management team will help to ensure social distancing is practiced at all times.</p> |
| <p><b>37. DESCRIBE MEASURES PLANNED TO ENSURE NON-ESSENTIAL PERSONNEL DO NOT COME INTO CONTACT WITH RESIDENTS EXPOSED TO COVID-19</b></p> <p>Any COVID positive residents would be in our “isolation House” protected by antechambers. This isolation unit would be off limits for non- essential personnel.</p>   |

| <b>VISITATION PLAN</b>  |   |
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| <p>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.</p>   |   |
| <p><b>38. DESCRIBE THE SCHEDULE OF VISITATION HOURS AND THE LENGTH OF EACH VISIT</b></p> <p style="text-align: center;">*Please refer to the policy attached for further detail* one hour time slots are allocated, with 15 minutes of that designated for the family visit and the other 45 minutes preparing for the next visit and sanitizing the areas</p>  |   |
| <p><b>39. DESCRIBE HOW SCHEDULING VISITORS WILL OCCUR</b></p> <p>Prescheduled 24 hours in advance to meet the prescreen guidelines, residents appropriate for visits are COVID negative or recovered and approved for visitation by the medical director, visitors must be over 18 years old, visitors must agree to all screening questions and to wearing a mask. * Please refer to policy for further details*</p> |   |
| <p><b>40. DESCRIBE HOW VISITATION AREA(S) WILL BE SANITIZED BETWEEN EACH VISIT</b></p> <p>The area will be sanitized before and after each visit with a CDC approved cleaning product by an employee who has been trained on the product and proper procedure</p>   |   |
| <p><b>41. WHAT IS THE ALLOWABLE NUMBER OF VISITORS PER RESIDENT BASED ON THE CAPABILITY TO MAINTAIN SOCIAL DISTANCING AND INFECTION CONTROL?</b></p> <p>1 visitor at a time but up to 2 visitor per day</p>   |   |
| <p><b>42. DESCRIBE THE ORDER IN WHICH SCHEDULED VISITS WILL BE PRIORITIZED</b></p> <p>COVID negative, COVID recovered, or those that have a diagnosis of a disease causing progressive cognitive decline, feelings of loneliness expressed who are COVID 19 negative or recovered</p>   |   |
| <b>STEP 2</b>   | <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). Not exit seeking, in stable health condition and approved for outdoor visits by their doctor</b></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>We will be utilizing one of two outdoor spacing options. One option will include a removable tent ( 9x 10 x10) which can be removed in extreme weather. Our second option is to simply use the space on the front porch of our community. The tent will have open access but will be clearly marked with an entrance and exit sign. The front porch option is self –explanatory but will also be marked off for visitation purposes</p> |

| <b>VISITATION PLAN</b> |   |
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|                        | <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>The area will be tapped off and also supervised by a trained employee</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>Visits will only occur outdoors at this time and will be rescheduled in the case of severe weather</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>No indoor visits are anticipated at this time</p>   |
| <b>STEP 3</b>          | <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>All residents will be evaluated by the medical director for visitation at all steps.</p>  |
|                        | <p><b>49. WILL OUTDOOR VISITATION BE UTILIZED AT STEP 3? IF NO, SKIP TO QUESTION #52</b></p> <p>Yes</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>  |
|                        | <p><b>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")</b></p> <p>SAME</p>  |
|                        | <p><b>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</b></p> <p>Outdoor visits only at this time except for end of life situations. A staff member will be assigned to make sure that 6 feet is maintained, the visitor will be temped and screened for COVID, sign visitor log and perform required hand hygiene. A mask will be required for entry</p> |

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| <p>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.</p>                               |
| <p><b>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</b></p> <p>Volunteers will be screened, temped and required to wear masks while on the premises. Infected residents are maintained in the isolation wing in which only essential personnel are allowed, so the volunteers exposure would be extremely limited</p> |

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

Not applicable

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**

Melissa Miller, MPH, PCHA, CDP

**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.

Melissa Miller, MPH, PHCA, CDP

SIGNATURE OF NURSING HOME ADMINISTRATOR

DATE